


DATE ON 18/11/2021

EXPERIENCE CERTIFICATE

*This is Certified to that **Mr. Aashish Kumar** Age: 18 Year Male S/o
Mr. Brijpal Singh R/O Vill+ Post Jamalpur Jakhera Rahamatpur Dist.
Hapur (U.P) his 45 days of training done from **01 oct. 2021 to 15
Nov. 2021** in vijay shree Hospital , Siyana*

HE WORK IS SATISFACTORY I WISH GOOD & SUCESS FUTURE.


Authorized Signature



TOMAR HOSPITAL

C-61/5, JAGRITI VIHAR, MEERUT

R_x

Training Completion Certificate

This is to certify that Mr. Adeeb Student of B. Pharm 3rd year at Department of Pharmacy Meerut Institute of Technology (UP) Roll No 1910340500003 Year 19-23

His training stated on 25 Oct. 2021 to completed on 09 Dec . 2021 Date of issue 09 Dec. 2021,

Clinical work first aid (wound dressing artificial respiration etc). different routes of injection, study of patient observation charts prescriptions and dispensing, simple diagnostics report etc.

Satisfactory work done by him.



 TOMAR HOSPITAL
 C-61/5, Jagriti Vihar,
 Meerut

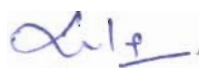
सुविधाएँ :- मल्टी स्पेशयलिटी ओ.पी.डी., आई.सी.यू, 9" सी-आर्म ओ.टी., आर्थोपेडिक सर्जरी, एडवांस ट्रोमा मैनेजमेंट, दूरबीन विधि द्वारा ऑप्रेसन, न्यूरोलॉजी, पीडियाट्रिक्स, सामान्य सर्जरी, गाइनीकोलॉजी, यूरोलॉजी, पैथोलॉजी।


24 घण्टे इमरजेन्सी व एम्बुलेंस सेवार्ये उपलब्ध

कार्यालय- प्रमुख अधीक्षक, संव०भा०प०चिकित्सालय, मेरठ।

प्रमाणित किया जाता है, कि Akshit Agarwal पुत्र/पुत्री श्री Arun Kumar Agarwal
निवासी 98/1 Jagannath Puri Meerut जिला Meerut से है जो
कि Dept. of Pharmacy Meerut Institute of Technology
रोल न० 1910340500005 में बी० फार्मा तृतीय वर्ष का छात्र है। इन्होंने सरदार वल्लभ भाई पटेल
चिकित्सालय, मेरठ से 45 दिन का व्यवहारिक प्रशिक्षण डी० फार्मा की भाति दिनांक:- 03.11.21 से
दिनांक:- 20.12.21 तक सफलता पूर्वक प्राप्त कर लिया है। हम इनके उज्ज्वल भविष्य की कामना करते
है।


दिनेश चन्द्र
प्रभारी अधिकारी फार्मेसी
संव०भा०प०चिकित्सालय मेरठ।
प्रभारी अधिकारी फार्मेसी
स.व.भा.प. चिकित्सालय
मेरठ

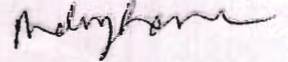

एम०के०शुक्ला
चीफ फार्मेसिस्ट
संव०भा०प०चिकित्सालय मेरठ।
Chief Pharmacist
S.V.B.P. Hospital, Meerut


चिकित्सा अधीक्षक
संव०भा०प०चिकित्सालय मेरठ।
Medical Superintendent
S. V. B. P. Hospital
Meerut.

Experience Certificate

This is to certify that **Mr. Aman Sharma** S/o Mr. Arun Sharma R/o 1796, Indira Nagar 1st, Braham Puri, Meerut had under gone 45 days **Hospital training** at this institute during 15/10/2021 to 30/11/2021, as a requisite of academic curriculum of B. Pharma degree.

ARYAVART HOSPITAL
A Unit of Shreya Medicare Pvt. Ltd.
Add: KH. No. 1453 Town Dauralla,
Near Toll Plaza, NH-58, Meerut, PIN 250221



Aryavart Hospital

Meerut, Uttar Pradesh

Dr. Malay Sharma
MD DM (Gastroenterology)
UPMCI-27103

NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सा विशेषज्ञियनः

पेट रोग, डेंगू, टाईफाइड, शूगर, मानसिक तनाव, हृदय रोग, फेफड़े के रोग, थाईराइड, चर्म रोग, ब्लड प्रेशर, जोड़ों का दर्द आदि

Name Age/Sex Add Date 1
2**Dr. Umang Gupta**M.B.B.S.
(General Physician)
Time : 4 PM to 7 PM**Dr. Mohd. Rizwan**D.U.M.S., M.I.M.S.
(जनरल फिजीशियन)
RMO : Mishra N. Home
Ex. Rmo: G.I. Hospital Bhutan
Time : 10.30 AM to 2.30 PM

C/o

Rx

Date-05-12-2021

TO WHOM SO EVER IT MAY CONCERN

This is certified that MR. AMARJEET KUMAR YADAV S/O
MR. RAM UDGAR YADAV R/o Ward 03, Gram-Birkha Post-
Darbhanga Bihar-847337 Student of B.Pharma 3rd year at
Department of pharmacy Meerut institute of technology (U.P.) Koli
No. 1910340500007 year 2019-23

His training started on 20th October 2021 to 05 December 2021.

Clinical work first aid (wound dressing, artificial respiration etc.),
Different routes of injection, study of patients, observation chart,
prescriptions, dispensing, simple and diagnostics report etc.

Satisfactory work done by him.

NEO MAX NURSING HOME
Reg. No. RMEE2121899
Muzaffarnagar

समय : शाम 4 बजे से
शाम 7 बजे तक

सुविधायें : भर्ती की सुविधा, शूगर की जाँच, ECG, पेट से पानी निकालना, फ्लोरलेट्स, ब्लड चढ़ाना आदि

नोट : किसी भी दवा का साइड इफेक्ट हो सकता है।

इस पत्र पर 7 दिन में एक
बार और लिख सकते हैं

NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.



विशेष चिकित्सा फ़िज़िशियनः

पेट रोग, डेंगू, टाईफाइड, शुगर, मानसिक तनाव, हृदय रोग, फेफड़े के रोग, थाईराइड, चर्म रोग, ब्लड प्रेशर, जोड़ों का दर्द आदि

Name.....Age/Sex.....Add.....Date 1

2

Dr. Umang Gupta

M.B.B.S.

(General Physician)

Time : 4 PM to 7 PM

Dr. Mohd. Rizwan

D.U.M.S., M.I.M.S.

(जनरल फिज़िशियन)

RMO : Mishra N. Home

Ex. Rmo: G.I. Hospital Bhutan

Time : 10.30 AM to 2.30 PM

C/o

Rx

Date-30-11-2021

TO WHOM SO EVER IT MAY CONCERN

O/E

Pulse

B.P.

mp.

Spo2

B. Sug.

This is certified that MR. ANKIT KUMAR MISHARA S/O MR. ANAND KUMAR MISHARA R/o Dwarka, Sec-1A, New Delhi 110045 Student of B.Pharm 3rd year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500008 year 2019-23

His training started on 15th October 2021 to 30 November 2021.

Clinical work first aid (wound dressing, artificial respiration etc.), Different routes of injection, study of patients, observation chart, prescriptions, dispensing, simple and diagnostics report etc.

Satisfactory work done by him.

समय : शाम 4 बजे से
शाम 7 बजे तक

U. Gupta
NEO MAX NURSING HOME
Reg.No.RMEE2121899
Muzaffarnagar

नोट : इस पर्चे पर 7 दिन में एक बार और दिखा सकते हैं

सुविधायें : भर्ती की सुविधा, शूगर की जाँच, ECG, पेट से पानी निकालना, प्लेटलेट्स, ब्लड चढ़ाना आदि

नोट : किसी भी दवा का साइड इफ़ैक्ट हो सकता है तुरंत अपने चिकित्सक से सम्पर्क करें।



SARVODAYA HOSPITAL & INSTITUTE MEDICAL SCIENCE

Run by : Tatiri Sarvodaya Shiksha Prasar Samiti

Date:15/12/2021

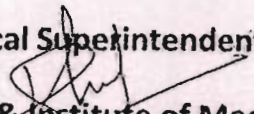
Facilities:

- O.P.D.
- I.P.D.
- General Medicine
- General Surgery
- Orthopadics Surgery
- Gynaecology
- Pediatrics
- E.N.T.
- Dental
- Ophthalmology
- Physiotherapy
- I.C.U.
- N.I.C.U.
- Operation Theator
- Minor O.T.
- X-Ray
- Ultrasound
- CT-Scan
- Laboratory
- Semi-Private Room
- General Wards
 - Male
 - Female

TO WHOM SO EVER IT MAY CONCERN

This is to certify that MR. ASHUTOSH DIXIT S/O SHRI HARANDRA MOHAN DIXIT has successfully completed her 1.5 months Internship (From 1ST NOVEMBER 2021 to 15TH DECEMBER 2021) as a B. Pharm student at Sarvodaya Hospital & Institute of Medical Sciences Aggarwal Mandi Tatiri Baghpat U.P-250601. Her work has been excellent. We wish her all the best in his future endeavors.

(Medical Superintendent)


Sarvodaya Hospital & Institute of Medical Science
Medical Superintendent
Sarvodaya Hospital
Aggarwal Mandi Tatiri (Baghpat)

आदर्श हॉस्पिटल



डॉ राज भूषण चौधरी

Dr. Raj Bhushan Choudhary

M.B.B.S., M.D. (L.N.M.U.)

Ex. Asst. Prof. S.M.C. Gaziabad

Life Member Of Indian Medical Association

Regd. No. 33469

PHYSICIAN

E-mail: Arj1995@gmail.com

प्रमुखकुरु मोहल्ला
एच-4, गेडा (अमरकोट)
Ph: 82096-38378
www.adarshhospital.ro.in
शनिवार सन्द
३ दिनां के बाद पुनः पीस करनेका।

डॉ श्रीमती कंचन माला

Dr. (Mrs.) Kanchan Mala

M.B.B.S., M.D. (Obs & Gynaecology)

Ex. Senior Resident Deptt. of Obs & Gynaecology (D.M.C.H.)

Life Member Of Indian Medical Association

Life Member Of FOGSI

Basic Endoscopic Training K.H. Hyderabad

Regd. No. 38098

स्त्री एवं प्रसूति रोग विशेषज्ञ

Name: _____ Age: _____ Sex: _____ Date: _____
 C/o: _____ Ht: _____ Kg. B.P.: _____ mmHg

Temp	Pulse	PULSE	RR
Sleep	Icterus	CMF	
Sw	Cyanosis	EDD	
Ed	Edema		
	Clubbing	G R A L	
Chest			
CVS			
abd			

Internship Completion Certificate

This is to certify that Mr. Chandan Kumar student of B.Pharm 3rd year at DPMIT (U.P) Roll no. 1910340500011 year 2019-23

His internship posting started on 15 September 2021 to completed on 31 October 2021

Clinical works - first aid, dressing, BP Monitoring, different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.

Handwritten signature and stamp

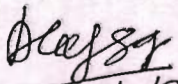
भारतीय सेना के परिवार का इलाज डिस्कान्ट रेट पर उपलब्ध है।



EXPERIENCE CERTIFICATE

This is to certify that **Mr. Chandrasen Age 21 S/o Mr. Natthu Singh R/o 1552, Indra Nagar-I, Brahampuri, Meerut** at worked in **Apoorv Medical Centre, Meerut** as a **Trainer** from 1st Oct. to 15th Nov. 2021. His worked and conduct was satisfactory.

We wish him all success in his future life.


15/11/21
Authorised Signature
Apoorv Medical Centre
L-65, Shastri Nagar, Meerut
Reg. No. 192 (CMO) MRT

Apoorv Medical Centre

L-65, Shastri Nagar, Meerut-250004, U.P. (India)
Phone : +91-121-2708859/6536768
Mob. : +91-9837083577



CARE HOSPITAL

28, Kidwai Nagar, Near Petrol Pump, Hapur Road, Meerut
Mob.: 7417784570, E-mail: carehospital1397@gmail.com

उपलब्ध सुविधायें

- 60 बेड्ड हॉस्पिटल
- सैन्ट्रली एयर कन्डीशन्ड
- मल्टीस्पेशियलिटी ओ.पी.डी.
- डीलक्स व सुपरडीलक्स रुम्स
- प्राइवेट व सेमीप्राइवेट रुम एवं जनरल वार्ड, इनहाऊस फार्मसी
- कॉर्डियोलोजी-येसमेकर, ई.सी.जी. आई.सी.सी.यू., इकोकार्डियोग्राफी
- न्यूरोलॉजी-ई.ई.जी., एन.सी.वी. न्यूरोलॉजी, दिमाग व रीढ़ की हड्डी का ऑपरेशन, माइको व एण्डोसकोपिक सर्जरी
- पेशोलॉजी-ऑटो ऐनालाइजर, ब्लडगैसोज हॉर्मान, कैंसरमार्कर्स
- एडवांस ट्रामा मेनेजमेंट-किटीकल केयर, अत्याधुनिक आई.सी.यू.
- आर्थोलॉजी सर्जरी-घटना व कूलहा ट्रांसप्लांट एवं हड्डी के सभी ऑपरेशन
- यूरोलॉजी-आर.आई.आर.एस. (लेजर), लिथोट्रिप्सी
- नेफ्रोलॉजी-डायलिसिस व गुर्दे के सभी ऑपरेशन
- पीडियाट्रिक्स-नर्सरी व पी.आई.सी.यू., पीडियाट्रिक्स सर्जरी, गैस्ट्रोसाइन्सेज, एण्डोस्कोपी, जेप्रोस्कोपिक सर्जरी
- ओन्कोलॉजी-कैंसर की सभी सर्जरी व किमोथेरेपी
- ई.एन.टी. सर्जरी-माइको व इन्डोस्कोपिक सर्जरी
- गायनीकोलॉजी-नार्मल डिलीवरी, लेप्सोस्कोपिक व जनरल सर्जरी
- प्लास्टिक सर्जरी-थोरेसिक सर्जरी
- डेंटल-टेढ़े-मेढ़े दांत व दूढ़े जबड़े की सर्जरी, गैरप्रोफेशनल सर्जरी फिजियोथेरेपी
- गैस्ट्रोलॉजी-पेट के रोगों का समस्त इलाज, एण्डोस्कोपी व कोनोस्कोपी

Name Danish Saifi Age/Sex..... Date 26/10/21

Internship Completion Certificate

This is to certify that Mr. Danish Saifi student of B.Pharm 3rd year at DPMIR (UP) Roll No. 1910340500013 year: 19-23.

His internship started on 11th Sept 2021 to completed on 26th Oct 2021 Date of issue 26th October - 2021

Clinical works - First aid (wound dressing, artificial respiration etc.) Different routes of injection, study of patient observation and prescription and dispensing simple drugs - repeats etc.

Satisfactory work done by him.

CARE HOSPITAL
Kidwai Nagar, Near Petrol Pump
Hapur Road, Meerut
Regn. No. - RMEE2118406


26/10/21

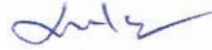
कार्यालय- प्रमुख अधीक्षक, संव०भा०प०चिकित्सालय, मेरठ।

प्रमाणित किया जाता है, कि Deepanshi Mehra पुत्र/पुत्री श्री Pawan Mehra
निवासी 304 swami Pad9 Budhans Gate जिला meerut से है जो
कि Dept. of Pharmacy Meerut Institute of Technology
रोल न० 1910940500014 में बी० फार्मा तृतीय वर्ष का छात्र है। इन्होंने सरदार वल्लभ भाई पटेल
चिकित्सालय, मेरठ से 45 दिन का व्यवहारिक प्रशिक्षण डी० फार्मा की भाति दिनांक:- 03.11.21 से
दिनांक:- 28.12.21 तक सफलता पूर्वक प्राप्त कर लिया है। हम इनके उज्ज्वल भविष्य की कामना करते
हैं।



दिनेश चन्द्र
प्रभारी अधिकारी फार्मेसी
संव०भा०प०चिकित्सालय मेरठ।

प्रभारी अधिकारी फार्मेसी
स.व.भा.प. चिकित्सालय
मेरठ



एम०के०शुक्ला
चीफ फार्मेसिस्ट
संव०भा०प०चिकित्सालय मेरठ।
S.V.B.P. Hospital, Meerut
Chief Pharmacist



चिकित्सा अधीक्षक
संव०भा०प०चिकित्सालय मेरठ।

Medical Superintendent
S. V. B. P. Hospital



लक्ष्य हैल्थ केयर सेंटर

निकट कैनरा बैंक, सरधना रोड, कंकरखेड़ा, मेरठ । फोन : 8193063050, 9639550570, 0121-2630632


Date :

To whom it may concern

This is to certify that Mr. Divyank pundir age-20Y/M S/o Mr. Manoj Pundir R/o 919 Khala par Distt-

- Muzaffarnagar was done 45 days hospital training in Lakshya Health Care Center from 01/10/2021 to 15/11/2021.during this period his work was satisfactory.

We wish her every success in his future.


Lakshya Health Care Centre
Sardhana Road, Kanherkhara
Meerut, Uttar Pradesh

Lakshya Health Care center



ISO 9001 : 2008 Certified Hospital

Mob.: 9097835853, 9097735853

Krishna Hospital कृष्णा हॉस्पिटल

Reg. No. 33/14-15 Prov.

पातेपुर रोड, महुआ (वैशाली)

Cashless Facility EignatTK, Religare, PM-JAY, FICO TOKIO

krishnahospital.mahua@gmail.com



Sl. No K4 01-21

Internship Completion Certificate

This is to certify that Mr. Faizan Aziz student of B. Pharm 3rd year at DPMIT (U.P) Roll no. 1910340500016 year 19 -23.

His internship posting started on 11 September 2021 to completed on 26 October 2021 Date of issue 26 October 2021.

Clinical works - first aid (wound dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.



[Signature]
26. Oct. 2021

बेटी बचाओ, बेटी पढ़ाओ

नोट : (1) आयुष्मान कार्ड धारी रोगियोंका मुफ्त ऑपरेशन एवं इलाज होता है (2) यहाँ अणतकालीन सेवा 24 घंटे उपलब्ध है (3) यहाँ चिकित्सक (doctor) 24 घंटे रहते हैं (4) यहाँ एम्बुलेंस करवाते की उत्तम व्यवस्था एवं 24 घंटे तम उपलब्ध है (5) यहाँ सभी प्रकार के रोगों की उपचार सफलतापूर्वक की जाती है।



+ ईश्वर नर्सिंग होम +

डा० सुनील त्यागी
M.B.B.S., M.S.
सर्जन
पेट आंत पथरी गुर्दा
एवं कैंसर रोग विशेषज्ञ



डा० अर्चना त्यागी
M.B.B.S., D.G.O.
स्त्री रोग एवं अल्ट्रासाउंड विशेषज्ञ
• सफदरजंग अस्पताल, नई दिल्ली
• राममनोहर लोहिया अस्पताल, नई दिल्ली

सुविधाएँ

- ✶ डिलीवरी
- ✶ गर्भपात
- ✶ नसबंदी
- ✶ कॉपर-टी
- ✶ एपेन्डिक्स
- ✶ हर्निया
- ✶ सिजेरियन
- ✶ बेबी वार्मर
- ✶ प्रोस्टेट एवं पित्त की थैली का ऑपरेशन दूरबीन द्वारा
- ✶ गुर्दे की पथरी एवं पेट के समस्त ऑपरेशन
- ✶ पैथोलोजी

प्रतिदिन अल्ट्रासाउण्ड

मिलने का समय
सुबह : 10 से 3 बजे तक

रविवार अवकाश

आपातकालीन सुविधा
24 घंटे

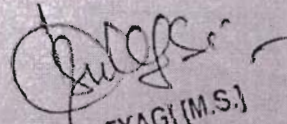
बिनीली रोड, सरधना (मेरठ)
फोन : 01237-235023

दिनांक ..02/12/2021.....

EXPERIENCE CERTIFICATE

This is certified to that **Mr. Harsh Sharma** Age -19 Year Male S/o Mr. Manoj Kumar Vill.+Post Jasar Sulatan Nagar Distt. Meerut. (U.P) his 45 days of training done from 15 Oct. to 30 Nov. 2021 in Ishwar Nursing Home, Sardhana.

HE WORK IS SATISFACTORY I WISH GOOD & SUCCESS FUTURE.


DR. SUNIL TYAGI (M.S.)
Ishwar Nursing Home
Sardhana [Meerut]
CMO Regd. No. 1125
Authorized Signature



MAX
Healthcare

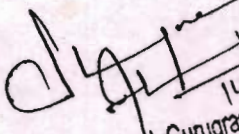
INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr. Jagjeet Singh of B. Pharma 3rd year at DPMIT (U.P.) Roll No. 1910340500018 year 19-23.

His internship posting started on 27 August 2021 to completed on 11th October 2021 date of issue 14th October 2021.

Clinical works - first aid (wound dressing, artifical respiration etc.)
difference routes of injection, study of patient observaiton charts,
prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.


14/10/21
Max Hospital, Gurugram
(A unit of ALPS Hospital Ltd.)
Opposite HUDA city centre Metro station

Max Hospital, Gurugram
(A unit of ALPS Hospital Ltd.)
Opposite HUDA City Centre Metro Station,
B Block, Sushant Lok - I, Gurugram - 122 001
For medical service queries or appointments,
call +91-124 6623 000
www.maxhealthcare.in

ALPS Hospital Ltd.
Regd. Office: 401,4th Floor, Man Excellenza,
S.V. Road, Vile Parle (West), Mumbai, Mumbai City,
Maharashtra, India, 400056
T: +91-22 2610 0461/62
E: secretarial@maxhealthcare.com
(U74899MH1989PLC357940)





NEELKANTH HOSPITAL & TRAUMA CENTER

201/2 A, Anuyogipuram, Near Radha Govind Engineering College
Garh Road, Meerut. (M) 8630977647, 8433257262

उपलब्ध सुविधायें

- ★ 60 बेड्डेड हॉस्पिटल
- ★ फुल एयर कंडीशन
- ★ इन हाऊस फार्मसी
- ★ डिजिटल एक्स-रे
- ★ पैथोलॉजी
- ★ फिटिकल केयर
(अत्याधुनिक आः सी.यू.)
- ★ एडवांस ट्रॉमा मैनेजमेन्ट
- ★ न्यूरोलॉजी
- ★ न्यूरो सर्जरी
- ★ रीड की हड्डी की चोट
- ★ सिर की चोट
- ★ आई.सी.यू.
- ★ यूरोलॉजी
- ★ पिडियाट्रिक्स (नर्सरी)
- ★ लैप्रोस्कोपिक सर्जरी
- ★ रेस्पिरेटरी मेडिसिन
- ★ ई.एन.टी. सर्जरी
- ★ डेंटल सर्जरी
- ★ गायनोकोलॉजी
- ★ प्लास्टिक सर्जरी
- ★ ऑर्थोपेडिक सर्जरी
(जोड़ बदलने की सुविधा,
कुल्हा घुटना, लैप्रोस्कोप)
- ★ थोरोसिक सर्जरी
- ★ फिजियोथैरेपी
- ★ सी. आर्म
- ★ वेन्टीलेटर
- ★ 24 घण्टे इमरजेन्सी
व एम्बुलेन्स की
सेवा उपलब्ध

Name Age/Sex Date


TRAINING COMPLETION CERTIFICATE

This is to certify that Mr. Joshil Sharma student of B.Pharm 3rd year at Department of Pharmacy Meerut Institute of Technology (UP) Roll No. 1910340500019 Year 19-23.

His training started on 15 Oct 2021 to complete on 30 Nov 2021 Date of Issue 30 Nov 2021.

Clinical work first aid (wound dressing artificial respiration etc.) different routes of injection, study of patient observation charts prescriptions and dispensing, simple diagnostics report etc.

Satisfactory work done by him.


NH NEELKANTH HOSPITAL
& TRAUMA CENTER
201/2A, Near Radha Govind College,
Garh Road, Meerut

NOT FOR MEDICO-LEGAL PURPOSE



NULIFE MEDICAL CENTRE

HR-255-254, 7, Opp. DDA Janta Flats, Pat. Paliadpur, New Delhi - 110 047
Ph : 8826164688, Mob : 7042441601, Email : dr.raza@rediffmail.com

DR. RAZA-UDDIN

Regd. No. 35126

B. Sc, M.B.B.S, D. Orth.
Orthopaedic Surgeon & Musculoskeletal

Dr. ISRAAF KHAN

M.B.B.S, BAMS
Physician (Regd. No. 4474)

SPECIALISTS :

DR. IRSHAD HUSSAIN, MD

Consultant Paediatrician & Neonatologist

DR. HARIKSHAN MOURYA, DCH

Consultant Paediatrician & Neonatologist

DR. ANWAR HABEER, MD (Medicine)

Consultant Internist & Cardiologist

DR. SAIED A. KHAN, MD (Medicine)

Consultant Physician & Diabetologist

DR. H.R. MITTAL, MS

Consultant Surgeon & Laparoscopist

DR. NISCHAL ANAND, MS

Consultant Surgeon & Laparoscopist

DR. CHARU LATA, MD

Consultant Gynecologist & Obstetrician

DR. SAVITA, DGO

Consultant Gynecologist & Obstetrician

DR. UMESH KANSAL, D. Orth. DNB

Consultant Orthopaedic Surgeon

DR. FARHAN SIRAJ, MS

Consultant Orthopaedic Surgeon

DR. SANDEEP AGNIHOTRI, DVD

Consultant Dermatologist & Sexologist

DR. ASHFAQUE KHAN, MS

Consultant Oto-Laryngologist & Surgeon

DR. KAJAL MEHRA, MD

Consultant Pathologist

To whom It May Concerns.

This is to certify that, Ms. Jyoti Kumari D/o Sh. Lal Bahadur Kumar, (Student of B. Pharma - IIIrd year in Deptt. of Pharmacy, Meerut Inst. of Tech.) had completed 45 days hospital training as a trainee. w.e.f. 13/09/21 to 08/11/21. During this period, she had learned wound dressing, dispensing drugs, learned different route of injection etc.

Her work as a trainee was satisfactory

DR. NISCHAL ANAND
MBBS, MS, F.M.S. F.I.M.S.
GEN & LAPROSCOPIC SURGEON
REGD. NO. 35319 (DMC)

* KINDLY KEEP THIS DOCUMENT SAFE AND BRING THIS DOCUMENT EVERY TIME OF YOUR VISIT. * KINDLY ADHERES TO THE PRESCRIBED MEDICINE ONLY AND ADVICE AS TOLD TO YOU SINCERELY. * WE STRONGLY ENCOURAGE YOU TO CLEAR ANY OF YOUR DOUBTS ABOUT MANAGEMENT, MEDICINES AND DURATION OF MEDICINE AS EVERY MEDICINE HAS ITS OWN SIDE EFFECTS.

* NOT FOR MEDICO LEGAL PURPOSES *

Shot on realme narzo 20

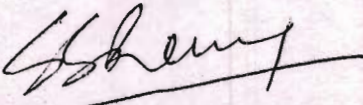
VASANT LOK HOSPITAL

Date: 06.11.2021

TO WHOM SO EVER IT MAY CONCERN

This is certified that Mr. Kshitiz Kumar Srivastava S/O Mr. Ajeet Kumar Srivastava, R/O - Baghpat Collectrate Colony, Distt. Baghpat (UP), Age-23 Years, Male, Student of B. Pharma, 3rd Year at Meerut Institute of Technology, Meerut (UP), Roll No. – 1910340500021, Year 2019-2023, done his training as per defined syllabus during B. Pharma course from 20th September-2021 to 6th November-2021 in our Hospital.

His work is satisfactory during training period. We wish him for good success in future life.



Authorized Signatory

A HOSPITAL DEVOTED TO EXCELLENCE IN HEALTH CARE

BASANT LOK COMMUNITY CENTRE, VASANT VIHAR, NEW DELHI - 110057

Tel.: 6142730, 6149422, 6149423, Fax: 6149421

NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सा फिजिशियन:

पेट रोग, डेंगू, टाईफाइड, शूगर, मानसिक तनाव, हृदय रोग, फेफड़े के रोग, थाईराइड, चर्म रोग, ब्लड प्रेशर, जोड़ों का दर्द आदि

Name.....Age/Sex.....Add.....Date 1

2

Dr. Umang GuptaM.B.B.S.
(General Physician)

Time : 4 PM to 7 PM

Dr. Mohd. Rizwan

D.U.M.S., M.I.M.S.

(जनरल फिजिशियन)

RMO : Mishra N. Home

Ex. Rmo: G.I. Hospital Bhutan

Time : 10.30 AM to 2.30 PM

C/o



Date-03-12-2021

TO WHOM SO EVER IT MAY CONCERN

O/E

This is certified that MR. MD. SARFRAJ ALAM S/O MR. MD. MOJIBUR RAHMAN R/o Raghopur, Bhermara, Kaithar, Bihar - 854103 Student of B.Pharm 3rd year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500024 year 2019-23.

Pulse

B.P.

Temp.

Spo2

B. Sug.

His training started on 18th October 2021 to 03 December 2021.

Clinical work first aid (wound dressing, artificial respiration etc.), Different routes of injection, study of patients, observation chart, prescriptions, dispensing, simple and diagnostics report etc.

Satisfactory work done by him.

समय : शाम 4 बजे से
शाम 7 बजे तक

NEO MAX NURSING HOME
Reg.No.RMEE2121899
Muzaffarnagar

नोट : इस पर्चे पर 7 दिन में एक
वार और दिखा सकते हैं

सुविधायें : भर्ती की सुविधा, शूगर की जाँच, ECG, पेट से पानी निकालना, प्लेटलेट्स, ब्लड चढ़ाना आदि

नोट : किसी भी दवा का साइड इफेक्ट हो सकता है तुरंत अपने चिकित्सक से सम्पर्क करें।

MOOL CHAND SHARBATI DEVI CHARITABLE EYE & GENERAL HOSPITAL
NEAR BACHCHA PARK, MEERUT CITY

(Founded and Managed by : M.S. Hospital Trust, M.J. House, W.K. Road, Meerut City)

TRAINING CERTIFICATE

This is to certify that **Mr. Mohit Kumar Age 20** S/o Mr. Vinod Kumar R/o 1352/7, Indra Nagar-I, Brahampuri, Meerut (U.P.) he has worked with us as a **Nurse** from 15th Sep. to 1st Nov. 2021. He has participated actively in Hospital Duty. He has done a great job and showed grate enthusiasm and learnt a lot of things we found him dedicated, hard working and well behaved during his working period with us.

We wish him all success in his future life.

MOOL CHAND SHARBATI DEVI
Charitable Eye & General Hospital
Bachcha Park, Meerut

Authorised Signature



CLINIC HOURS : 9:00 AM TO 11:00 AM
HOSPITAL HOURS : 11:00 AM TO 4:00 AM

Date on : 16.11.2021

TO WHOM IT MAY CONCERN

This is to certify that Mr. Monu Chauhan S/o Mr. Krishan Pal Singh R/o Salarpur, Thana Bahadurgarh, Garhmukteshwar, Distt. Hapur. His 45 days of Hospital Training done from 1st October, 2021 to 15th November, 2021 in KOTPAL HOSPITAL, MEERUT .

We wish for the bright future and good luck in his career.

KOTPAL HOSPITAL
PALLAVPURAM-II, MEERUT
PH.: 2576555

कोटपाल अस्पताल

• A Unit of M/s. R.L. Kotpal Medicare Pvt. Ltd. • Registration No. : 479/2004

सीपी ४, पल्लवपुरम, फेस-२, रुड़की रोड, (NH-58)

मेरठ-२५०११० (यू.पी.) इंडिया

फोन: 0121-2576555, 9917102922, 9927990008

Email: drgradeepkotpal@gmail.com

In case of Emergency Please Contact / आपातकालीन स्थिति में सम्पर्क करें

डा. आदिप कोटपाल

एम.बी.बी.एस., डीएफएम, पीजीसी-मूलाकी

रेजीडेन्ट मेडिकल ऑफिसर-मोवाइल:9319340184

E-mail : dr_actipkotpal@yahoo.co.in

EMERGENCY 24 HOURS

SAHARA HOSPITAL

विश्वसनीय इलाज, आधुनिक तकनीक

280/2, Ajanta Colony, Garh Road,
Meerut, Uttar Pradesh.
Mob.: 7500540088, 7500540044

Sl. NO K4 01-21

Internship Completion Certificate

This is to certify that Mr. Mukarran Rana student of B. Pharma
3rd Year at DPMIT (U.P) Roll No. 191034050/2022 year 19-23.

His internship posting started on 15 October 2021 to
completed on 30 November 2021 Date of issue 30 November 2021.

Clinical works - first aid (wound dressing, artificial

Respiration etc.), different routes of injection, study of

Patient observation charts, prescriptions and dispensing,

simple diagnostic report etc.

Satisfactory work done by him.

Manager

SAHARA HOSPITAL

Smeta
Proprietor

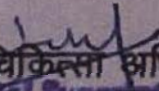
24 घण्टे इमरजेन्सी एवं भर्ती की सुविधा

अनुभव प्रमाण पत्र

प्रमाणित किया जाता है कि श्री नाजिम अली पुत्र श्री शेर मोहम्मद निवासी-
विजयगढ, पोस्ट- विजयगढ, जनपद- अलीगढ ने दिनांक 23.10.2021 से दिनांक
08.12.2021 सामुदायिक स्वास्थ्य केन्द्र, महौ जनपद- हाथरस पर हॉस्पिटल में अप्रैन्टिस के
रूप में कार्य किया गया है।

इन्हें अपने समस्त कार्यों का अच्छा ज्ञान है तथा इनका कार्य एवं व्यवहार उत्तम है।
मैं इनके उज्ज्वलभविष्य की कामना करता हूँ।

दिनांक :- 08.12.2021


प्रभारी चिकित्सा अधिकारी
Medical Superintendent
सामुदायिक स्वास्थ्य केन्द्र, महौ (हाथरस)
Community Health Centre
Mahe (Hathras)



CLINIC HOURS : 9:00 AM TO 11:00 AM
HOSPITAL HOURS : 11:00 AM TO 4:00 AM

Date on : 16.11.2021

TO WHOM IT MAY CONCERN

This is to certify that Mr. Nishant Pal S/o Mr. Surendra Singh R/o Village Kunda, Partapur, Distt. Meerut. His 45 days of Hospital Training done from 1st October, 2021 to 15th November, 2021 in KOTPAL HOSPITAL, MEERUT .

We wish for the bright future and good luck in his career.

KOTPAL HOSPITAL
PALLAVPURAM-II, MEERUT
PH.: 2576555

कोटपाल अस्पताल

• A Unit of M/s. B.L. Kotpal Medicare Pvt. Ltd. • Registration No. : 479/2004

सीपी ४, पल्लवपुरम, फेस-२, सड़की रोड, (NH-58)

मेरठ-२५०११० (यू.पी.) इंडिया

फोन: 0121-2576555, 9917102922, 9927990098

Email: drpradeepkotpal@gmail.com

In case of Emergency Please Contact / आपातकालीन स्थिति में सम्पर्क करें

डा. आदिप कोटपाल

एम.बी.बी.एस., डीएफएम, पी.टी.डी.-यूएसजी

रेजीडेंट मेडिकल ऑफिसर-मोबाइल:9319340184

E-mail : dr_adipkotpal@yahoo.co.in

EMERGENCY 24 HOURS



SIROHI HOSPITAL & MATERNITY HOME
सिरोही हॉस्पिटल एवं मैटरनिटी होम

Multan Nagar, Baghpat Road,
 Meerut.
 Ph. : 0121-2688449
 Mob : 8057907150, 9897767664
 E-mail : sirohihospital@yahoo.com


इमरजेंसी में 24 घण्टे सुविधा उपलब्ध है।

DATE : 18/11/2021

EXPERIENCE CERTIFICATE

This is certified to that Mr. Nitish Goel Age: 21 Years/Male S/O Mr. Sanjeev Goel R/O 1123, Indra Nagar First Brhampuri Dist- Meerut (U.P..) his 45 days of training done from 01 oct 2021 to 15 nov 2021 in Sirohi Hospital Meerut.

He Work is Satisfactory I wish Good & Success Future.

 *Sirohi Hospital & Maternity Home*
 Multan Nagar Baghpat Road,
 Meerut
 Ph. No. 0121-2688449
 Registration No. CRMEF1901000
 Authorized Signature



GOSWAMI NURSING HOME

University Road, Jail Chungi, Near Shastri Dharamkanta, Meerut.

(M) 9639470500, 7017686857, 8279841790

TRAINING COMPLETION CERTIFICATE

This is to certify that Mr Nitish Yadav student of B Pharma 3rd Year at DPMIT. Roll No – 1910340500032, has done 45 days of training from 10 Nov to 25 Dec 2021 in Goswami Nursing Home.

His work is satisfactory I wish Good & Success Future.

Nitish Yadav
GOSWAMI HOSPITAL
Jail Chungi, University Road
MEERUT-250001

SHARVAN HOSPITAL

OPP. SUGAR MILL, NEAR TIRUPATI INSTITUTE, MOHIUDDINPUR, DISTT. MEERUT



Regd. MRT 2134

Tel. : 9528281191
: 9837387951
: 9927071944
: 9927062492

Consultants :

Dated ... 01/12/2021

सुविधायें उपलब्ध :

- सभी बीमारियों का इलाज, ऑपरेशन व भर्ती की सुविधा
- कान, नाक व गले की सभी बीमारियों का इलाज व आपरेशन।
- जनरल सर्जरी जैसे : थायरॉइड, एपेन्डिक्स, हार्निया, हाइड्रोसेल, आँत, पित्त की थैली, गद्द, गुर्दा व बच्चेदानी के ऑपरेशन योग्य व कुशल सर्जन द्वारा सामान्य व दूरबीन विधि से।
- सामान्य डिलीवरी, बड़े ऑपरेशन द्वारा बच्चा पैदा करना।
- एक्स-रे सुविधा।
- ई.सी.जी. सुविधा
- खून एवं मल-मूत्र, एड्स आदि की जाँच।



Internship Completion Certificate

This is to certify that Mr. Prateek Kumar student of B. Pharm 3rd year at DPMIT (U.P) Roll no. 1910340500034 year 19 -23.

His internship posting started on 15-Oct-2021 to completed on 30-Nov-2021 Date of issue 01-Dec-2021.

Clinical works - first aid (wound dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.

Prateek

Prateek
SHARVAN HOSPITAL
Opp Sugar Mill
Mohiuddinpur, Meerut

NOT FOR MEDICO LEGAL PURPOSE

एम्बुलेंस व सभी प्रकार की इमरजेंसी सेवाएँ 24 घण्टे उपलब्ध।

Dated: 18 Nov 2021

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Prathu Tomar S/o. Mr. Sanjay Kumar** Student of B. Pharma (IIIrd Year) Department of Pharmacy, Meerut Institute of Technology (UP) Roll No. 1910340500035 during the year 2019-2023.

His training started on 05 October 2021 to completed on 25 November 2021.

Clinical works-first aid (wound dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory work done by him.

Max Hospital, Gurugram
(A unit of ALPS Hospital Ltd.)
Opposite Metro station

Authorised Signatory





Regd. No. RMEE2121899

NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

Mob. : 9012127297

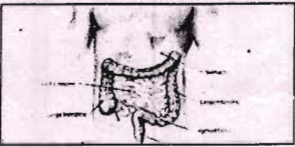
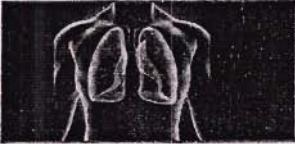
Dr. M.A. Khan

M.D. (Medicine)

DNB (Cardiology)

Consultant Physician & Cardiologist

दिल दिमाग, छाती, हार्ट अटैक, टी. बी. रोग, ब्रेन हेमरेज, मान्सिक तनाव
नर्सों की सभी बीमारियाँ फेफड़े एवं मिर्गी दौरा रोग विशेषज्ञ



Name.....Age/Sex.....Add.....

Date

Rc

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr. Ritik Kumar student of B.Pharm 3rd year at DPMIT (U.P.) Roll No. 1910340500036 year 2019-23. His internship posting started on 11 September 2021 to completed on 26 October 2021 date of issue 26 October 2021. Clinical works – first aid (wound dressing, artificial respiration etc.) different routes of injection study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory work done by him.

M.A. Khan
26 Oct 2021

NEO MAX NURSING HOME
Reg.No.RMEE2121899
Muzaffarnagar

Advice Investigation

- | | |
|-------------------------------------|--------------------------|
| Hemogram (CBC) | <input type="checkbox"/> |
| ESR <input type="checkbox"/> Montox | <input type="checkbox"/> |
| Lipid Profile | <input type="checkbox"/> |
| LFT <input type="checkbox"/> RFT | <input type="checkbox"/> |
| TB Elisa | <input type="checkbox"/> |
| Sputum | <input type="checkbox"/> |
| Urin / M / Culture | <input type="checkbox"/> |
| B1. B6 & B12 | <input type="checkbox"/> |
| Calcium | <input type="checkbox"/> |
| Potassium | <input type="checkbox"/> |
| Sodium | <input type="checkbox"/> |
| X-ray (CXR)/PA/AP | <input type="checkbox"/> |
| X-ray Spine | <input type="checkbox"/> |
| (Lumbar/dorsal) | <input type="checkbox"/> |
| X-ray KUB- IVP | <input type="checkbox"/> |
| USG Whole Abdomen | <input type="checkbox"/> |
| (Color Doppler) | <input type="checkbox"/> |
| ECG | <input type="checkbox"/> |
| Echocardiogram | <input type="checkbox"/> |
| (Color Doppler) | <input type="checkbox"/> |
| Angiography | <input type="checkbox"/> |
| Angioplasty | <input type="checkbox"/> |
| TMT Holter | <input type="checkbox"/> |
| Pacemaker | <input type="checkbox"/> |
| Endoscopy | <input type="checkbox"/> |

समय : शाम 5 बजे से
रात 10 बजे तक

24 घंटे इमरजेन्सी

नोट : इस पर्चे पर 5 दिन में एक बार और दिखा सकते हैं

Ex. CMO Emergency LNJP Hospital
Ex. CMO Hindurao Hospital
Resident Medical Officer Delhi

Sr. Resident Cardiology Fortis Hospital
Senior Resident Cardiology Fortis escorts Heart Institute
Associates Consultant Department of Cardiology
Sahara Hospital, Lucknow

Life Member Cardiology Society of India
Life Member USA Cardiology Society



Ganpati Hospital & Trauma Centre

Near Dev Park Colony, Baghat Road, Meerut City - 250 002

Rx

Date.....

Experience Certificate

This is to certify that Mr Ritik Poonia S/O Mr. Neeraj Poonia R/O Vill-Raghunathpur Distt-Meerut his 45 day of training done from 07th November 2021 to 21-December-2021 in Ganpati Hospital Meerut.

We wish for the bright future and good luck in her career.

Ganpati Hospital & Trauma Centre
Near Dev Park Colony Baghat Road
Meerut
Ph. 0121-2688999, M. 7055380196



SARVODAYA HOSPITAL & INSTITUTE OF MEDICAL SCIENCES

Run by : Tatari Sarvodaya Shiksha Prasar Samiti

Date: 15/12/2021

TO WHOM SO EVER IT MAY CONCERN

This is to certify that MR. SAURABH SHARMA S/O SHRI PANKAJ SHARMA has successfully completed her 1.5 months Internship (From 1ST NOVEMBER 2021 to 15TH DECEMBER 2021) as a B. Pharm student at Sarvodaya Hospital & Institute of Medical Sciences Aggarwal Mandi Tatari Baghat U.P-250601. Her work has been excellent. We wish her all the best in his future endeavors.

(Medical Superintendent)

Sarvodaya Hospital & Institute of Medical Science
Medical Superintendent
Sarvodaya Hospital
Aggarwal Mandi Tatari (Baghat)

Facilities:

- O.P.D
- I.P.D
- General Medicine
- General Surgery
- Orthopaedics Surgery
- Gynaecology
- Pediatrics
- E.N.T
- Dental
- Ophthalmology
- Physiotherapy
- I.C.U.
- N.I.C.U.
- Operation Theater
- Minor O.T.
- X-Ray
- Ultrasound
- CT-Scan
- Laboratory
- Semi-Private Room
- General Wards
 - Male
 - Female




INTERSHIP COMPLETION CERTIFICATE

This is to certify that **MR. SHIV KUMAR VERMA** of B. Pharm 3rd year at DPMIT (UP) Rool no . **1910340500041** year 19-23.

His internship posting starting on 14 september 2021 to completed on 30 october 2021

Clinical work _first aid 9 would dressing artificial respiration etc.)
Different routes of injection , study of patient , observation chart ,
prescription and dispensing , simple diagnostic reports etc.

Satisfactory works done by him_


Max Hospital Gurugram
(A unit of ALPS Hospital Ltd.)
Opposite HUDA city centre Metro station

(A unit of ALPS Hospital Ltd.) Opposite HUDA City Centre Metro Station, B Block, Sushant Lok - 1, Gurugram - 122 001 For medical service queries or appointments, call +91 124 6623 000

ALPS Hospital Ltd. Regd. Office 401 4th Floor, Man Excellence,

S.V. Road, Vile Parle (West), Mumbai, Mumbai City, Maharashtra, India 400056

T: +91-22 2610 0461/62 E: secretariat@maxhealthcare.com (U74899MH1989PLC357940)



सिद्धार्थ पॉलीक्लीनिक एवं नर्सिंग हॉम

हस्तिनापुर रोड, मवाना (मेरठ) मो0 9634726465, 7417010

Reg. No. RMEE2118194

MCI Reg. No 44674

डा. सिद्धार्थ बंसल

MBBS, M

हृदय एवं छाती रोग विशेषज्ञ

दिनांक (7/11/21)

EXPERIENCE CERTIFICATE

This is to certify that Mr Shriyansh Kaushik, Age 18/ M , S/O: Mr Satish Kumar Sharma , R/O:Mawana, Distt . Meerut , UP ,has done his 45 days training i.e from 1/Oct/2021 to 15/Nov/2021 here in Siddharth Polyclinic and Nursing home , Mawana.

HIS WORK WAS SATISFACTORY AND I WISH HIM SUCCESS IN HIS FUTURE

AUTHORISED SIGNATURE

Dr. Siddharth Bansal

MBBS, MD

Regd. No. 44674

उपलब्ध सुविधायें :

- हृदय, उदय, वक्ष डायबिटीज की चिकित्सा।
- सभी प्रकार के ऑपरेशनों की सुविधा।
- स्त्री रोगों की चिकित्सा।
- डिलीवरी एवं M.T.P. की व्यवस्था।
- परिवार नियोजन सम्बन्धी सलाह।
- बच्चों की सभी रोगों की चिकित्सा।
- ICU की सुविधा।
- E.C.G. की सुविधा।
- एक्स-रे सुविधा।

24 घंटे इमरजेन्सी
सेवायें उपलब्ध

नोट : पाँच दिन बाद दोबारा फीस लगेगी। पुराना पर्चा एवं रिपोर्ट साथ लाएँ।

एक पर्चे पर केवल दो बार देखा जाएगा। NOT VALID FOR MEDICO LEGAL PURPOSE

+ सुधीर क्लीनिक +

डा० सुधीर सिंह
M.B.B.S., M.I.M.A.
फिजिशियन एण्ड सर्जन

प्रकाश मार्केट, निकट रेलवे क्रॉसिंग
अग्रवाल मण्डी, टटीरी, जिला-बागपत
Mob. ~~9411959510~~, 9411959510

सुविधा उपलब्ध

- नेबुलाईजर
(दमा अस्थमा रोगी के लिये)
- गुलुकोमीटर
(मधुमेह रोगी की जाँच)
- हृदय रोग
- इमरजेन्सी में
मरीज की भर्ती
करने की सुविधा
- X-Ray and
- अल्ट्रासाउण्ड
उपलब्ध है।
- on the Panel of:
 1. Ministry of Steel
Govt of India
 2. L.I.C. of India
 3. Law Ministry
Govt of India

Rx

दिनांक 18-11-21

TO WHOM IT MAY CONCERN

This is to certify that Mr.
Soib, s/o Mausim age
about 19 yrs from village

Kanatta Prahladpur Dist
Baghpat (U.P.) has work
with me at my Clinic
Tatari at Dr Sudhir Singh

He worked at my Clin
Satisfactorily and used
his good luck in near
future.

Sudhir

DR SINGH
M.B.B.S.
9411959510

NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सा फ़िज़िशियन:

पेट रोग, डेंगू, टाईफाइड, शुगर, मानसिक तनाव, हृदय रोग, फेफड़े के रोग, थाईराइड, चर्म रोग, ब्लड प्रेशर, जोड़ों का दर्द आदि

Name.....Age/Sex.....Add..... Date 1

2

Dr. Umang GuptaM.B.B.S.
(General Physician)

Time : 4 PM to 7 PM

Dr. Mohd. RizwanD.U.M.S., M.I.M.S.
(जनरल फिज़िशियन)RMO : Mishra N. Home
Ex. Rmo: G.I. Hospital Bhutar
Time : 10.30 AM to 2.30 PM

C/o

Rx**INTERNSHIP COMPLETION CERTIFICATE**

O/E

This is to certify that Mr. SALIM student of B.Pharm 3rd year at DPMIT (U.P.) Roll No. 1910340500038 year 2019-23.

Pulse

His internship posting started on 11 September 2021 to completed on 26 October 2021 date of issue 26 October 2021.

B.P.

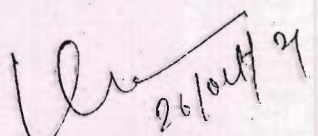
Clinical works – first aid (wound dressing, artificial respiration etc.)
different routes of injection study of patient observation charts,
prescriptions and dispensing, simple diagnostic reports etc.

Temp.

SpO₂

B. Sug.

Satisfactory works done by him.



26/10/21

NEO MAX NURSING HOME
Reg.No.RMEE2121899
Muzaffarnagar

समय : शाम 4 बजे से
शाम 7 बजे तकनोट : इस फॉर्म पर 7 दिन में एक
बार और भिन्न किया जा सकता है

सुधेकासे : शर्ती की सुविधा सुकर की जाँच, ECG, पेट से पानी निकालना, प्लेटलेट्स, ब्लड चलाया जादि

नोट : किसी भी तरह का आघात जख्म हो सकता है तबत अचरु चिकित्सा से सावधान रहें



MEDICA

Emergency Hospital

(A Unit of Kisan Medicine emergency & trauma hospital Pvt. Ltd.)

Internship Completion Certificate

This is to certify that Mr. Shanu kumar student of B. Pharm
3rd year at DPMIT (U.P) Roll no. 1910340500040 year 19-23.

His internship posting started on 11 September 2021 to
completed on 26 October 2021 Date of issue 26 October
2021.

Clinical works - first aid (wound dressing, artificial respiration
etc.), different routes of injection, study of patient
observation charts, prescriptions and dispensing, simple
diagnostic reports etc.

Satisfactory works done by him.



लक्ष्य हेल्थ केयर सेंटर


निकट कैनरा बैंक, सरधना रोड, कंकरखेड़ा, मेरठ । फोन : 8193063050, 9639550570, 0121-2630632

Date : 16-11-2021

To whom it may concern

This is to certify that Mr. Sona Motla age-19Y/M S/o Mr. Arun Motla R/o Village-Dadri Distt- Meerut was done 45 days hospital training in Lakshya Health Care Center from 01/10/2021 to 15/ 11/2021.during this period his work was satisfactory.

We wish her every success in his future.


Lakshya Health Care Centre
Sardhana Road, Kankerkhara
Meerut, Uttar Pradesh

Lakshya Health Care center

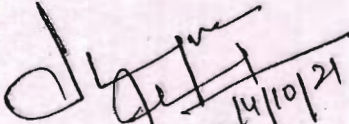
INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr. Vaibhav Tomar of B. Pharma 3rd year at DPMIT (U.P.) Roll No. 1910340500045 year 19-23.

His internship posting started on 27 August 2021 to completed on 11th October 2021 date of issue 14th October 2021.

Clinical works - first aid (wound dressing, artificial respiration etc.)
difference routes of injection, study of patient observaiton charts,
prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.


14/10/21
Max Hospital, Gurugram
(A unit of ALPS Hospital Ltd.)
Opposite HuDA city centre Metro station.



Experience Certificate

This is to certify that **Mr. Vishu Saini S/o Mr. Vishwanath Saini**
R/o Vill. Piror, Tehsil Deoband, Dist. Saharan Pur had under gone 45 days
Hospital training at this institute during 15/10/2021 to 30/11/2021, as a
requisite of academic curriculum of B. Pharma degree.

ARYAVART HOSPITAL
A unit of Shreya Medicare Pvt. Ltd.
Acc. No. 1453 Town Dauraha,
Near Toll Plaza, NH-56, Meerut, PIN 250021

Malay Sharma

Aryavart Hospital

Meerut, Uttar Pradesh

Dr. Malay Sharma

MD DM (Gastroenterology)
UPMCI-27103



SPARSH HOSPITAL

THE TOUCH OF LIFE

Date. 15/11/21

CERTIFICATE

This is certified that **Miss Aayushi Chaudhary D/o Mr. Praveen Kumar** Student of B. Pharma, 3rd Year at Department of pharmacy Meerut Institute of Technology , Meerut (U.P.), Roll No-201340509001, Year 2020-2023, Done has Training as per defined syllabus during B. Pharma course from 1st October 2021 to 15th November 2021 in our Hospital.

Satisfactory works done by her.

Authorized Signatory



SPARSH HOSPITAL

THE TOUCH OF LIFE

Date. 15/11/21

CERTIFICATE

This is certified that **Miss Vaishali Rathi D/o Mr. Vinod Rathi** Student of B. Pharma, 3rd Year at Department of pharmacy Meerut Institute of Technology , Meerut (U.P.), Roll No- 201340509004, Year 2020-2023, Done has Training as per defined syllabus during B. Pharma course from 1st October 2021 to 15th November 2021 in our Hospital.

Satisfactory works done by her.

Authorized Signatory

Opp. Canara Bank Aurangabad Gadana Modinagar Ghaziabad U.P. 201204

APPENDIX -E

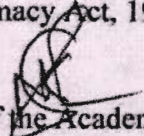
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. Deepanshu Sharma
(Name of student pharmacist) son of / daughter of Devendra Sharma
residing at 5/142 Gali no-5 Gulab Vatika Loni Road (G2B)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/2021


Head of the Academic
Training Institution

Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Sri Deepanshu Sharma (Name of the Student Pharmacist)
accept Sri Bhagwan (Name of the Apprentice Master) of
Department of Pharmacy MIT (Name of the College / Institution)
Balak Road Hospital Tiwari Park Delhi (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 17/01/2022

Deepanshu Sharma
Signature of the Student Pharmacist

SECTION - III

I, Sri Bhagwan (Name of the Apprentice Master)
accept Sri / Smt. Deepanshu Sharma
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —


1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 8/1/22


Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Sri Deepanshu Shastri (Name of student pharmacist) has undergone 570 hours training spread over from Date 24/9/21 to 8/1/22 for a period of 08 months in accordance with the details enumerated in SECTION III

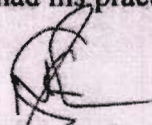
Date: 8/1/22


Head of the Organization or
Pharmaceutical Division
Chief Medical Officer
Balak Ram Hospital
Timarpur, Delhi

SECTION - V

I certify that Deepanshu Shastri (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 12/01/2022


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form' for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

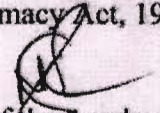
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ajay Gupta
(Name of student pharmacist) son of / daughter of Chattu Gupta
residing at Ganujpatti Post madhapali Dist Deoria
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

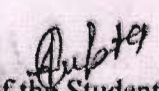
Date: 06/09/21


Head of the Academic
Training Institution

SECTION - II

I Ajay Gupta (Name of the Student Pharmacist)
accept Akhanad Pratab (Name of the Apprentice Master) of
Department of Pharmacy mit madhapali (Name of the College / Institution)
N.P.H.C. Baghuchhera (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 15/09/21


Signature of the Student Pharmacist

SECTION - III

I, Akhanad Pratab (Name of the Apprentice Master)
accept Sri / Smt. Ajay Gupta
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 15/09/21

Arjun Prasad
Head of the Organization or
Pharmaceutical Division

प्रमुख प्रशासकीय अधिकारी
प्रमाणिक विभाग
मेरठ

SECTION - IV

I certify that Ajay Gupta (Name of student pharmacist) has undergone 500 hours training spread over from Date 15/09/21 to 15/12/21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 15/12/21

Arjun Prasad
प्रमुख प्रशासकीय अधिकारी or
प्रमाणिक विभाग

SECTION - V

I certify that Ajay Gupta (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 04/03/22

Arjun Prasad
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

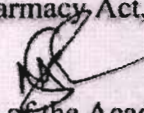
APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Anwar Khan
(Name of student pharmacist) son of / daughter of Masroor Khan
residing at 23/645 Pathankot Baraut (Baghpat) 250611
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 24/09/21


Head of the Academic
Training Institution
Department of Pharmacy
MIT, Meerut

SECTION - II

I Anwar Khan (Name of the Student Pharmacist)
accept Om vir Singh (Name of the Apprentice Master) of
C.H.C. Baraut (Name of the College / Institution)
Distt- Bagh Pat (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 26-11-21

Anwar Khan
Signature of the Student Pharmacist

SECTION - III

I, Om vir Singh (Name of the Apprentice Master)
accept Sri / Smt. Anwar Khan
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 28-11-21

Omve Singh
Head of the Organization of
Pharmacist
C.H.C. Baraut
Distt. Baghpat (U.P.)
R.No.-17685

SECTION - IV

I certify that Anwar Khan (Name of student pharmacist) has undergone 500 hours training spread over from Date 26-11-21 to 10-4-22 for a period of 5 months in accordance with the details enumerated in SECTION III

Date: 11-4-22

Dr. Vijay Kumar
Head of the Organization of
Pharmacist
Medical Superintendent
C.H.C., Baraut (Baghpat)
Regd. No. 86201

SECTION - V

I certify that Anwar Khan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 13/04/22

13/04/22
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

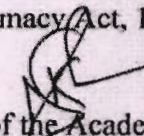
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Arvind Kumar Singh
(Name of student pharmacist) son of / daughter of Shri Jitendra Singh
residing at Mundara Bazar Post Abirulizzeed Khatunpur 274149
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/2021


Head of the Academic
Training Institution

SECTION - II

I, Arvind Kumar Singh (Name of the Student Pharmacist)
accept Jay Shankar Mishra (Name of the Apprentice Master) of
PSC Dumari khas corda (Name of the College / Institution)
Nagda Biorakh pur (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 27/09/2021

Arvind Kumar Singh
Signature of the Student Pharmacist

SECTION - III

I, Jay Shankar Mishra (Name of the Apprentice Master)
accept Sri / Smt. Arvind Kumar Singh
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 27/09/2021

Head of the Organization or
Pharmaceutical Division

[Signature]

SECTION - IV

I certify that SHIVIND KUMAR SINGH (Name of student pharmacist) has undergone 500 hours training spread over from Date 27/09/21 to 27/12/21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 05/01/22

Head of the Organization or
Pharmaceutical Division

स्वा. केन्द्र-सखारिकर
मेरठपुर

SECTION - V

I certify that SHIVIND KUMAR SINGH (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 19/09/22

Head of the Academic
Training Institution
Principal

Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

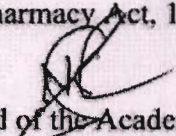
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. ATUL KUMAR KAUSHIK
(Name of student pharmacist) son of / daughter of HARI SHAKKAR KAUSHIK
residing at Vill + post - KURALI MEERUT
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 24/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Atul Kumar Kaushik (Name of the Student Pharmacist)
accept Ashwani Kumar (Name of the Apprentice Master) of
C.H.C, Panchli Khurd (Jani Khurd), Meerut (U.P) (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 24/09/21

Atul Kaushik
Signature of the Student Pharmacist

SECTION - III

I, Ashwani Kumar (Name of the Apprentice Master)
accept Sri / Smt. Atul Kumar Kaushik
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance

Date: 24/09/21

अश्वनी कुमार
Head of the Organization or
Pharmaceutical Division
(पांचली खुर्द) मेरठ

SECTION - IV

I certify that Atul Kumar Kaushik (Name of student pharmacist) has undergone 500 hours training spread over from Date 24/09/21 to 24/12/21 for a period of three months in accordance with the details enumerated in SECTION III

Date: 24/12/21

MR
चिकित्सा अधीक्षक
Head of the Organization or
Pharmaceutical Division
पांचली खुर्द (मेरठ)

SECTION - V

I certify that ATUL KUMAR KAUSHIK (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 31/01/22

AK
31/01/22
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MJT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

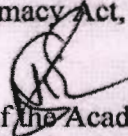
SECTION - I



This form has been issued to Sri/Smt. IRANSHU

(Name of student pharmacist) son of / daughter of NARESH KUMAR
residing at vill+post Farahli Khurd Baghpal Road Meerut
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 6/9/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I IRANSHU. (Name of the Student Pharmacist)
accept SMT. BABITA. RANI. (Name of the Apprentice Master) of
MIT, PANAPORT BAZAR, MEERUT (Name of the College / Institution)
DISTRICT WOMEN HOSPITAL MEERUT (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 4/2/22

IRANSHU
Signature of the Student Pharmacist

SECTION - III

I, SMT. BABITA. RANI. (Name of the Apprentice Master)
accept Sri / Smt. IRANSHU.
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —


1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 31/5/22


Head of the Organization
Pharmaceutical Division
Meerut
Woman Hospital

SECTION - IV

I certify that IRANSHU. (Name of student pharmacist) has undergone 540 hours training spread over from Date 4/2/2022 to 31/5/2022 for a period of 3 months in accordance with the details enumerated in SECTION III


Date: 31/5/22


Head of the Organization
Pharmaceutical Division
Meerut
Woman Hospital

SECTION - V

I certify that IRANSHU. (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 03/06/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.


APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. MANISH KUMAR
(Name of student pharmacist) son of / daughter of Mr. RISHIPAL SHARMA
residing at FATEHPUR AMENAGAR SARAI (RURAL) BAGHPAT
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 20/09/21


Head of the Academic
Training Hospital
Department of Pharmacy
MIT, Meerut

SECTION - II

I Manish Kumar (Name of the Student Pharmacist)
accept M.K. Shukla (Name of the Apprentice Master) of
S.V.B.P. Hospital Meerut (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 20-1-22

Manish Kumar
Signature of the Student Pharmacist

SECTION - III

I, M.K. Shukla (Name of the Apprentice Master)
accept Sri / Smt. Manish Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —


1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

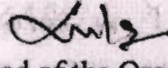
Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 10-1-22



प्रभारी अधिकारी फार्मसी
स.व.भा.प. चिकित्सालय
मेरठ


Head of the Organization or
Pharmaceutical Division
Chief Pharmacist
S.V.B.P. Hospital, Meerut

SECTION - IV

I certify that Manish Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 10-1-22 to 25-4-22 for a period of 3 month months in accordance with the details enumerated in SECTION III

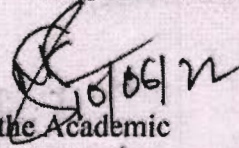
Date: 25/04/22


Head of the Organization or
Pharmaceutical Division
Superintendent-In-Chief
S.V.B.P. Hospital,
Meerut

SECTION - V

I certify that Manish Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 10/06/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS


SECTION - I



This form has been issued to Sri/Smt. MANOJ KUMAR.

(Name of student pharmacist) son of / daughter of LAKHPATI SINGH
residing at VILL. MADKAWIT DIST. JAMBHAL UTTAR PRADESH. 202522
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Manoj Kumar (Name of the Student Pharmacist)
accept Yogendra Singh Adhikari (Name of the Apprentice Master) of
Department of Pharmacy MIT Meerut (Name of the College / Institution)
Dist Male Hospital Badain (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 27.12.21

मनोज कुमार
Signature of the Student Pharmacist

SECTION - III

I Yogendra Singh Adhikari (Name of the Apprentice Master)
accept Sri / Smt. Manoj Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his guidance.

Date: 27.12.21

[Signature]
 Chief Pharmacist
 Distt. Hospital Budaun
 Head of the Organization or
 Pharmaceutical Division

SECTION - IV

I certify that Manoj Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 13-9-21 to 27.12.21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 27.12.21

[Signature]
 Chief Medical Superintendent
 Distt. Hospital, Budaun
 Head of the Organization or
 Pharmaceutical Division

SECTION - V

I certify that Manoj Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 14/09/22

[Signature]
 Head of the Academic
 Training Institution
 Principal
 Department of Pharmacy
 MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

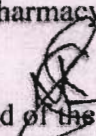
SECTION - I



This form has been issued to Sri/Smt. MUDASHIR

(Name of student pharmacist) son of / daughter of MOHD' ABBAS
residing at TOWN AREA SIWAL KHAS DIST' (MEERUT) U.P
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.


Date: 15/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I MUDASHIR (Name of the Student Pharmacist)
accept DEEPAK TYAUT (Name of the Apprentice Master) of
MIT, MEERUT (Name of the College / Institution)
DISTRICT WOMEN HOSPITAL MRT (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 18/9/21


Signature of the Student Pharmacist

SECTION - III

I, DEEPAK TYAUT (Name of the Apprentice Master)
accept Sri / Smt. MUDASHIR
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

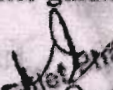
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses:

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 28/9/21


Head of the Organization or
Pharmaceutical Division
Hospital

SECTION - IV

I certify that MUDASHIR (Name of student pharmacist) has undergone 540 hours training spread over from Date 18/9/21 to 25/1/22 for a period of 3 months in accordance with the details enumerated in SECTION III

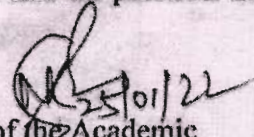
Date: 25/1/22


Head of the Organization or
Pharmaceutical Division
Meerut
Woman

SECTION - V

I certify that MUDASHIR (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 25/01/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

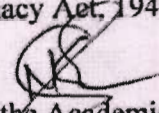
PRACTICAL TRAINING 'CONTRACT FORM FOR PHARMACIS'



SECTION - I

This form has been issued to Sri/Smt. Prince Kashyap
(Name of student pharmacist) son of / daughter of Sanjay Kashyap
residing at 79, Hanuman Mandir Wali Gali, old Tekstil, Baghpat
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/9/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Prince Kashyap (Name of the Student Pharmacist)
accept Satish Cini (Name of the Apprentice Master) of
Department of pharmacy MIT (Meerut) (Name of the College / Institution)
Community Health Centre BPT (CHC BPT) (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 31/10/21

Prince Kashyap
Signature of the Student Pharmacist

SECTION - III

I, Satish Cini (Name of the Apprentice Master)
accept Sri / Smt. Prince Kashyap
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

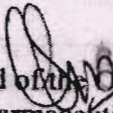
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 21/10/21


Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Prince Kashyap (Name of student pharmacist) has undergone 500 hours training spread over from Date 21/10/21 to 26/2/22 for a period of 2 months in accordance with the details enumerated in SECTION III

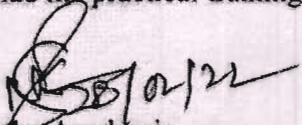
Date: 26/2/22


Head of the Organization or
Pharmaceutical Division
Community Health Centre
Baghpat

SECTION - V

I certify that Prince Kashyap (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 28/02/22


Head of the Academic
Training Institution,
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

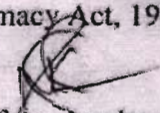


SECTION - I

This form has been issued to Sri/Smt. SANJU

(Name of student pharmacist) son of / daughter of RAMBEER
residing at SHIVPURAM MOHKAMPUR DELHI ROAD MEERUT [250103]
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Sanju (Name of the Student Pharmacist)
accept Karan Lal (Name of the Apprentice Master) of
CMC Modinagar (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 05/02/22

Sanju
Signature of the Student Pharmacist

SECTION - III

I Karan Lal (Name of the Apprentice Master)
accept Sri / Smt. Sanju
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my
organisation so that during his / her training he / she may acquire: —

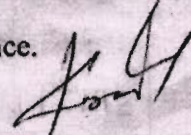
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

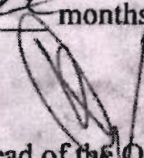
Date: 05/02/22


Head of the Organization or
Pharmaceutical Division
C.H.C. Modinagar
G.Z.B.

SECTION - IV

I certify that Sanju (Name of student pharmacist) has undergone 550 hours training spread over from Date 05/02/2022 to 06/05/2022 for a period of Three months in accordance with the details enumerated in SECTION III

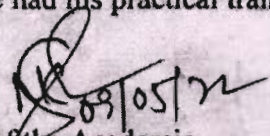
Date: 07/05/2022


Head of the Organization or
Pharmaceutical Division
Medical Superintendent
C.H.C. Modi Nagar
Ghaziabad (U.P.)

SECTION - V

I certify that Sanju (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 09/05/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

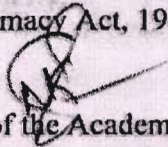
This form has been issued to Sri/Smt. SAURABH KUMAR

(Name of student pharmacist) son of / daughter of MOHAR SINGH

residing at VILL + Post DANA BAGHPAT PIN 250622

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 6/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Saurabh Kumar (Name of the Student Pharmacist)

accept M.K. Shukla (Name of the Apprentice Master) of

S.V.B.P. Hospital Meerut (Name of the College / Institution)

(Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 18/1/22

Signature of the Student Pharmacist
Saurabh Kumar

SECTION - III

I, M.K. Shukla (Name of the Apprentice Master)

accept Sri / Smt. Saurabh Kumar

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 18/01/22

प्रभारी अधिकारी फार्मसी
स.व.भा.प. चिकित्सालय
मेरठ

Head of the Organization or
Pharmaceutical Division
Chief Pharmacist
S.V.B.P. Hospital, Meerut

SECTION - IV

I certify that Saurabh Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 10-1-22 to 6-5-22 for a period of 3 month months in accordance with the details enumerated in SECTION III

Date: 6/05/22

Head of the Organization or
Pharmaceutical Division
Superintendent-in-Chief
S.V.B.P. Hospital,
Meerut

SECTION - V

I certify that Saurabh Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 09/05/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

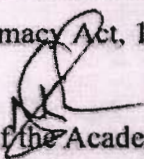
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. SHADAB KHAN
(Name of student pharmacist) son of / daughter of ISTKAR KHAN
residing at Vill- Salahpur Post - Banam Meerut Pin - 250502
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

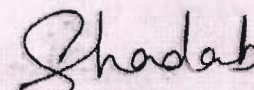
Date: 06/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Shadab Khan (Name of the Student Pharmacist)
accept Javed (Name of the Apprentice Master) of
M.I.T. Collage Meerut (Name of the College / Institution)
Dr. Darshan Hospital & Surgical Center (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 08/9/21


Signature of the Student Pharmacist

SECTION - III

I, Shadab Khan Javed (Name of the Apprentice Master)
accept Sri / Smt. Shadab Khan
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Dr. Parveen Pharmacy
Add:- Shobhapur, Meerut
Head of the Organization or
Pharmaceutical Division

Date: 08/9/21

SECTION - IV

I certify that Shadab Khan (Name of student pharmacist) has undergone 500 hours training spread over from Date 08/9/21 to 08/12/21 for a period of 3 Months months in accordance with the details enumerated in SECTION III

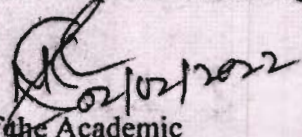
Date: 08/12/21

Dr RAHUL PARASHAK
Director
Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Shadab Khan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 02/02/2022


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

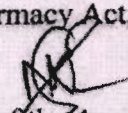
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Shahrukh Khan
(Name of student pharmacist) son of / daughter of M A Khan
residing at Gurana Road Galina 6 Baraut (Bagpat)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 24/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I, Shahrukh Khan (Name of the Student Pharmacist)
accept Om vir Singh (Name of the Apprentice Master) of
CHC Baraut (Name of the College / Institution)
Distt Bagpat (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 26-11-21

Shahrukh Khan
Signature of the Student Pharmacist

SECTION - III

I, Om vir Singh (Name of the Apprentice Master)
accept Sri / Smt. Shahrukh Khan
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

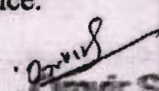
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

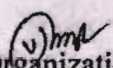
Date: 26-11-21


Head of the Organization or
Pharmaceutical Division
C.H.C. Baraut
Distt. Baghpat (U.P.)
R.No.-17885

SECTION - IV

I certify that Shahruckh Khan (Name of student pharmacist) has undergone 500 hours training spread over from Date 26-11-21 to 10-4-22 for a period of 5 months in accordance with the details enumerated in SECTION III

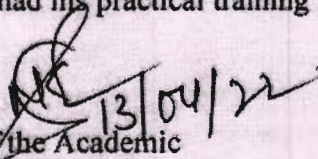
Date: 11-4-22


Head of the Organization or
Pharmaceutical Division
Medical Superintendent
C.H.C., Baraut (Baghpat)
Regd. No. 56201

SECTION - V

I certify that Shahruckh Khan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 13/04/22


Head of the Academic
Training Institution
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

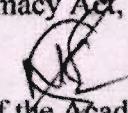
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Tarun Kumar Roy
(Name of student pharmacist) son of / daughter of Parimal Kumar Roy
residing at Dumai Khad, Sandanagar, Gona Khpur
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.


Date: 06/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Tarun Kumar Roy (Name of the Student Pharmacist)
accept Suresh Kumar Prasad (Name of the Apprentice Master) of
Department of Pharmacy M.I.T Meerut (Name of the College / Institution)
P.H.C Sandanagar (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 22/09/21


Signature of the Student Pharmacist

SECTION - III

I Suresh Kumar Prasad (Name of the Apprentice Master)
accept Sri / Smt. Tarun Kumar Roy
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance

Date: 22/09/21

SPM/2
Head of the Organization or
Pharmaceutical Division
P.H.C. Sardarnagar
Gr

SECTION - IV

I certify that Tarun Kumar Roy (Name of student pharmacist) has undergone 540 hrs hours training spread over from Date 22 sept. 2021 to 11 january 2022 for a period of three months in accordance with the details enumerated in SECTION III

Date: 11/01/22

Head of the Organization or
Pharmaceutical Division

ग्रामी शिक्षाधिकारी
प्र. प्र. सं. सं. सं. सं. सं.
- सं. सं.

SECTION - V

I certify that Tarun Kumar Roy (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 04/03/22

04/03/22
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

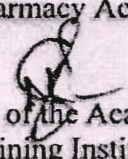
This form has been issued to Sri/Smt. AASIF

(Name of student pharmacist) son of / daughter of MOHD. ABBAS

residing at H.No. 229 :- KHADAULT BHOOLA ROAD MEERUT

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/2021


Head of the Academic
Training Institution

Principal
Department of Pharmacy
M.I. Meerut

SECTION - II

I AASIF (Name of the Student Pharmacist)

accept Madhu Anandhu (Name of the Apprentice Master) of

DEPARTMENT OF PHARMACY [M.I.T] MEERUT (Name of the College / Institution)

CHC Jami khurd (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 07/09/2021

Aasif
Signature of the Student Pharmacist

SECTION - III

I. Madhu Anandhu (Name of the Apprentice Master)

accept Sri / Smt. AASIF

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 07/09/2021



SECTION - IV

Head of the Organization or
Pharmaceutical Division
Medical Officer Incharge
Primary Health Center
Joni (Meerut)

I certify that AASIF (Name of student pharmacist) has undergone 500 hours training spread over from Date 07/09/21 to 10/12/21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 10/12/21



SECTION - V

Head of the Organization or
Pharmaceutical Division
Medical Officer Incharge
Primary Health Center
Joni (Meerut)

I certify that AASIF (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/01/22

Head of the Academic
Training Institution

Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

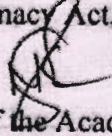
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ajay Sharma
(Name of student pharmacist) son of / daughter of Sushil Sharma
residing at Johari Banout (Baghpat)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08-09-2021


Head of the Academic
Training Institution
Department of Pharmacy
MIT, Meerut

SECTION - II

I, Ajay Sharma (Name of the Student Pharmacist)
accept Varun Kumar (Name of the Apprentice Master) of
Department of Pharmacy Meerut Institute of Tech. (Name of the College / Institution)
PHC Kandelera, Dist. - Baghpat (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 05/01/2022

Ajay Sharma
Signature of the Student Pharmacist

SECTION - III

I, Varun Kumar (Name of the Apprentice Master)
accept Sri / Smt. Ajay Sharma
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: --

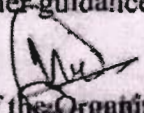
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

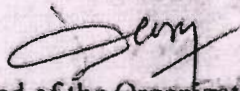
Date: 05/01/2022


Head of the Organization or
Pharmaceutical Division
PHC Kendera (Baghpat) U.P.
Reg. No. 22989

SECTION - IV

I certify that Ajay Sharma (Name of student pharmacist) has undergone 500 hours training spread over from Date 19-9-2021 to 05-01-2022 for a period of 3 months months in accordance with the details enumerated in SECTION III


Date: 05-01-2022


Head of the Organization or
Pharmaceutical Division
PHC Kendera
Dist. Baghpat (U.P.)

SECTION - V

I certify that Ajay Sharma (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 18/01/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

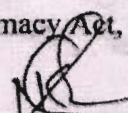
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Aman Ahlawat
(Name of student pharmacist) son of / daughter of Ajayveer Singh
residing at Bachan Singh colony Muzaffarnagar
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.


Date: 08/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I AMAN AHLAWAT (Name of the Student Pharmacist)
accept MANISH GAUTAM (Name of the Apprentice Master) of
Department of Pharmacy Meerut Institute of Technology (Name of the College / Institution)
PHC JAT MUIHERA (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 28/12/2021


Signature of the Student Pharmacist

SECTION - III

I, MANISH GAUTAM (Name of the Apprentice Master)
accept Sri / Smt. AMAN AHLAWAT
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Chauhan Gautam

Date: 28/12/2021

Head of the Organization or
Pharmaceutical Division
MOIC
PHC JATMUJHERA
PHC (Pharma)
Reg. No. 1-26800.

SECTION - IV

I certify that AMAN AHLAWAT (Name of student pharmacist) has undergone 500 hours training spread over from Date 25/09/2021 to 25/12/2021 for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 28/12/2021

Head of the Organization or
Pharmaceutical Division
MOIC
PHC JATMUJHERA

SECTION - V

I certify that Aman Ahlawat (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 28/12/2021

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

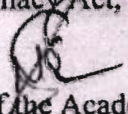
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. AMARDEEP
(Name of student pharmacist) son of / daughter of BHAGWATI PRAJAD
residing at P-140 Ganga Nagar Mawana Road Meerut
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

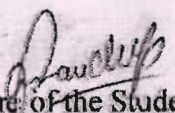
Date: 06/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Amardeep (Name of the Student Pharmacist)
accept KARAN PAL (Name of the Apprentice Master) of
CHE modiragar (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 8/09/2021


Signature of the Student Pharmacist

SECTION - III

I, KARAN PAL (Name of the Apprentice Master)
accept Sri / Smt. Amardeep
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my
organisation so that during his / her training he / she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 08/09/2021

Head of the Organization or
Pharmaceutical Division

Karanfil
Chief Pharmacist
C.H.C Modinagar
GZ B.

SECTION - IV

I certify that Amardeep (Name of student pharmacist) has undergone 550 hours training spread over from Date 08/09/21 to 11/12/21 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 12/12/2021

Head of the Organization or
Pharmaceutical Division

[Signature]
Chief Pharmacist
C.H.C. Modinagar
Ghaziabad (U.P.)

SECTION - V

I certify that AMARDEEP (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 23/12/21

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

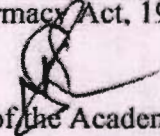
PRACTICAL TRAINING CONTRACT FORM FOR PHARMA

SECTION - I



This form has been issued to Sri/Smt. ANIL YADAV
(Name of student pharmacist) son of / daughter of YOGIENDRA YADAV
residing at VILL. SUKRAULI. POST SONAULI DIST. MAHARAJGANJ U.P. 273164
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Anil yadav (Name of the Student Pharmacist)
accept K. M. Tripathi (Name of the Apprentice Master) of
S. P. H Hospital Raunagar (Name of the College / Institution)
S. P. H Hospital Raunagar (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 11/09/21

ANIL YADAV
Signature of the Student Pharmacist

SECTION - III

I K. M. Tripathi (Name of the Apprentice Master)
accept Sri / Smt. Anil yadav
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

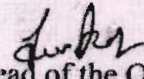
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 11/09/21


Head of the Organization or
Pharmaceutical Division
Chief Pharmacist
S.R.N. Hospital, Alid.

SECTION - IV

I certify that Anil yadav (Name of student pharmacist) has undergone 500 hours training spread over from Date 11/09/21 to 11/12/21 for a period of three months in accordance with the details enumerated in SECTION III

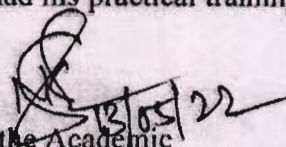
Date: 12/12/21

Head of the Organization or
Pharmaceutical Division
प्रमुख अधीक्षक
स्वरूप रानी नेहरू चिकित्सालय
प्रयागराज.

SECTION - V

I certify that Anil yadav (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 13/05/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. ANKIT SINGH
(Name of student pharmacist) son of / daughter of NARVADESHVAR SINGH
residing at VILL. BARWAN JUNGEL, WARD. No-10, BALMIKI NAGAR, KASIA, KUSHINAGAR 279402
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

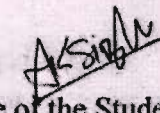
Date: 06/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Ankit Singh (Name of the Student Pharmacist)
accept S.P. Gupta (Name of the Apprentice Master) of
CHC Kasia Kushinagar (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 17/09/21


Signature of the Student Pharmacist

SECTION - III

I, S.P. Gupta (Name of the Apprentice Master)
accept Sri / Smt. Ankit Singh
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 10/12/21

Head of the Organization or
Pharmaceutical Division

G.H.C. Kashiya
Kushinagar

SECTION - IV

I certify that Ankit Singh (Name of student pharmacist) has undergone 500 hours training spread over from Date 17-09-21 to 10-12-21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 10/12/21

Head of the Organization or
Pharmaceutical Division

G.H.C. Kashiya
Kushinagar

SECTION - V

I certify that Ankit Singh (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/01/22

17/01/22
Head of the Academic
Training Institution

Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

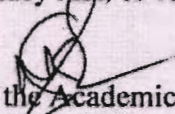
SECTION - I



This form has been issued to Sri/Smt. ARYAN VERMA

(Name of student pharmacist) son of / daughter of SACHCHITA NAND VERMA
residing at VILL + POST - BANSDIH, DIST - BALLIA, U.P. 277202
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

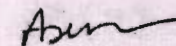
Date: 06-09-2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Arya Verma (Name of the Student Pharmacist)
accept Yogendra Nath Pandey (Name of the Apprentice Master) of
D.H. Ballia (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 09/09/2021


Signature of the Student Pharmacist

SECTION - III

I, Yogendra Nath Pandey (Name of the Apprentice Master)
accept Sri / Smt. Arya Verma
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

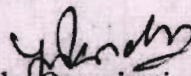
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 09/09/2021


Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Aryan Verma (Name of student pharmacist) has undergone 500 hours training spread over from Date 9.9.21 to 25-12-21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 25-12-21


Head of the Organization or
Pharmaceutical Division
Medical Superintendent
Distt. Hospital Ballia

SECTION - V

I certify that ARYAN VERMA (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 12/01/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



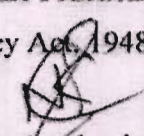
This form has been issued to Sri/Smt. ASHISH. KUMAR

(Name of student pharmacist) son of / daughter of LABAL

residing at VILL NANYLA QAWA Post BILWARA, Dist BAWPAT [UP]

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 6/9/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

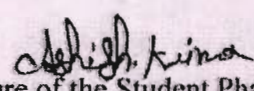
I ASHISH. KUMAR (Name of the Student Pharmacist)

accept SANJEEV. YADAV (Name of the Apprentice Master) of

Dep of Pharmacy, Meerut Institute of Tech Meerut (Name of the College / Institution)
P.H.C. DHANORA (Bagh) Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 10/10/21


Signature of the Student Pharmacist

SECTION - III

I. SANJEEV. YADAV (Name of the Apprentice Master)

accept Sri / Smt. ASHISH. KUMAR

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 10/10/21

Sanjeev Yadav
Head of the Organization or
Pharmaceutical Division
S. H. C. D. Anora
Baghpat

SECTION - IV

I certify that ASHISH KUMAR (Name of student pharmacist) has undergone 500 hours training spread over from Date 10/10/21 to 20/1/22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 20/1/22

Ajay
Head of the Organization or
Pharmaceutical Division
Dr. Amit Kumar Tyagi
M.C.V.C
P.H.C. D. Anora
Baghpat

SECTION - V

I certify that ASHISH KUMAR (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 22/01/22

[Signature]
Head of the Academic
Training Institution,
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

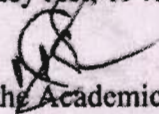
This form has been issued to Sri/Smt. ASHWANI SISODIA

(Name of student pharmacist) son of / daughter of RAJ KUMAR SISODIA

residing at B-374 Ganga Nagar Mauana Road Meerut

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I ASHWANI SISODIA (Name of the Student Pharmacist)


accept Ashish Sharma (Name of the Apprentice Master) of

Department of Pharmacy MIT Meerut (Name of the College / Institution)

CHC Alana Bagpat (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 7/10/21


Signature of the Student Pharmacist

SECTION - III

I, Ashish Sharma (Name of the Apprentice Master)

accept Sri / Smt. ASHWANI SISODIA

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —


1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 7/10/21


Head of the Organization or
Pharmaceutical Division
DIST. BAGHPAT

SECTION - IV

I certify that ASHWANI SISODIA (Name of student pharmacist) has undergone 550 hours training spread over from Date 7/10/21 to 10/1/22 for a period of Three months in accordance with the details enumerated in SECTION III

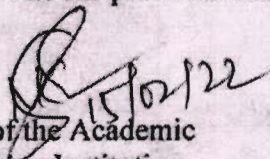
Date: 11/01/22


Head of the Organization or
Pharmaceutical Division
सामुदायिक स्वास्थ्य केन्द्र
पिलाना (बागपत)

SECTION - V

I certify that ASHWANI SISODIA (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 15/01/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. DEEPANSHU

(Name of student pharmacist) son of / daughter of MULAK RAJ
residing at S/O MULAK RAJ, H.NO-762. LAKSHMAN PURI MEERUT
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/21


Head of the Academic
Training Institution
Department of Pharmacy
MIT, Meerut

SECTION - II

I DEEPANSHU. (Name of the Student Pharmacist)

accept SMT. BABITA. RANI. (Name of the Apprentice Master) of

MIT COLLEGE OF PHARMACY MEERUT (Name of the College / Institution)

DISTRICT WOMEN HOSPITAL MEERUT (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 22/12/21

Deepanshu
Signature of the Student Pharmacist

SECTION - III

I, SMT. BABITA. RANI. (Name of the Apprentice Master)

accept Sri / Smt. DEEPANSHU.

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 12/4/2022

Head of the Organization or
Pharmacist
Pharmaceutical Division
Meerut

SECTION - IV

I certify that DEEPANSHU (Name of student pharmacist) has undergone 540 hours training spread over from Date 22/12/2021 to 12/4/22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 12/4/2022

Head of the Organization or
Pharmacist
Pharmaceutical Division
Meerut

SECTION - V

I certify that DEEPANSHU (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 12/04/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



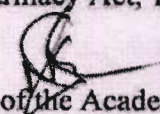
This form has been issued to Sri/Smt. Dushyant KUMAR

(Name of student pharmacist) son of / daughter of SUDHEER KUMAR

residing at Village - Dayampur ^{KANKER} Kankar Khara Meerut cant. Post - ~~MEERUT~~ ^{KANKER KHERA} Pin - 250001

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I, Dushyant Kumar (Name of the Student Pharmacist)

accept Mohd. Ali Pharmacist (Name of the Apprentice Master) of

e.H.C - Kairana Dist. Shamlu (Name of the College / Institution)

(Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 20.10.2021

Dushyant - Kumar
Signature of the Student Pharmacist

SECTION - III

I, Mohd Ali (Name of the Apprentice Master)

accept Sri / Smt. Dushyant Kumar

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 20-10-21

Head
20-01-22 Reg- No. 18709
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Dushyant Kumar (Name of student pharmacist) has undergone 500 Hrs hours training spread over from Date 20.10.2021 to 19.01.2022 for a period of _____ months in accordance with the details enumerated in SECTION III

Date: 20.01.2022

Head
20/01/22
Head of the Organization or
Pharmaceutical Division
दिकैला अधीक्षक
सामुदायिक स्वास्थ्य केन्द्र
कैलासा (शामली)

SECTION - V

I certify that Dushyant - Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 21/01/22

Head
21/01/22
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

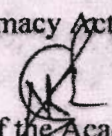
APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Gaurav Saini
(Name of student pharmacist) son of / daughter of Bijender Saini
residing at vill - Nara Post - mansurpur (M. Nagar)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 8-8-2021


Head of the Academic
Training Institution
Department of Pharmacy
MIT, Meerut

SECTION - II

I, Gaurav Saini (Name of the Student Pharmacist)
accept Ravi Kumar (Name of the Apprentice Master) of
P.H.C mansurpur, Distt - moradnagar (Name of the College / Institution)
Department of Pharmacy M.T.T Meerut (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 15/09/2021

Gaurav Saini
Signature of the Student Pharmacist

SECTION - III

I, Ravi Kumar (Name of the Apprentice Master)
accept Sri / Smt. Gaurav Saini
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 15/09/2021

*15/09/2021
Pharmacist
REG NO. 26795*

18
Head of the Organization or
Pharmaceutical Division

जगदीश चन्द्र शर्मा
प्रो स्वा० केंद्र
मधुपुर / दुवाहरी

SECTION - IV

I certify that Gausar Saini (Name of student pharmacist) has undergone 500 hours training spread over from Date 15/09/2021 to 14/12/2021 for a period of three months in accordance with the details enumerated in SECTION III

Date: 16/12/2021

18
Head of the Organization or
Pharmaceutical Division

जगदीश चन्द्र शर्मा
प्रो स्वा० केंद्र
मधुपुर / दुवाहरी

SECTION - V

I certify that Gausar Saini (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 18/12/2021

18
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

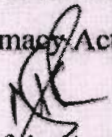
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Harsh sharma
(Name of student pharmacist) son of / daughter of Sanjay sharma
residing at Jhori Baraut (Baghpat)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

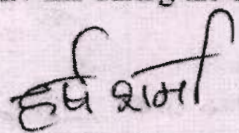
Date: 8-9-21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Harsh Sharma (Name of the Student Pharmacist)
accept Vineet Rathi (Name of the Apprentice Master) of
D.H.K. - Kishanpur, Bagpat (Name of the College / Institution)
D.H.K. - Kishanpur, Bagpat (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 20/11/2021


Signature of the Student Pharmacist

SECTION - III

I, Vineet Rathi (Name of the Apprentice Master)
accept Sri / Smt. Harsh Sharma
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 22/1/21

वि. अ. शर्मा
Head of the Organization or
Pharmaceutical Division
Primary Health Centre
Kishanpur Baral (Baghpat)
Reg. No.: 39167

SECTION - IV

I certify that Harsh Sharma (Name of student pharmacist) has undergone 500 hours training spread over from Date 2/9/21 to 22/1/21 for a period of three months in accordance with the details enumerated in SECTION III

Date: 22/1/21

Harsh
Head of the Organization or
Pharmaceutical Division
प्रभारी चिकित्साधिकारी
प्रा. स्वा. केन्द्र, क़िशनपुर ब. (ब)
बनपद बागपत (उ०प्र०)

SECTION - V

I certify that Harsh Sharma (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 28/1/21

Harsh
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

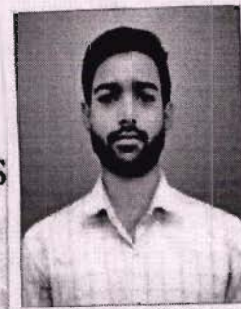
NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

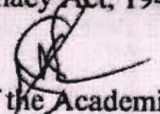
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. HIMANSHU VISHWAKARMA
(Name of student pharmacist) son of / daughter of RAMESH VISHWAKARMA
residing at VII - SONDIYA GUZURG Post KISHUNDEVPUR Dist KUSHINAGAR
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I, Himanshu Vishwakarma (Name of the Student Pharmacist)
accept Sri D.K. Rai (Name of the Apprentice Master) of
CHC fazilmagar - Kushinagar (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 16-9-2021

Himanshu Vishwakarma
Signature of the Student Pharmacist

SECTION - III

I, D.K. Rai (Name of the Apprentice Master)
accept Sri / Smt. Himanshu Vishwakarma
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

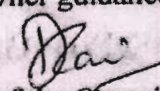
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

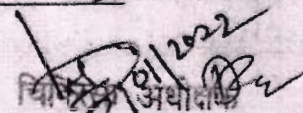
Date: 03/01/2022


Head of the Organization or
Pharmaceutical Division
C.H.C. Fazinagar
Kushinagar (U.P)

SECTION - IV

I certify that Himanshu Vishwakarma (Name of student pharmacist) has undergone 700 hours training spread over from Date 16-9-2021 to 03-01-2022 for a period of 03 months in accordance with the details enumerated in SECTION III

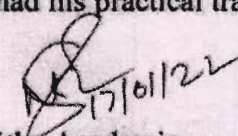
Date: 03/01/2022


Head of the Organization or
Pharmaceutical Division
C.H.C. Fazinagar
Kushinagar (U.P)

SECTION - V

I certify that Himanshu Vishwakarma (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/01/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

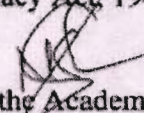
This form has been issued to Sri/Smt. Hritik

(Name of student pharmacist) son of / daughter of Bishopal Singh

residing at Sarunpur Khurd Sandhana (Meerut)

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act 1948.

Date: 08/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Hritik (Name of the Student Pharmacist)

accept Vinay Kumar (Name of the Apprentice Master) of

Department of Pharmacy Meerut Institute of Technology (Name of the College / Institution)

GHC, Sarunpur Khurd, Sandhana (Meerut) (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 08/09/2022

Hritik
Signature of the Student Pharmacist

SECTION - III

I, Vinay Kumar (Name of the Apprentice Master)

accept Sri / Smt. Hritik

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in --
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 08/01/2022

Reg. No. 24743 Vinay Kumar
(Pharmacist)
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Hritik (Name of student pharmacist) has undergone 500 hours training spread over from Date 01/10/2021 to 08/01/2022 for a period of 3 months in accordance with the details enumerated in SECTION III

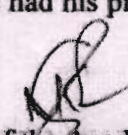
Date: 08/01/2022


Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Hritik (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 11/01/2022


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

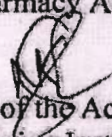
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Jatin Kumar
(Name of student pharmacist) son of / daughter of Mr. Rajendra Kumar Sharma
residing at Gali No.1 Channa Bhatti Modinagar.
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

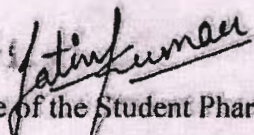
Date: 09/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Jatin Kumar (Name of the Student Pharmacist)
accept KARAN PAL (Name of the Apprentice Master) of
CPC Modinagar (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 10/12/2021


Signature of the Student Pharmacist

SECTION - III

I, KARAN PAL (Name of the Apprentice Master)
accept Sri / Smt. Jatin Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

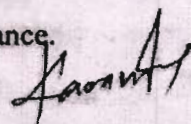
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 10/12/2021



Head of the Organization or
Pharmaceutical Division

Chief Pharmacist
C.H.C Modinagar
GZ B.

SECTION - IV

I certify that Jas B Kumar (Name of student pharmacist) has undergone 550 hours training spread over from Date 10/12/2021 to 11/03/2022 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 12/03/2022

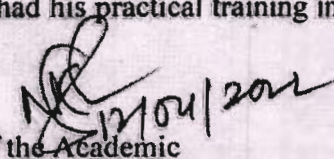

Head of the Organization or
Pharmaceutical Division

Medical Superintendent
C.H.C. Modi Nagar
Ghaziabad (U.P.)

SECTION - V

I certify that Jatin Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 12/04/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form' for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

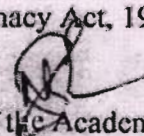
SECTION - I



This form has been issued to Sri/Smt. KESHAV PRATAP SINGH

(Name of student pharmacist) son of / daughter of DIGVIJAY PRATAP SINGH
residing at VILL-BASANTPUR, POST-RAMPURGAADH, DISTT-DEORIA, 274400
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

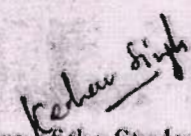
I KESHAV PRATAP SINGH (Name of the Student Pharmacist)

accept WALISULLAH KHAN (Name of the Apprentice Master) of

Dept of pharmacy, Meerut Institute of Tech Meerut (Name of the College / Institution)

CHC Pirra Dacula, Icadam Desalialbona (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 10/09/21


Signature of the Student Pharmacist

SECTION - III

I, WALISULLAH KHAN (Name of the Apprentice Master)

accept Sri / Smt. KESHAV PRATAP SINGH

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 10/09/21

W 10/09/21
Head of the Organization of
Pharmaceutical Division
C. H. C. Pipra Gula Kadam
Deoria

SECTION - IV

I certify that KESHAV PRATAP SINGH (Name of student pharmacist) has undergone 500 hrs hours training spread over from Date 10/09/21 to 10/12/21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 10/12/21

W 10/12/21
Head of the Organization of
Pharmaceutical Division
C. H. C. Pipra Gula Kadam
Deoria

SECTION - V

I certify that KESHAV PRATAP SINGH (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/01/22

W 17/01/22
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

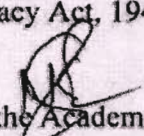
This form has been issued to Sri/Smt. Manish

(Name of student pharmacist) son of / daughter of Kamal

residing at Mehrouli, partapur, (meerut)

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 15/sep/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I, Manish (Name of the Student Pharmacist)

accept M.K. Shukla (Name of the Apprentice Master) of

S.V. B. P. Hospital Meerut (Name of the College / Institution)

(Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 15-Sep-2021

Manish Singh
Signature of the Student Pharmacist

SECTION - III

I, M.K. Shukla (Name of the Apprentice Master)

accept Sri / Smt. Manish

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —


1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

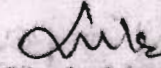
Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 01-11-2021



प्रसादी अधिकारी फार्मसी
स.व.भा.प. चिकित्सालय
मेरठ


Head of the Organization or
Pharmaceutical Division
Chief Pharmacist
S.V.B.P. Hospital, Meerut

SECTION - IV

I certify that Manish (Name of student pharmacist) has undergone 500 hours training spread over from Date 01.11.21 to 02.22 for a period of 3 months in accordance with the details enumerated in SECTION III

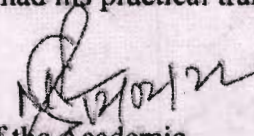
Date: 08-2-2022


Head of the Organization or
Pharmaceutical Division
Superintendent-In-Chief
S.V.B.P. Hospital,
Meerut

SECTION - V

I certify that Manish (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 12/04/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

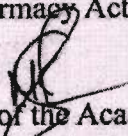
This form has been issued to Sri/Smt. MANISH KUMAR

(Name of student pharmacist) son of / daughter of M^{rs}. RAJENDRA KUMAR

residing at DESHRAJ OLD TOWN - BAGHPAT

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 20/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Manish Kumar (Name of the Student Pharmacist)

accept Vinita Kaurshik (Name of the Apprentice Master) of

C.H.C. Baghat (Name of the College / Institution)

(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 27/11/21


Signature of the Student Pharmacist

SECTION - III

I, Vinita Kaurshik (Name of the Apprentice Master)

accept Sri / Smt. Manish Kumar

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 27/11/21

Vinod
Head of the Organization on
Pharmaceutical Division

Community Health Center
Baghpat

SECTION - IV

I certify that Manish Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 27/11/21 to 2/3/22 for a period of (3) months in accordance with the details enumerated in SECTION III

Date: 2/3/22

Vr.
Head of the Organization or
Pharmaceutical Division

Community Health Center
Baghpat

SECTION - V

I certify that Manish Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 04/03/22

R
Head of the Academic
Training Institution

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

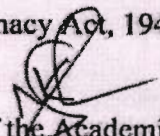
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. MANISH KUMAR DHARIWAL
(Name of student pharmacist) son of / daughter of MAHAK SINGH
residing at vill → Almuspur muzaffarnagar UP
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 6/9/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I MANISH KUMAR DHARIWAL (Name of the Student Pharmacist)
accept SHASHI KANT (Name of the Apprentice Master) of
MIT, Meerut (Name of the College / Institution)
CHC Botichyala, Dist - Muzaffarnagar (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 28.9.21

Manish
Signature of the Student Pharmacist

SECTION - III

I, SHASHI KANT (Name of the Apprentice Master)
accept Sri / Smt. MANISH KUMAR DHARIWAL
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

A.N.M. मकियाली
स्ट. शा. ए. के. नरेंद्र

-2-

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 28.9.21

Head of the Organization
Pharmaceutical Division
Chief Pharmacist
C.H.C. Makyali
Muzaffarnagar

SECTION - IV

I certify that MANISH KUMAR DHARIWAL (Name of student pharmacist) has undergone 500 hours training spread over from Date 28.9.21 to 28.12.21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 3/1/22

चिकित्सा शिक्षक
Head of the Organization of
Pharmaceutical Division
सामाजिक स्वास्थ्य केंद्र मकियाली
(सिमाखेडी) मुजफ्फरनगर

SECTION - V

I certify that Manish Kumar Dhariwal (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 10/01/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

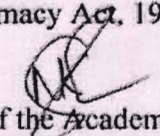
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. MOHAMMAD JAFAR KHAN
(Name of student pharmacist) son of / daughter of MUINUDDIN
residing at VILL- BHITNI PO. DOHARIYA BAZAR DIST. GORAKHPUR 273015
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 24/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I MOHAMMAD JAFAR KHAN (Name of the Student Pharmacist)
accept AVADHESH KUMAR AGRAHARI (Name of the Apprentice Master) of
MEERUT INSTITUTE OF TECHNOLOGY MEERUT (Name of the College / Institution)
NEW P.J.C. SARHARI JUNGLE KAUDIA, GORAKHPUR (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 01/12/2021

Mohd. Jafar Khan.
Signature of the Student Pharmacist

SECTION - III

I AVADHESH KUMAR AGRAHARI (Name of the Apprentice Master)
accept Sri / Smt. MOHAMMAD JAFAR KHAN
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: ---

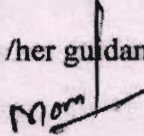
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

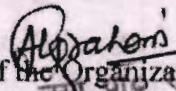
Date: 01/12/2021


Head of the Organization or
Pharmaceutical Division
प्रभारी चिकित्साधिकारी
प्रास्वाक्केन्द्र, जंगल कौड़िया
गोरखपुर

SECTION - IV

I certify that MOHAMMAD JAFAR KHAN (Name of student pharmacist) has undergone 500 hours training spread over from Date 01.12.2021 to 09.03.2022 for a period of 3 months in accordance with the details enumerated in SECTION III


Date: 09.03.2022


Head of the Organization or
Pharmaceutical Division
गोरखपुर

SECTION - V

I certify that MOHAMMAD JAFAR KHAN (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 14/03/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX - E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. Mohd Amjad
(Name of student pharmacist) son of / daughter of Mangta
residing at Village - Kalyanpur - Post - Budhana, Distt - Muzaffargarh UP
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I, Mohd. Amjad (Name of the Student Pharmacist)
accept Yatender Gini (Name of the Apprentice Master) of
PHC Kuralsi Budhana (Name of the College / Institution)
MZN. (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 09/09/21

Mohd Amjad
Signature of the Student Pharmacist

SECTION - III

I, Yatender Gini (Name of the Apprentice Master)
accept Sri / Smt. Mohd. Amjad
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 09/09/21

(2)
Attender Giri
Pharmacist
PHC Kuralsi
Budhana (M.Nagar)
Reg. 25570
SECTION - IV

Head of the Organization or
Pharmaceutical Division

Prasanna
प्राध्यापक केन्द्र,
कुरालसी, (मुनगर)

I certify that Mohd. Amjad (Name of student pharmacist) has undergone 500 hours training spread over from Date 9-9-21 to 5-1-22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 5-1-22

(2)
Attender Giri
Pharmacist
PHC Kuralsi
Budhana (M.Nagar)
Reg. 25570
SECTION - V

Head of the Organization or
Pharmaceutical Division

Bhary
चिकित्साधिकारी
प्राध्यापक केन्द्र,
कुरालसी, (मुनगर)

I certify that Mohd Amjad (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 27/01/22

(2)
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. MOHD SANAUULLAH
(Name of student pharmacist) son of / daughter of MD WASIUR RAHMAN
residing at S-10/15-A JOGA BAI BATLA HOUSE N.O -25
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

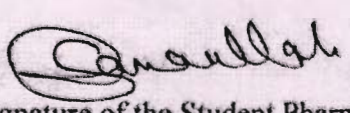
Date: 21/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I MOHD SANAUULLAH (Name of the Student Pharmacist)
accept Jitendra (Name of the Apprentice Master) of
DEPARTMENT OF PHARMACY M.I.T (Name of the College / Institution)
M X CW KHIZRABAD CENTRE (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 4/10/2021


Signature of the Student Pharmacist

SECTION - III

I Jitendra (Pharmacist) (Name of the Apprentice Master)
accept Sri / Smt. Mohd Sanaulлах
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 4/10/2021

[Signature]
Head of the Organization or
Pharmaceutical Division

M & S W
Khizabad (M.C.D.)
New Delhi

SECTION - IV

I certify that Mohd Sanaulah (Name of student pharmacist) has undergone 550 hours training spread over from Date 4/10/2021 to 18/1/2022 for a period of 3 months months in accordance with the details enumerated in SECTION III

Date: 24/01/2022

[Signature]
Head of the Organization or
Pharmaceutical Division

Officer
in Charge
Centre
Khizabad (M.C.D.)
New Delhi

SECTION - V

I certify that Mohd Sanaulah (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 02/02/2022

[Signature]
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

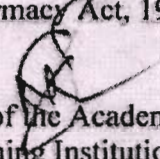
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. MOHD. ANAS KHAN
(Name of student pharmacist) son of / daughter of SAKEEL AHMAD
residing at H.NO 142, SIWAL KHAS, MEERUT, 250501
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06-09-21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I MOHD. ANAS. KHAN. (Name of the Student Pharmacist)
accept DEEPAK TRAUT (Name of the Apprentice Master) of
MIT, PHARMACY, MEERUT (Name of the College / Institution)
DIST. WOMEN HOSPITAL MEERUT (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 18/9/21

Anas Khan
Signature of the Student Pharmacist

SECTION - III

I, DEEPAK TRAUT (Name of the Apprentice Master)
accept Sri / Smt. MOHD. ANAS KHAN.
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 18/9/21

[Signature]
Head of the Organization or
Pharmacist
Pharmaceutical Division
Meerut

SECTION - IV

I certify that MOHD. ANUS KHAN (Name of student pharmacist) has undergone 540 hours training spread over from Date 18/9/21 to 24/1/22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 24/1/22

[Signature]
Head of the Organization or
Superintendent
Pharmaceutical Division
Woman Hospital, Meerut

SECTION - V

I certify that MOHD. ANUS KHAN (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 25/01/22

[Signature]
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



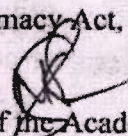
This form has been issued to Sri/Smt. MOHIT JAISWAL

(Name of student pharmacist) son of / daughter of SHAMBHU JAISWAL

residing at VILL. ASNAHARA DIST. BASTI UTTAR PRADESH

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 15/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Mohit Jaiswal (Name of the Student Pharmacist)

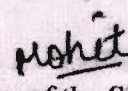
accept Rajesh Kumar Chaudhary Chief Pharmacist (Name of the Apprentice Master) of

(Name of the College / Institution)

C.H.C. Bhamphur Basti U.P. (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 05-10-2021


Signature of the Student Pharmacist

SECTION - III

I, Rajesh Kumar Chaudhary (Name of the Apprentice Master)

accept Sri / Smt. Mohit Jaiswal

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —


1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 15-1-2022

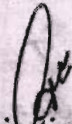

अधीक्षक
सामुदायिक स्वास्थ्य केन्द्र-भानपुर
बस्ती


Head of the Organization or
Pharmaceutical Division
जी.फ. फार्मासिस्ट
सामुदायिक स्वास्थ्य केन्द्र-भानपुर
बस्ती

SECTION - IV

I certify that Mohit Jaiswal (Name of student pharmacist) has undergone 500 hours training spread over from Date 06-10-2021 to 15-1-2022 for a period of Three months in accordance with the details enumerated in SECTION III

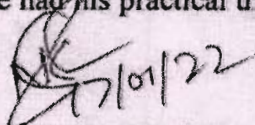
Date: 15-1-2022


Head of the Organization or
Pharmaceutical Division
अधीक्षक
सामुदायिक स्वास्थ्य केन्द्र-भानपुर
बस्ती

SECTION - V

I certify that MOHIT JAISWAL (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/01/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

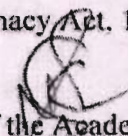


SECTION - I

This form has been issued to Sri/Smt. Nahid Hasan

(Name of student pharmacist) son of / daughter of Firdaus Bahadur
residing at Village - Kalyanpur, Post Budhana, Distt. - Muzaffarnagar (UP)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/sep/2021


Head of the Academic
Training Institution,
Principal,
Department of Pharmacy
MIT, Meerut

SECTION - II

I Nahid Hasan (Name of the Student Pharmacist)

accept _____ (Name of the Apprentice Master) of

Department of Pharmacy MIT, Meerut (Name of the College / Institution)
Community Health Centre, Budhana M. Nagar (UP) (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 18/9/21

Nahid Hasan
Signature of the Student Pharmacist

SECTION - III

I. Pradeep Kumar (Name of the Apprentice Master)

accept Sri / Smt. Nahid Hasan

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance

Date: 18/09/21

P. Kumar Head of the Organization
Pharmaceutical Division
C.H.C. Budhana सामुदायिक स्वास्थ्य केंद्र बुढ़ाना (मु० नगर)

SECTION - IV

I certify that Nahid Hasan (Name of student pharmacist) has undergone 500 hours training spread over from Date 18/09/21 to 02/01/2022 for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 05/01/2022

P. Kumar Head of the Organization or
Pharmacist
C.H.C. Budhana सामुदायिक स्वास्थ्य केंद्र बुढ़ाना (मु० नगर)

SECTION - V

I certify that Nahid Hasan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 07/03/22

07/03/22
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed &, sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

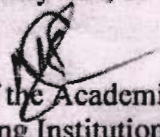
SECTION - I



This form has been issued to Sri/Smt. NASIR

(Name of student pharmacist) son of / daughter of Mr. DILSHAD
residing at VILL. PEEPLIKHERA - POST- BIJOLI, MEERUT
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

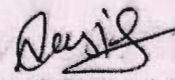
Date: 06/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I NASIR (Name of the Student Pharmacist)
accept M.K. Shukla (Name of the Apprentice Master) of
S.V. B.P. Hospital Meerut (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 01/11/21


Signature of the Student Pharmacist

SECTION - III

I, M.K. Shukla (Name of the Apprentice Master)
accept Sri / Smt. NASIR
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —


1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

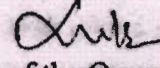
Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 01/11/21



प्रभारी अधिकारी फार्मसी
स.व.भा.प. चिकित्सालय
मेरठ


Head of the Organization or
Pharmaceutical Division
Chief Pharmacist
S.V.B.P. Hospital, Meerut

SECTION - IV

I certify that NASIR (Name of student pharmacist) has undergone 500 hours training spread over from Date 01.11.21 to 02.2.22 for a period of 3 months in accordance with the details enumerated in SECTION III

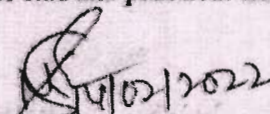
Date: 08/02/22


Head of the Organization or
Pharmaceutical Division
Superintendent-In-Chief
S.V.B.P. Hospital,
Meerut

SECTION - V

I certify that NASIR (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 14/02/2022


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

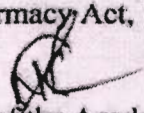
This form has been issued to Sri/Smt. NIKHIL

(Name of student pharmacist) son of / daughter of BIJENDRA SINGH

residing at NEW MALIYANA, MEERUT

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06-09-21


Head of the Academic
Training Institution
Department of Pharmacy
MIT, Meerut

SECTION - II

I NIKHIL (Name of the Student Pharmacist)

accept Satish kumar (Name of the Apprentice Master) of

Dist Combined Hospital Sanjay Nagar (Name of the College / Institution)
Gr. 2.B. (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 09/09/21

Nikhil

Signature of the Student Pharmacist

SECTION - III

I, Satish kumar (Name of the Apprentice Master)

accept Sri / Smt. NIKHIL

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 22/12/21

SK
Head of the ~~Organization~~ Pharmacist
Pharmacist
CHIEF PHARMACIST
DISTT. COMBINED HOSPITAL
SANJAY NAGAR, GHAZIABAD

SECTION - IV

I certify that NIKHIL (Name of student pharmacist) has undergone 500 hours training spread over from Date 09/09/21 to 22/12/21 for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 22/12/21

S
Head of the ~~Organization~~ Pharmacist
CHIEF PHARMACIST
DISTT. COMBINED HOSPITAL
SANJAY NAGAR, GHAZIABAD

SECTION - V

I certify that NIKHIL (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 10/01/22

ME
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE.

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



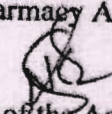
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. NAWAL KISHORE SINGH
(Name of student pharmacist) son of / daughter of LATE- RAJMANGAL SINGH
residing at VILL- BHALUHA POST- BHALUHA NO.2 DIST- KUSHINAGAR U.P.
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 14/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I NAWAL KISHORE SINGH (Name of the Student Pharmacist)
accept Atma Singh (Name of the Apprentice Master) of
DEPARTMENT OF PHARMACY MIT, MEERUT (Name of the College / Institution)
C.H.C. KAPTANGANJ, KUSHINAGAR (U.P.) (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 14/09/2021

Nawal Kishore Singh
Signature of the Student Pharmacist

SECTION - III

I, Atma Singh (Name of the Apprentice Master)
accept Sri/Smt. NAWAL KISHORE SINGH
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 17/01/2022

Abhishek Singh
C.H.C. KAPTANGAN
DISTT. KUSHINAGAR
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that NAWAL KISHORE SINGH (Name of student pharmacist) has undergone 500 hours training spread over from Date 12/10/2021 to 11/01/2022 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 17/01/2022

Abhishek Singh
Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that NAWAL KISHORE SINGH (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 14/02/22

Abhishek Singh
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

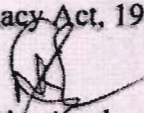
This form has been issued to Sri/Smt. Owais-khan

(Name of student pharmacist) son of / daughter of Naveem-khan

residing at Villa post - Dargah Dist. Bulandshahr Uttar Pradesh (U.P.)

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 29/11/2021


Head of the Academic
Training Institution
Department of Pharmacy
MIT, Meerut

SECTION - II

I Owais Khan (Name of the Student Pharmacist)

accept Dharmendra Singh Tomar (Name of the Apprentice Master) of

Department of Pharmacy MIT, Meerut (Name of the College / Institution)

Dr. Deen Dayal Upadhyaya Joint Hospital Aligarh (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 15/12/2021

Owais Khan
Signature of the Student Pharmacist

SECTION - III

I Dharmendra Singh Tomar (Name of the Apprentice Master)

accept Sri /Smt. Owais Khan

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

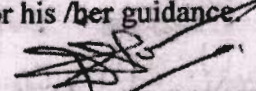
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance


Date: 11.03.2022


Head of the Organization of
Pharmaceutical Division

SECTION - IV

I certify that Owais Khan (Name of student pharmacist) has undergone 500 hours training spread over from Date 15.12.2021 to 20.03.2022 for a period of 03 months in accordance with the details enumerated in SECTION III

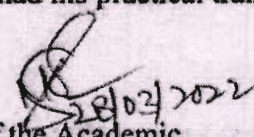
Date: 22.03.2022


Chief Medical Officer
Head of the Organization of
Pharmaceutical Division
ALIGARH

SECTION - V

I certify that Owais Khan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 29/03/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. PRABHU NATH OJHA
(Name of student pharmacist) son of / daughter of BAJ NATH OJHA
residing at 244 Sunder Puri Ghazipur
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

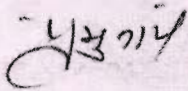
Date: 14/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Prabhu Nath Ojha (Name of the Student Pharmacist)
accept Brijesh Kumar (Name of the Apprentice Master) of
Department of Pharmacy MIT Meerut (Name of the College / Institution)
District Hospital Meerut (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 15 9 21


Signature of the Student Pharmacist

SECTION - III

I Brijesh Kumar (Name of the Apprentice Master)
accept Sri / Smt. Prabhu Nath Ojha
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

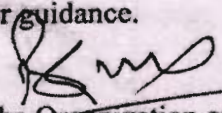
Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

REG NO
14703


Date: 15-09-21


Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Rabban Nath Singh (Name of student pharmacist) has undergone 500 hours training spread over from Date 15-9-21 to 15-12-21 for a period of 3 months in accordance with the details enumerated in SECTION III

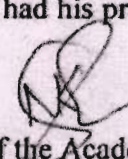
Date: 15-12-21


Head of the Organization or
Pharmaceutical Division
Chief Medical Officer
Distt. M.M.C. Hospital
Ghaziabad

SECTION - V

I certify that Rabban Nath Singh (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 15-09-22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I


This form has been issued to Sri/Smt. SALIL GOSWAMI

(Name of student pharmacist) son of / daughter of RATU KUMAR GOSWAMI

residing at BINAULI BAGHPAT UTTAR PRADESH

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Sahil goswami (Name of the Student Pharmacist)

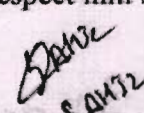
accept Sanjeev Kumar (Name of the Apprentice Master) of

MIT College Meerut (Name of the College / Institution)

Sanjeev Kumar Chh Binauli (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 07/09/21 (Sat) 07/09/21


Signature of the Student Pharmacist

SECTION - III

I Sanjeev Kumar (Name of the Apprentice Master)

accept Sri / Smt. Sahil goswami

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 07/08/21

Head of the Organization
Medical Superintendent
Pharmaceutical Division
C.H.C. Binauli (Baghpet)

SECTION - IV

I certify that Sahil goswami (Name of student pharmacist) has undergone 500 hours hours training spread over from Date 07/08/21 to 29/12/21 for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 29/12/21

Head of the Organization
Pharmaceutical Division
C.H.C. Binauli (Baghpet)

SECTION - V

I certify that SAHIL GOSWAMI (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/01/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

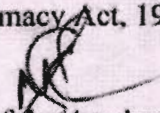
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. SAIJI KHAN
(Name of student pharmacist) son of / daughter of ABBAS KHAN
residing at VILL-DILOCHPURA-Post-AMINWARSARAI-DIST-(BAHAMPAT)UP-250106
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Saiji Khan (Name of the Student Pharmacist)
accept Satish K & Gini (Name of the Apprentice Master) of
Department of Pharmacy MIT Meerut (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 08/09/21

Saiji Khan
Signature of the Student Pharmacist

SECTION - III

I Satish K & Gini (Name of the Apprentice Master)
accept Sri / Smt. Saiji Khan
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: --

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance

Date: 08/09/2021

Sushree Singh
Pharmacist
Head of the Organization or
Pharmaceutical Division
Community Health Center
Baghpat

SECTION - IV

I certify that Saiji Khan (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/9/2021 to 31/12/2021 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 3/01/2022

M
Head of the Organization or
Pharmaceutical Division
Community Health Center
Baghpat

SECTION - V

I certify that Saiji Khan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/01/22

S
17/01/22
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

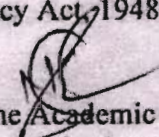


SECTION - I

This form has been issued to Sri/Smt. Shivani

(Name of student pharmacist) son of / daughter of Mr. Rabbu
residing at Village - Rasuipur Raha Badoth Road Meerut
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act 1948.

Date: 06-09-2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

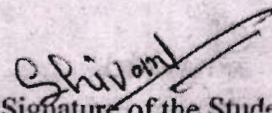
I Shivani (Name of the Student Pharmacist)

accept V. P. Yadav (Name of the Apprentice Master) of

MIT Meerut (Name of the College / Institution)

DISH Hospital Muzaffar Naga (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 1-11-2021


Signature of the Student Pharmacist

SECTION - III

I, V. P. Yadav (Name of the Apprentice Master)

accept Sri / Smt. Shivani

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 15/2/2022

[Signature]
Head of the Organization or
Pharmaceutical Division
DISTRICT HOSPITAL
MUZAFFARNAGAR

SECTION - IV

I certify that Shivani (Name of student pharmacist) has undergone 500 hours training spread over from Date 1.11.2021 to 15.2.2022 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 15/2/2022

[Signature]
Head of the Organization or
Pharmaceutical Division
District Hospital (Male)
Muzaffarnagar

SECTION - V

I certify that Shivani (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/08/22

[Signature]
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. SHWETA KUSHWAHA
(Name of student pharmacist) son of / daughter of MR. RAM BHOOJ SINGH
residing at K2/99/11 SHASTRI NAGAR, MEERUT
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

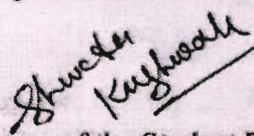
Date: 06/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Shweta Kushwaha (Name of the Student Pharmacist)
accept M.K. Shukla (Name of the Apprentice Master) of
Dept of Pharmacy MIT Meerut (Name of the College / Institution)
C.V.B.P. Hospital Meerut (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 26/9/21


Signature of the Student Pharmacist

SECTION - III

I, M.K. Shukla (Name of the Apprentice Master)
accept Sri / Smt. Shweta Kushwaha
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: ---

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 10-01-22

प्रमारी अधिकारी फार्मेसी
स.व.भा.प. चिकित्सालय
मेरठ

Head of the Organization or
Pharmaceutical Division
Chief Pharmacist
S.V.B.P. Hospital, Meerut

SECTION - IV

I certify that Shweta Kushwaha (Name of student pharmacist) has undergone 500 hours training spread over from Date 26-09-21 to 10-01-22 for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 10-01-22

Head of the Organization or
Pharmaceutical Division
Superintendent-In-Chief
S.V.B.P. Hospital,
Meerut

SECTION - V

I certify that Shweta Kushwaha (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 20/01/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

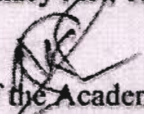
This form has been issued to Sri/Smt. STUTI PAL

(Name of student pharmacist) son of / daughter of RAJ KUMAR PAL

residing at 701, VILL NAGLA TASHI, KANKARKHERA, MEERUT, 250001

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06-09-21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

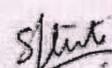
I STUTI PAL (Name of the Student Pharmacist)

accept DEEPAK TYAUT (Name of the Apprentice Master) of

MIT, MEERUT (Name of the College / Institution)

DIST. WOMEN. HOSPITAL MEERUT (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 09/9/21


Signature of the Student Pharmacist

SECTION - III

I, DEEPAK TYAUT (Name of the Apprentice Master)

accept Sri / Smt. STUTI PAL

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.)

Date: 09/9/21

Chief Pharmacist
Head of the Organization of
Gujarat Women Hospital
Pharmaceutical Division
Meerut

SECTION - IV

I certify that STUTI PAE (Name of student pharmacist) has undergone 500 hours training spread over from Date 9/9/21 to 25/1/22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 25/1/22

Head of the Organization of
Pharmaceutical Division
Meerut

SECTION - V

I certify that STUTI PAE (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 25/01/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

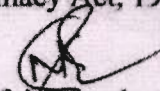
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Sudhanshu Kumar
(Name of student pharmacist) son of / daughter of Mr. Gyanendra Kumar
residing at Shiv nagar, Modipuram, Meerut
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 10/9/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Sudhanshu Kumar (Name of the Student Pharmacist)
accept Karande (Name of the Apprentice Master) of
CPC Modipuram (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 24/12/2021

Sudhanshu Kumar
Signature of the Student Pharmacist

SECTION - III

I, Karande (Name of the Apprentice Master)
accept Sri / Smt. Sudhanshu Kumar
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my
organisation so that during his / her training he / she may acquire: —

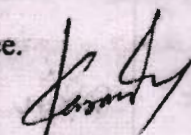
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 24/12/2021

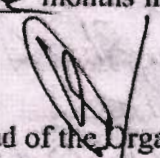

Head of the Organization or
Pharmaceutical Division

Registered Pharmacist
C.H.C Modinagar
GZ B.

SECTION - IV

I certify that Sudhanshu Kumar (Name of student pharmacist) has undergone 550 hours training spread over from Date 24/12/2021 to 28/03/2022 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 26/03/2022

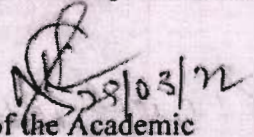

Head of the Organization or
Pharmaceutical Division

C.H.C. Modi Nagar
Ghaziabad (U.P.)

SECTION - V

I certify that Sudhanshu Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 29/03/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

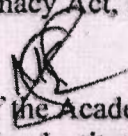
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. SUHAIL AHMAD
(Name of student pharmacist) son of / daughter of SALBEM AHMAD
residing at MOH. CHOUDHARYAN. SAHASPUR BIZNOR (U.P)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.


Date: 15/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I SUHAIL AHMAD (Name of the Student Pharmacist)
accept BHAGWAN SINGH (Name of the Apprentice Master) of
MIT COLLEGE MEERUT (Name of the College / Institution)
CHC KANTH (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 04.10.21


Signature of the Student Pharmacist

SECTION - III

I. BHAGWAN SINGH (Name of the Apprentice Master)
accept Sri / Smt. SUHAIL AHMAD
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

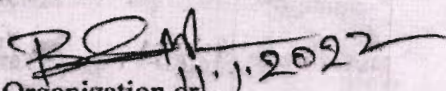
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 4.10.21



Head of the Organization of
Pharmaceutical Division

SECTION - IV

Pharmacist
CHC-Kanith
MBO

I certify that SUHAIL AHMAD (Name of student pharmacist) has undergone 750 hours training spread over from Date 4-10-21 to 11-01-2022 for a period of 03 months in accordance with the details enumerated in SECTION III

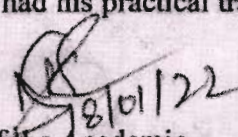
Date: 11.01.22


Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that SUHAIL AHMAD (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 18/01/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

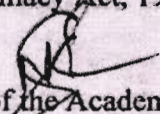
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. SUNEEL KUMAR
(Name of student pharmacist) son of / daughter of RAM KHILODHAR
residing at VIII-GANARPUR, DHOBAHA, HANJA, DIST-PRAYAGRAJ-U.P. Pin-221502
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Suneel Kumar (Name of the Student Pharmacist)
accept R. N. SINGH (Name of the Apprentice Master) of
S.R.N. Hospital, Bayagraj (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Suneel Kumar

Signature of the Student Pharmacist

Date: 14/09/2021

SECTION - III

I, R. N. SINGH (Name of the Apprentice Master)
accept Sri / Smt. Suneel Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

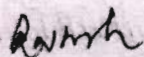
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

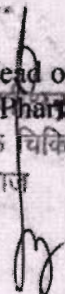
Date: 14/09/21


Head of the Organization or
Pharmaceutical Division
प्रमुख औषधि विभाग
स्वा० रानी ने० चिकित्सालय
प्रयागराज

SECTION - IV

I certify that Suneel Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 14.09.21 to 16.12.21 for a period of three months in accordance with the details enumerated in SECTION III

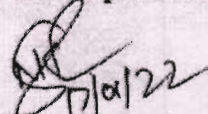
Date: 16/12/21


Head of the Organization or
Pharmaceutical Division
प्रमुख औषधि विभाग
स्वरूप रानी नेहरु चिकित्सालय
प्रयागराज

SECTION - V

I certify that SUNEEL KUMAR (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/01/22


Head of the Academic
Training Institution
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



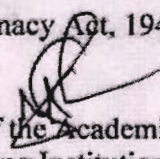
This form has been issued to Sri/Smt. SWATI GAUTAM

(Name of student pharmacist) son of / daughter of Mr. LEEV

residing at FATEHPUR AMINAGAR SARAI (RURAL) BAGHPAT

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 20/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Swati Gautam (Name of the Student Pharmacist)

accept M.K. Shukla (Name of the Apprentice Master) of

S.V.B.P. Hospital Meerut (Name of the College / Institution)

(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 10-1-22

Swati Gautam
Signature of the Student Pharmacist

SECTION - III

I, M.K. Shukla (Name of the Apprentice Master)

accept Sri / Smt. Swati Gautam

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

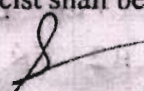
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

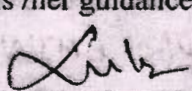
Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 10-1-22



प्रभारी अधिकारी फार्मसी
स.व.भा.प. चिकित्सालय
मेरठ


Head of the Organization or
Pharmaceutical Division
Chief Pharmacist
S.V.B.P. Hospital, Meerut

SECTION - IV

I certify that Swati Gauram (Name of student pharmacist) has undergone 500 hours training spread over from Date 10.1.22 to 25.4.22 for a period of 3 months in accordance with the details enumerated in SECTION III

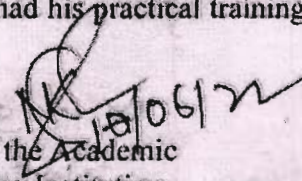
Date: 25-4-22


Head of the Organization or
Pharmaceutical Division
Superintendent-In-Chief
S.V.B.P. Hospital,
Meerut

SECTION - V

I certify that Swati Gauram (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 10/06/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

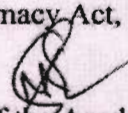
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Swati Yadav
(Name of student pharmacist) son of / daughter of Mr. Yudhvir Singh
residing at Vikas Puri, Roha Road Meerut
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.


Date: 10/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I SWATI YADAV (Name of the Student Pharmacist)
accept DEEPAK TYANI (Name of the Apprentice Master) of
MIT, MEERUT (Name of the College / Institution)
DISTRICT WOMEN HOSPITAL MEERUT (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 20/9/21


Signature of the Student Pharmacist

SECTION - III

I, DEEPAK TYANI (Name of the Apprentice Master)
accept Sri / Smt. SWATI YADAV
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

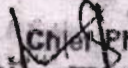
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 26/9/22


Chief Pharmacist
Head of the Organization of
Pharmaceutical Division

SECTION - IV

I certify that SWATI YADAV (Name of student pharmacist) has undergone 540 hours training spread over from Date 16/9/22 to 25/1/22 for a period of 3 months in accordance with the details enumerated in SECTION III

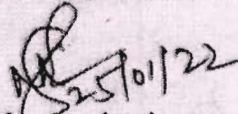
Date: 25/1/22


Head of the Organization of
Pharmaceutical Division

SECTION - V

I certify that SWATI YADAV (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 25/01/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

o/c

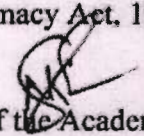


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. UTJWAL GUPTA
(Name of student pharmacist) son of / daughter of NARESH GUPTA
residing at SUCHAR MILL MOHIUDDINPUR MEERUT
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

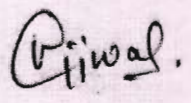
Date: 06/09/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I, Ujjwal Gupta (Name of the Student Pharmacist)
accept KARAN LAL (Name of the Apprentice Master) of
Che modinagar (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 10/09/21


Signature of the Student Pharmacist

SECTION - III

I, KARAN LAL (Name of the Apprentice Master)
accept Sri / Smt. UJJWAL GUPTA
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my organisation so that during his / her training he / she may acquire: —

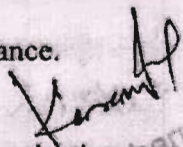
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

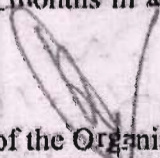
Date: 10/09/21


Head of the Organization or
Pharmacist
C.H.C. Modi Nagar
G.Z.B.

SECTION - IV

I certify that UJJWAL GUPTA (Name of student pharmacist) has undergone 550 hours training spread over from Date 10/09/21 to 20/12/21 for a period of Three months in accordance with the details enumerated in SECTION III


Date: 21/12/2021


Head of the Organization or
Pharmacist
C.H.C. Modi Nagar
Ghaziabad (U.P.)

SECTION - V

I certify that UJJWAL GUPTA (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 23/12/21


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training insitution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

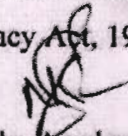
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. VAIBHAV YADAV
(Name of student pharmacist) son of / daughter of JOGENDRA SINGH YADAV
residing at SUGAR MILL, MOHIUDDINPUR (MEERUT)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 06/sep/2021.


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Vaibhav Yadav (Name of the Student Pharmacist)
accept KARANJAL (Name of the Apprentice Master) of
Chemodi Nagar (Name of the College / Institution)
(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 10/09/21

Vyadav
Signature of the Student Pharmacist

SECTION - III

I, KARANJAL (Name of the Apprentice Master)
accept Sri / Smt. Vaibhav Yadav
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

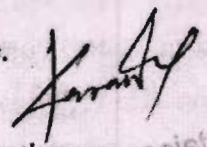
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

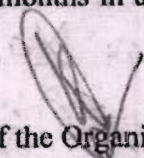
Date: 10/09/21


Head of the Organization or Pharmacist
Pharmaceutical Division
C.H.C. Modinagar
GZ B.

SECTION - IV

I certify that Vaibhav Yadav (Name of student pharmacist) has undergone 550 hours training spread over from Date 10/08/21 to 20/12/21 for a period of 7422 months in accordance with the details enumerated in SECTION III


Date: 21/12/2021


Head of the Organization or Pharmacist
Pharmaceutical Division
Medical Superintendent
C.H.C. Modi Nagar
Ghaziabad (U.P.)

SECTION - V

I certify that VAIBHAV YADAV (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 23/12/21


Head of the Academic Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



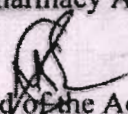
This form has been issued to Sri/Smt. VINAY KUMAR

(Name of student pharmacist) son of / daughter of VINOD KUMAR

residing at 357/2 Gautam Nagar Bhanupuri Meerut

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

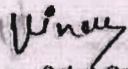
Date: 07/09/2021


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I, Vinay Kumar (Name of the Student Pharmacist)
accept Vinay Kumar (Name of the Apprentice Master) of
MIT, Meerut (Dept. of Pharmacy) (Name of the College / Institution)
CME Sarakhani, Meerut (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 10/12/21


Signature of the Student Pharmacist

SECTION - III

I, Vinay Kumar (Name of the Apprentice Master)
accept Sri / Smt. Vinay Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 09/03/22

Vinay Kumar
Head of the Organization or
Pharmaceutical Division

SECTION - IV

Pharmacist
C. H. C. Sardhana (Meerut)

I certify that *Vinay Kumar* (Name of student pharmacist) has undergone 500 hours training spread over from Date 10/12/2021 to 09/03/2022 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 09/03/22

Vinay Kumar
Head of the Organization or
Pharmaceutical Division

SECTION - V

विक्रम अशोक
सामुद्रिक केंद्र सारधना (मेरठ)

I certify that *Vinay Kumar* (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 14/03/22

Vinay Kumar
Head of the Academic
Training Institution

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

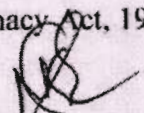
APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Vijay Kumar
(Name of student pharmacist) son of / daughter of America Nishad,
residing at Vill. Bhaumash. Post. Dohanya Bazar. Dist - Gorakhpur
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

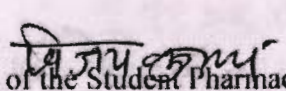
Date: 10-10-99


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I Vijay Kumar (Name of the Student Pharmacist)
accept Sushil Shukla (Name of the Apprentice Master) of
Department of Pharmacy Meerut Institute of Technology (Name of the College / Institution)
CNC - Pali Gorakhpur (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 10-11-99


Signature of the Student Pharmacist

SECTION - III

I, Sushil Shukla (Name of the Apprentice Master)
accept Sri / Smt. Vijay Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

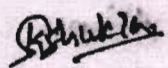
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 15/01/2021


Head of the Organization or
Pharmaceutical Division
Sushil Kumar Shukla -
C.H.C Pali
Gorakhpur.

SECTION - IV

I certify that Vijay Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date _____ to _____ for a period of 03 months in accordance with the details enumerated in SECTION III

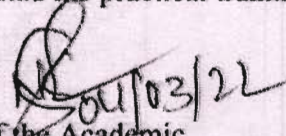
Date: 15-1-2021


Head of the Organization or
Pharmaceutical Division
स्वास्थ्य केंद्र पाली
गोरखपुर

SECTION - V

I certify that Vijay Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 04/03/22


Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



महालक्ष्मी हॉस्पिटल एण्ड ट्रॉमा सेन्टर

Add:- 1.5km, Bulandshahr Road, Near Naya Bans, Bus Stand, Siyana Bulandshahr

M: 9675612971, 9568009988, 9457612971

S.No.

Date.....

10/08/2022

EXPERIENCE CERTIFICATE

This is certified that Mr.Aashish Kumar Age 18y/m S/O Mr.Brijpal Singh R/O Vill+post jamalpur jakhera Rahamatpur Dist. Hapur (U.P)his 45 days of training Done from 25/06/2022 TO 10/08/2022 In Mahalaxmi Hospital And Trauma Center Siyana (B.S.R)

HE WORK IS SATISFACTORY I WISH GOOD & SUCCESS FUTURE.

Authorized Signature

Trauma Center
Near Nayabansh Bus Stand,
Bulandshahr Road Siyana (B.S.R)



DISHA HOSPITAL



Rx

Training Completion Certificate

This is to Certify that Mr. Adeb Student of B. Pharm 4th year at Department of Pharmacy Meerut Institute of Technology (UP) Roll No 1910340500003 Year 2019-23.

His training started on 02 July, 2022 to completed on 16 Aug, 2022 Date of issue 16 Aug, 2022.

Clinical work first aid (wound dressing, artificial respiration etc).

different routes of injection, study of patient observation charts, prescriptions and dispensing, Simple diagnostics report etc.

Satisfactory work done by him.

DISHA HOSPITAL
State Bank Colony
Hapur Road, Meerut

[Handwritten Signature]

State Bank Colony, Hapur Road, Meerut.

लक्ष्य हैल्थ केयर सेंटर

निकट कैनरा बैंक, सरधना रोड, कंकरखेड़ा, मेरठ । फोन : 8193063050, 9639550570, 0121

Date

To whom it may concern


This is to certify that Ms. Akansha Singh age – 22Y/F S/o Mr. Ranjeet Singh 302/5 Nahru Nagar Meerut was done 45 days hospital training Lakshya Health Care Center from 01/10/2022 to 15/11/2022. During the period her work was satisfactory.

We wish her every success in his future


Lakshya Health Care Centre
Saradhana Road, Kankarhera, Meerut.
Ph.: 0121-2630632,
8193063050, 9639550570

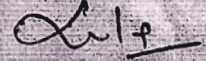
कार्यालय- प्रमुख अधीक्षक, संव०भा०प०चिकित्सालय, मेरठ।

प्रमाणित किया जाता है, कि Akshit Agarwal पुत्र/पुत्री श्री Arun Kumar Agarwal निवासी 8/1 Jaganath Puri Meerut जिला Meerut से है जो कि Dept. of Pharmacy, Meerut Institute of Technology रोल न० 1910-340500005 में बी० फार्मा प्रथम वर्ष का छात्र है। इन्होंने सरदार वल्लभ भाई पटेल चिकित्सालय, मेरठ से 45 दिन का व्यवहारिक प्रशिक्षण डी० फार्मा की भांति दिनांक:- 8-7-22 से दिनांक:- 22-8-22 तक सफलता पूर्वक प्राप्त कर लिया है। हम इनके उज्ज्वल भविष्य की कामना करते हैं।


दिनेश चन्द्र


प्रभारी अधिकारी फार्मसी
संव०भा०प०चिकित्सालय मेरठ।

प्रभारी अधिकारी फार्मसी
स.व.भा.प. चिकित्सालय
मेरठ



एम०के०शुक्ला
चीफ फार्मसिस्ट
संव०भा०प०चिकित्सालय मेरठ।

Chief Pharmacist
S.V.B.P. Hospital, Meerut


चिकित्सा अधीक्षक
संव०भा०प०चिकित्सालय मेरठ।

Medical Superintendent
S. V. B. P. Hospital
Meerut.

Experience Certificate

This is to certify that **Mr. Aman Sharma S/o Mr. Arun Sharma R/o 1796, Indira Nagar 1st, Braham Puri, Meerut** had under gone 45 days **Hospital training** at this institute during 15/09/2022 to 30/10/2022, as a requisite of academic curriculum of B. Pharma degree.

M. Singh

Aryavart Hospital

Meerut, Uttar Pradesh
ARYAVART HOSPITAL
(A Unit of Shreya Medicare Pvt. Ltd.)
NH-58, Near Toll Plaza
Roorkee Road, Meerut (U.P.)



**VENKATESHWAR
HOSPITAL**

...Divinity in Healthcare

The Leading Multi Super-Speciality Hospital



Certificate No. H-2019-0523
Validity: Nov. 18, 2021 - Jan 07, 2025

011-48-555-555

Sector 18A, Dwarka, New Delhi-110075

info@venkateshwarhospitals.com

www.venkateshwarhospitals.com

TO WHOM SO EVER IT MAY CONCERN

This is certified that MR. AMARJEET KUMAR YADAV S/O RAM UDGAR YADAV R/o WARD 03, GRAM BIRHKA, POST - DARBHANGA, BIHAR - 847337 Student of B.Pharm 4th year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500007 year 2019-23

His training started on 30th October 2022 to 15 December 2022.

Clinical work first aid (wound dressing, artificial respiration etc.).
Different routes, of injection, study of patients, observation chart,
prescriptions, dispensing, simple and diagnostics report.

Satisfactory work done by him





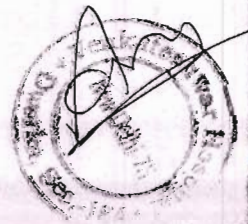
TO WHOM SO EVER IT MAY CONCERN

This is certified that MR. ANKIT KUMAR MISHRA S/O MR. ANAND KUMAR MISHRA R/o RZ-159/2, DURGA PARK, STREET NO. 7A, NEW DELHI - 110045 Student of B.Pharma 4th year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500008 year 2019-23

His training started on 20th October 2022 to 05 December 2022.

Clinical work first aid (wound dressing, artificial respiration etc.). Different routes, of injection, study of patients, observation chart, prescriptions, dispensing, simple and diagnostics report.

Satisfactory work done by him





श्री नारायण हॉस्पिटल

24 घण्टे इमरजेंसी सुविधा उपलब्ध है।

पता : माता वाला मीहल्ला, मेरठ रोड, किला परीक्षितगढ़।

सर्वविध सुविधाएँ

- सैन्ट्रली एयर कन्डीशनिंग
- मल्टीस्पेशलिटी ओ.पी.डी.
- डीएनए व सुपरडीएनए क्लिनिक
- प्राइवेट रूम व सेमीप्राइवेट रूम एवं जनरल वार्ड, इन्फेक्शन फार्मसी
- कर्डीओलॉजी- पेसमेकर, ई.सी.जी. आई.सी.सी.यू. इकोकार्डियोग्राफी
- न्यूरोलॉजी- ई.ई.जी., एन.सी.वी., सर्जरी, दिमाग व रीढ़ की हड्डी का ऑपरेशन, माइक्रो व एण्डोस्कोपिक सर्जरी
- इडकास ट्रेनिंग मैनेजमेन्ट- किटीकल केयर, अत्याधुनिक आई.सी.यू.
- आर्थोपेडिक सर्जरी- घुटना व कूल्हा ट्रांसप्लांट एवं हड्डी के सभी ऑपरेशन यूरोलॉजी- आर.आई.आर.एस. (लेजर) लिथोटॉमी
- नेफ्रोलॉजी- डायलिसिस व गुर्दे के सभी ऑपरेशन
- पीडियाट्रिक- नर्सरी व पी.आई.सी.यू., पीडियाट्रिक सर्जरी, गैस्ट्रोसाइसेज, ओरलॉजी, लेप्रोस्कोपिक सर्जरी
- ओन्कोलॉजी- कैंसर की सभी सर्जरी व क्रिमोथेरेपी
- ई.एन.टी. सर्जरी- माइक्रो व एण्डोस्कोपिक सर्जरी
- माइक्रोस्कोपी- नार्मल डिलीवरी, लेप्रोस्कोपिक व जनरल सर्जरी
- डेन्टल- टेढ़े-मेढ़े दांत व टूटे जबड़े की सर्जरी, पैरामोर्फिशियल सर्जरी
- फिजियोथेरेपी
- गैस्ट्रोलॉजी-पेट के रोगों का समस्त इलाज, एन्डोस्कोपी व कोनोस्कोपी

Ref. No.

Date

EXPERIENCE CERTIFICATE

This is certify that MR. ASHUTOSH DIXIT S/O SHRI HARANDRA MOHAN DIXIT has succesfully complete her 45 days training FROM 1 JULY 2022 TO 15 AUGUST 2022 as B.pharm student at SHRI NARAYAN HOSPITAL, kila parikshitgarh, meerut.

His work is satisfactory I wish good and bright future.

SHRI NARAYAN HOSPITAL

Not For Medico Legal Purpose

आदर्श



हॉस्पिटल

राज भूषण चौधरी

RAJ BHUSHAN CHOUDHARY

B.S. (P.M.C.H.) M.D. (L.N.M.U.)

MEMBER OF INDIAN MEDICAL ASSOCIATION

No. 33469

SICIAN

: drraj1995@gmail.com

दिनों के बाद दुबारा फ़ीस लगेगा।

डॉ श्रीमती कंचन माला

DR. (MRS.) KANCHAN MALA

M.B.B.S. (P.M.C.H.)

M.D. (Obs & Gynae, D.M.C.H.)

Ex. Senior Resident Deptt. of Obs & Gynae (D.M.C.H.)

LIFE MEMBER OF INDIAN MEDICAL ASSOCIATION

LIFE MEMBER OF FOGSI

Basic Endoscopic Training K.H. Hydrabad

Regd. No. 38096

स्त्री एवं प्रसूति रोग विशेषज्ञ

प्रमोदाकुर मोहल्ला

वार्ड-4

रोसड़ा (समस्तीपुर)

Ph. : 62099-38276, 62099-38376
www.adarshhospital.co.in

प्रत्येक शनिवार बन्द

Age : Years. Sex : Date :

Wt. : kg, B.P. : mmHg

App.	Pallor	PULSE				
Sleep	Icterus	LMP				
Bw	Cynosis	EDD				
Bl	Edema					
	Clubbing	G	P	A	L	
Chest						
Cvs						
Abd.						

Internship Completion Certificate

This is to certify that Mr.Chandan Kumar student of B.Pharm final year at DPMIT (U.P) Roll no.

1910340500011 year 2019-23

His internship posting started on 01 July 2022 to completed on 14 agust 2022

Clinical works –first aid (dressing),BP ,ECG Monitoring,different routes of injection ,study of patient Observation charts , prescriptions and dispensing ,simple diagnostic reports etc.

Satisfactory works done by him.

Handwritten signature and stamp of the hospital.

भारतीय सेना के परिवार का ईलाज डिस्काउन्ट रेट पर उपलब्ध है





Apoorv Medical Centre

Regd. No. 192-CMO Meerut

EXPERIENCE CERTIFICATE

This is to certify that **Mr. Chandrasen Age 22** S/o Mr. Natthu Singh R/o 1552, Indra Nagar-I, Brahampuri, Meerut at worked in **Apoorv Medical Centre, Meerut** as a **Trainer** from 1st July to 15th Aug 2022. His worked and conduct was satisfactory.

We wish him all success i inis future life.

Handwritten signature

Authorised Signature
Apoorv Medical Centre

L-65, Shastri Nagar, Meerut
Reg. No. 192 (CMO) MRT

Apoorv Medical Centre

L-65, Shastri Nagar, Meerut-250004, U.P. (India)
Phone : +91-121-2708859/6536768
Mob. : +91-9837083577

P. L. SHARMA DISTRICT HOSPITAL MEERUT
AHMAD ROAD MEERUT

Training Certificate

Ref.no.....

Dated 31/08/2022

It is certified that Mr/Km/Mrs. Delhamshi Mehra S/O D/O W/O Sh. Pawam
Mehra B-Pharma student has completed 45 days hospital training at P. L.
Sharma District Hospital Meerut from 5.7.2022 to 19.8.2022

She has gained full knowledge of wound dressing, artificial respiration, administration of injection, study of patient observation charts, prescription and dispensing and simple diagnostic reports etc.

His/her behavior and character to his senior and junior was good.

15/08/22
Girish Kumar Rawat
Chief Pharmacist
P.L.Sharma Distt. Hospital
Meerut
No.-16365

[Signature]
Div. Adml. Dir. & Supdt. in Chief
P.L.Sharma Dist. Hospital, Meerut
Superintendent in Chief
P.L.Sharma District Hospital
Meerut



ANAND HOSPITAL

Run by : ANAND NIROGDHAM HOSPITAL PVT. LTD.

AN ISO 9001 : 2008 CERTIFIED

A-1, Damodar Colony, Garh Road, Meerut, U.P.

Ph: 91-121-2712000, 4074300

Fax: 91-121-4030880

e-mail : anandnirogdham@gmail.com

Website : www.anandhospital.com

We Believe in **Caring**, not just **Curing**...

EXPERIENCE CERTIFICATE

This is certified to that Mr. Divyank Pundir S/O Manoj Pundir . 19 A Rampuram ,Muzaffarnagar Dist-
Muzaffarnagar UP His 45 Days of training done from 01-06-2022 to 15-08-2022 in Anand Hospital Garh
Road Meerut

HE WORKS IS SATISFACTORY I WISH GOOD & SUCCESSFUL FUTURE

(Handwritten signature and circular stamp)



ISO 9001 : 2008 Certified Hospital

Mob.: 9097835853, 9097735853

Krishna Hospital कृष्णा हॉस्पिटल

Reg. No. 33/14-15 Prov.

पातेपुर रोड, महुआ (वैशाली)

Cashless Facility CignaTTK, Religare, PM-JAY, IFFCO-TOKIO

krishnahospital.mahua@gmail.com



SL. No K4 10-21

Internship Completion Certificate

This is to certify that Mr. Faizan Aziz student of B. Pharm 3rd year at DPMIT (U.P) Roll no. 1910340500016 year 2019-23.

His internship posting started on 01 July 2022 to Completed on 14 August 2022 Date of issue 14 August 2022.

Clinical works - first aid (wound dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, BP Monitoring, simple diagnostic reports etc.

Satisfactory works done by him.

कृष्णा हॉस्पिटल

Dr. Faizan Aziz
14/8/22



बेटी बचाओ, बेटी पढ़ाओ

नोट : (1) आयुष्मान कार्ड धारी रोगियों का मुफ्त ऑपरेशन एवं इलाज होता है (2) यहाँ आपातकालीन सेवा 24 घंटे उपलब्ध है (3) यहाँ चिकित्सक (doctor) 24 घंटे रहते हैं (4) यहाँ प्रभव कमाने की उत्तम व्यवस्था एवं 24 घंटे नर्स उपलब्ध है (5) यहाँ सभी प्रकार के रोगों की उपचार सफलतापूर्वक की जाती है।



+ ईश्वर नर्सिंग होम +

डा० सुनील त्यागी
M.B.B.S., M.S.
सर्जन
पेट आंत पथरी गुर्दा
एवं कैंसर रोग विशेषज्ञ



डा० अर्चना त्यागी
M.B.B.S., D.G.O.
स्त्री रोग एवं अल्ट्रासाउंड विशेषज्ञ
• सफदरजंग अस्पताल, नई दिल्ली
• राममनोहर लोहिया अस्पताल, नई दिल्ली

सुविधाएँ

- डिलीवरी
- गर्भपात
- नसबंदी
- कॉपर-टी
- एपेन्डिक्स
- हर्निया
- सिजेरियन
- बेबी वार्मर
- प्रोस्टेट एवं पित्त की थैली का ऑपरेशन दूरबीन द्वारा
- गुर्द की पथरी एवं पेट के समस्त ऑपरेशन
- पैथोलोजी

प्रतिदिन अल्ट्रासाउण्ड

मिलने का समय
सुबह : 10 से 3 बजे तक

रविवार अवकाश

24 घंटे
24 घंटे

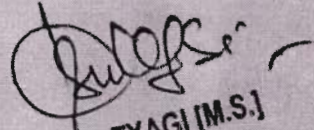
बिनौली रोड, सरधना (मेरठ)
फोन : 01237-235023

दिनांक - 20/08/2022

EXPERIENCE CERTIFICATE

This is certified to that **Mr. Harsh Sharma** Age -20 Year Male S/o Mr. Manoj Kumar Vill.+Post Jasar Sulatan Nagar Distt. Meerut. (U.P) his 45 days of training done from 25 June to 10 August in Ishwar Nursing Home, Sardhana.

HE WORK IS SATISFACTORY I WISH GOOD & SUCCESS FUTURE.


DR. SUNIL TYAGI [M.S.]
Ishwar Nursing Home
Sardhana [Meerut]
CMO Reg. No. 1125
Authorized Signature



ISO 9001 : 2008 Certified Hospital

Mob.: 9097835853, 9097735853

Krishna Hospital कृष्णा हॉस्पिटल

Reg. No. 33/14-15 Prov.



पातेपुर रोड, महुआ (वैशाली)

Cashless Facility Cigna/TK, Religare, PM-JAY, IFFGO-TOKIO

krishnahospital.mahua@gmail.com



Sl. No 04/22

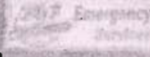
Internship Completion Certificate

This is Certify that MR. Jagjeet Singh student of B.Pharma 3rd year at DPMIT (MEERUT, U.P) Roll No. 1910340500018 Year 2019-23.

His Internship posting started on 16 July 2022 to Completed on 29 August 2022 Date of issue 29 August 2022.

Clinical works – first Aid (Wound Dressing, Artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.



शालिनी फाउण्डेशन

कृष्णा



बेटी बचाओ, बेटी पढ़ाओ

नोट : (1) आयुष्मान कार्ड धारी रोगियों का मुफ्त ऑपरेशन एवं इलाज होता है (2) यहाँ आपातकालीन सेवा 24 घंटे उपलब्ध है (3) यहाँ चिकित्सक (doctor) 24 घंटे रहते हैं (4) यहाँ प्रसव कराने की उत्तम व्यवस्था एवं 24 घंटे नर्स उपलब्ध है (5) यहाँ सभी प्रकार के रोगों की उपचार सफलतापूर्वक की जाती है।



NEELKANTH HOSPITAL & TRAUMA CENTER

201/2 A, Anuyogipuram, Near Radha Govind Engineering College
Garh Road, Meerut. (M) 8630977647, 8433257262

उपलब्ध सुविधाएँ

- * 60 बेडों का हॉस्पिटल
- * फुल एयर कंडीशनिंग
- * इन हाऊस फार्मसी
- * डिजिटल एक्स-रे
- * पैथोलॉजी
- * फिटिकल केयर
(आपरायुक्त आई.सी.यू.)
- * एडवॉकेट ट्रैनिंग मैनेजमेंट
- * न्यूरोलॉजी
- * न्यूरो सर्जरी
- * रीढ़ की हड्डी की चोट
- * गिरने की चोट
- * आई.सी.यू.
- * यूरोलॉजी
- * फिजियोट्रिक्स (नर्सरी)
- * लेप्रोस्कोपिक सर्जरी
- * रेस्पिरटरी मेडिसिन
- * ई.एन.टी. सर्जरी
- * डेंटल सर्जरी
- * गायनोकोलॉजी
- * प्लास्टिक सर्जरी
- * ऑर्थोपेडिक सर्जरी
(जोड़ बदलने की सुविधा,
कुल्हा घुटना, लेप्रोस्कोप)
- * थोरोसिक सर्जरी
- * फिजियोथेरेपी
- * सी. आर्म
- * डेन्टीलेटर
- * 24 घण्टे इमरजेंसी
व एम्बुलेंस की
सेवा उपलब्ध

Name Age/Sex Date

TRAINING COMPLETION CERTIFICATE

This is to certify that **Mr. Joshil Sharma** student of **B.Pharm 4th year** at Department of Pharmacy Meerut Institute of Technology (UP) Roll No. **1910340500019** Year 19-23.

His training started on **15 Oct 2022** to complete on **30 Nov 2022** Date of Issue 30 Nov 2022.

Clinical work first aid (wound dressing artificial respiration etc.) different routes of injection, study of patient observation charts prescriptions and dispensing, simple diagnostics report etc.

Satisfactory work done by him.


NH NEELKANTH HOSPITAL
& TRAUMA CENTER
201/2A, Near Radha Govind College,
Garh Road Meerut

NOT FOR MEDICO-LEGAL PURPOSE

Mob. : 8448224323

SARAL HOSPITAL

MULTISPECIALITY & TRAUMA CENTER

Enhancing Life, Excelling in Care

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mrs. Jyoti Kumari D/O. Mr. Lal Bahadur Kumar (Student of B. Pharma 4th year in Department of pharmacy Meerut Institute of Technology Meerut) had Completed 45 days of Hospital training as a trainee From 22/06/2022 To 07/08/2022. During This Period she had Learned First Aid, Different Route of Injection, Handling of Prescription, Surgical Dressing, Dispensing of Drugs, Study of Patient Observation Chart etc. Her work as a trainee was satisfactory

SARAL HOSPITAL
Near Shiv Mandir & Hero
Honda Bike Showroom,
Pul Prahladpur, New Delhi-44

Medico Legal Invalid

Near Shiv Mandir & Hero, Honda Bike Showroom, Pul Prahladpur, New Delhi-44

24 Hours Emergency Services

Reg.No.: RMEE2227100

मो: 6389900004, 7905833859, 9616057040



निर्मला हॉस्पिटल

आदित्य डायग्नोस्टिक सेन्टर के सामने, रामबाग, मिर्जापुर

नाम.....

दिनांक.....

उम्र..... लिंग- स्त्री पुरुष क्रमांक 734

वजन.....

उपलब्ध विशेषज्ञ

डॉ० राजेश कुमार बिन्द
एम.बी.बी.एस., एम.एस.
(जनरल सर्जन)

डॉ० एन० वर्मा
एम.बी.बी.एस.
(स्त्री एवं प्रसूति रोग)

डॉ० आर० के० सिंह
एम.बी.बी.एस., एम.डी.
(चेस्ट सोशलिस्ट)

डॉ० अमित केशरवानी
बी०डी०एस०
लकनऊ, एम.आई.डी.ए.
एक्स-ओ.बी.एस.
आई.एम्.एस., बी.एच.यू.

डॉ० के०सी० वर्मा
बी.एस.सी., बी.ए.एम.एस.
डी.पी.ई.डी.
(जनरल फिजिशियन)

डॉ० ए०के० पटेल
एम.बी.बी.एस., एन.पी.जे.आर.
(स्कीन एण्ड डी.पी.)

Rx

Date:- 20.08.2022

To Whom So Ever IT May CONCERN

This is Certified that Mr. Kshitiz Kumar Srivastava, Age 24 years Male S/o Mr. Ajeet Kumar Srivastava R/o Baghpat Collectorate colony, Distt. Baghpat (U.P.) Student of B. Pharma 4th year at Meerut Institute of Technology Meerut(U.P) Roll no 1910340500021, year 2019-2023, done his Training As Per Defined Syllabus During B. Pharma Course From ,1 July 2022 to 20 Aug 2022 In our Hospital

His work is Satisfactory during Training Period .We Wish him For good success in future life.

Authorized Signatory

निर्मला-हॉस्पिटल
रामबाग, मिर्जापुर

हमदर्जेंसी एवं भर्ती सेवा 24 घण्टे उपलब्ध

आदित्य डायग्नोस्टिक सेन्टर के सामने, रामबाग, मिर्जापुर

MEDIWELL HOSPITAL

HEART AND MULTISPECIALITY HOSPITAL



This is certified that Mr. Md Ajmal S/O Md Taushif Raza student of B pharma 4TH Year at department of pharmacy Meerut Institute of Technology Meerut (UP) Roll no – 1910340500022, Year 2019-2023 done his training as par defined syllabus during B Pharma course from 1 July 2022 to 15th August 2022 In our Hospital

Satisfactory works done by him.



Please Call for appointment
96088 35075
82101 82881
06213552545



mediwellhearhospital@gmail.com
Follow us on social media icons



Main Road Brahampura, Near
Railway Colony, Ward No. 6, PO-MIT,
PS - Brahmpura, Muzaffarpur (Bihar)



VENKATESHWAR

HOSPITAL

.....Divinity in Healthcare

The Leading Multi Super-Speciality Hospital



Certificate No. H-1216-0513
Validity: Nov. 18, 2021 - Jun 07, 2025

011-48-555-555

Sector 18A, Dwarka, New Delhi-110075

info@venkateshwarhospitals.com

www.venkateshwarhospitals.com

TO WHOM SO EVER IT MAY CONCERN

This is certified that MD SARFARAJ ALAM S/O MD MOJIBUR RAHMAN R/o RAGHOPUR, BHERMARA, KATIHAR, BIHAR - 854103 Student of B.Pharma 4th year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500024 year 2019-23

His training started on 18th October 2022 to 03 December 2022.

Clinical work first aid (wound dressing, artificial respiration etc.).
Different routes, of injection, study of patients, observation chart, prescriptions, dispensing, simple and diagnostics report.

Satisfactory work done by him



MOOL CHAND SHARBATI DEVI CHARITABLE EYE & GENERAL HOSPITAL

NEAR BACHCHA PARK, MEERUT CITY

(Founded and Managed by : M.S. Hospital Trust, M.J. House, W.K. Road, Meerut City)

TRAINING CERTIFICATE

This is to certify that **Mr. Mohit Kumar Age 21** S/o Mr. Vinod Kumar R/o 1352/7, Indra Nagar-I, Brahampuri, Meerut (U.P.) he has worked with us as a **Nurse** from **20 June** to **4 August**. 2022. He has participated actively in Hospital Duty. He has done a great job and showed grate enthusiasm and learnt a lot of things we found him dedicated, hard working and well behaved during his working period with us.

We wish him all success in his future life.

MOOLCHAND SHARBATI DEVI
Charitable Eye & General Hospital,
Bachcha Park, Meerut

Authorised Signature



CLINIC HOURS : 9:00 AM TO 11:00 AM
HOSPITAL HOURS : 11:00 AM TO 4:00 AM

Date on : 16.11.2022

TO WHOM IT MAY CONCERN

This is to certify that Mr. Monu Chauhan S/o Mr. Krishan Pal Singh R/o Salarpur, Thana Bahadurgarh, Garhmukteshwar, Distt. Hapur. His 45 days of Hospital Training done from 1st October, 2022 to 15th November, 2022 in KOTPAL HOSPITAL, MEERUT .

We wish for the bright future and good luck in his career.

KOTPAL HOSPITAL
PALLAVPURAM-II, MEERUT
PH.: 2576555

कोटपाल अस्पताल

• A Unit of M/s. R.L. Kotpal Medicare Pvt. Ltd. • Registration No. : 479/2004

सीपी ४, पल्लवपुरम, फेस-२, रुड़की रोड, (NH-58)

मेरठ-२५०११० (यू.पी.) इंडिया

फोन: 0121-2576555, 9917102922, 9927990008

Email: drpradeepkotpal@gmail.com

In case of Emergency Please Contact / आपातकालीन स्थिति में सम्पर्क करें

डा. आदिप कोटपाल

एम.बी.बी.एस., डीएनएम, फिजीयन-सूरसर्ज

रेजीडेंट मेडिकल ऑफिसर-मोबाइल:9319340184

E-mail : dr_adipkotpal@yahoo.co.in

EMERGENCY 24 HOURS

APPENDIX - F

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

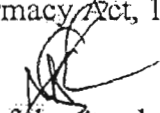
This form has been issued to Sri/Smt. Mukesham Renu

(student pharmacist) son of / daughter of Haseen Ahmed

residing at Chhanderi, Jaso (Muzaffargarh)

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 13.07.2022


Head of the Academic
Training Institution

SECTION - II

Mukesham Renu (Name of the Student Pharmacist)

(Name of the Apprentice Master) of

Muzaffargarh (Name of the College / Institution)

(Hospital or Pharmacy) as my

mentor for the above training and agree to obey and respect him / her during the entire

duration of my training.

Mukesham Renu

Signature of the Student Pharmacist

SECTION - III

Mukesham Renu V. V. V. V. (Name of the Apprentice Master)

of Sri / Smt. Mukesham Renu

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my institution so that during his /her training he /she may acquire: —

Working knowledge of keeping of records required by the various Acts affecting the practice of pharmacy and

Practical experience in —

the manipulation of pharmaceutical apparatus in common use;

the recognition by sensory characters of chief crude drugs & chemical substance used in medicine

the reading, translation and copying of prescriptions including the checking of doses;

Cont...



NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सा फिजिशियनः

पेट रोग, डेंगू, टाईफाइड, शुगर, मानसिक तनाव, हृदय रोग, फेफड़े के रोग, थाईराइड, चर्म रोग, ब्लड प्रेशर, जोड़ों का दर्द आदि

Name.....Age/Sex.....Add.....

Date 1

2

Dr. Umang Gupta

M.B.B.S.

(General Physician)

Time 4 PM to 7 PM

Dr. Mohd. Rizwan

D.U.M.S., M.I.M.S

(जनरल फिजिशियन)

RMO Mishra N Home

Ex Rmo G.I Hospital Bhutan

Time 10 AM to 2 PM

C/o

Rx

INTERNSHIP COMPLETION CERTIFICATE

O/E

Pulse

B.P.

Temp.

Spo2

B. Sug.

This is to certify that Mr.Nazim Student of B.Pharm 4th year at Department of Pharmacy Meerut Institute of Technology,Meerut(U.P) Roll No.1910340500029 year 2019-23.

His internship posting started on 11 September 2022.to completed on 26 october 2022 date of issue 26 october 2022.

Clinical works - first aid (wound dressing,artificial respiration etc.) different routes of injection study of patient observation charts,prescriptions and dispensing ,simple diagnostic reports etc.

Satisfactory works done by him.

(Signature)
NEO MAX NURSING HOME
Reg.No.RMEE2121899
Muzaffarnagar

समय : शाम 4 बजे से
शाम 7 बजे तक

नोट : इस पर्चे पर 7 दिन में एक
बार आर दिया सकता है

सुविधायें : मर्ती की सुविधा, शूगर की जाँच ECG पेट से पानी निकालना प्लेटलेटस ब्लड चढ़ाना आदि

नोट : किसी भी दवा का साइड इफेक्ट हो सकता है तुरंत अपने चिकित्सक से सम्पर्क करें।



CLINIC HOURS : 9:00 AM TO 11:00 AM
HOSPITAL HOURS : 11:00 AM TO 4:00 AM

Date on : 16.11.2022

TO WHOM IT MAY CONCERN

This is to certify that Mr. Nishant Pal S/o Mr. Surendra Singh R/o Village Kunda, Partapur, Distt. Meerut. His 45 days of Hospital Training done from 1st October, 2022 to 15th November, 2022 in KOTPAL HOSPITAL, MEERUT .

We wish for the bright future and good luck in his career.

KOTPAL HOSPITAL
PALLAVPURAM-II, MEERUT
PH.: 2576555

कोटपाल अस्पताल

• A Unit of M/s. R.L. Kotpal Medicare Pvt. Ltd. • Registration No. : 479/2004

सीपी ४, पल्लवपुरम, फेस-२, रुड़की रोड, (NH-58)

मेरठ-२५०११० (यू.पी.) इंडिया

फोन: 0121-2576555, 9917102922, 9927990008

Email: drpradeepkotpal@gmail.com

In case of Emergency Please Contact / आपातकालीन स्थिति में सम्पर्क करें

डा. आदिप कोटपाल

एम.बी.बी.एस., डीएलएम, पीजीडी-नूरसलम

रेजीडेन्ट मेडिकल ऑफिसर-मोबाइल:9319340184

E-mail : dr_adipkotpal@yahoo.co.in

EMERGENCY 24 HOURS



SIROHI HOSPITAL & MATERNITY HOME
सिरोही हॉस्पिटल एवं मैटरनिटी होम

NOT FOR MEDICO LEGAL PURPOSE

Multan Nagar, Beghpat Road,
Meerut.
Ph. : 0121-2688449
Mob : 8057907150, 9697767664
E-mail : sirohihospital@yahoo.com

इमरजेन्सी में 24 घण्टे सुविधा उपलब्ध है।

DATE :

EXPERIENCE CERTIFICATE

This is certified to that Mr. Nitish Goel Age: 22 Years/Male S/O Mr. Sanjeev Goel R/O 1123, Indra Nagar First Brhampuri Dist- Meerut (U.P..) his 45 days of training done from 25 June 2022 to 9 August 2022 in Sirohi Hospital Meerut.

He Work is Satisfactory I wish Good & Success Future.



*Sirohi Hospital &
Maternity Home*
Multan Nagar, Beghpat Road,
Meerut
Ph. No. 0121-2688449
Registration No. 3118/190/1000
Authorized Signature



GOSWAMI NURSING HOME

University Road, Jail Chungi, Near Shastri Dharamkanta, Meerut.

(M) 9639470500, 7017686857, 8279841790

TRAINING COMPLETION CERTIFICATE

This is to certify that Mr Nitish Yadav student of B Pharma 4th Year at DPMIT. Roll No - 1910340500032, has done 45 days of training from 10 Nov to 25 Dec 2022 in Goswami Nursing Home.

His work is satisfactory I wish Good & Success Future.

D. S. Sanyal
GOSWAMI NURSING HOME
Jail Chungi, University Road
MEERUT-251001

SHARVAN HOSPITAL

OPP. SUGAR MILL, NEAR TIRUPATI INSTITUTE, MOHIUDDINPUR, DISTT. MEERUT



Regd. MRT 2134

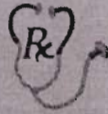
Tel. : 9528281191
: 9837387951
: 9927071944
: 9927062492

Consultants :

Dated ...01-12-2022:.....

सुविधायें उपलब्ध :

- सभी बीमारियों का इलाज, ऑपरेशन व भर्ती की सुविधा
- कान, नाक व गले की सभी बीमारियों का इलाज व ऑपरेशन।
- जनरल सर्जरी जैसे : थायराइड, एपेन्डिक्स, हार्निया, हाइड्रोसेल, आँत, पित्त की थैली, गदूद, गुर्दा व बच्चेदानी के ऑपरेशन योग्य व कुशल सर्जन द्वारा सामान्य व दूरबीन विधि से।
- सामान्य डिलीवरी, बड़े ऑपरेशन द्वारा बच्चा पैदा करना।
- एक्स-रे सुविधा।
- ई.सी.जी. सुविधा
- खून एवं मल-मूत्र, एड्स आदि की जाँच।



Internship Completion Certificate

This is to certify that Mr. Prateek Kumar student of B. Pharm 4th year at DPMIT (U.P) Roll no. 1910340500034 year 19 -23.

His internship posting started on 15-Oct-2022 to completed on 30-Nov-2022. Date of issue 01-Dec-2022

Clinical works - first aid (wound dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.

Prateek Kumar
SHARVAN HOSPITAL
Opp Sugar Mill
Mohiuddinpur, Meerut

NOT FOR MEDICO LEGAL PURPOSE

एम्बुलैन्स व सभी प्रकार की इमरजेंसी सेवायें 24 घण्टे उपलब्ध।



KRYSTAL HOSPITAL

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VPO SISANA/ DELHI SAHARANPUR NATIONAL HIGHWAY, NEAR COLLECTORATE BAGPAT.
DIST. BAGPAT - 250609. Ph - 0121-2222139/ 9953122139/8307349952

Date : 25.08.2022

TO WHOM SO EVER IT MAY CONCERN

This is certified that Mr. Prathu Tomar S / O Mr. Sanjay Kumar , R / O - Captain Colony Daurala Meerut (UP) , Age - 19 Years , Male , Student of B. Pharma , 4th Year at Meerut Institute of Technology , Meerut (UP) , Roll No. - 1910340500035 , Year 2019-2023 , done his training as per defined syllabus during B. Pharma course from 05 JULY- 2022 to 25 August - 2022 in our Hospital .

His work is satisfactory during training period . We wish him for good success in future life .

Dr. Sukeo Singh
M.D., PGCCC
Reg. No. - MCI 14-52-39
Authorized Signatory



श्री नारायण हॉस्पिटल

24 घण्टे इमरजेंसी सुविधा उपलब्ध है।

पता : माता वाला मौहल्ला, मेरठ रोड, किला परीक्षितगढ़।

उपलब्ध सुविधाएं

- सैन्ट्रली एयर कन्डीशनिंग
- मल्टीस्पेशलिटी ओ.पी.डी.
- डीलक्स व सुपरडीलक्स रुम्स
- प्राइवेट रुम व सेमीप्राइवेट रुम एवं जनरल वार्ड, इन्सुरेन्स फार्मसी
- कार्डियोलॉजी- पेसमेकर, ई.सी.जी. आई.सी.सी.यू. इकोकार्डियोग्राफी
- न्यूरोलॉजी- ई.ई.जी., एन.सी.टी., न्यूरोसर्जरी, दिमाग व रीढ़ की हड्डी का ऑपरेशन, माइक्रो व एन्डोस्कोपिक सर्जरी
- एडवांस ट्रोपा मैनेजमेन्ट- किटीकल केयर, अत्याधुनिक आई.सी.यू.
- आर्थोपेडिक सर्जरी- घुटना व कूल्हा ट्रांसप्लांट एवं हड्डी के सभी ऑपरेशन यूरोलॉजी- आर.आई.आर.एस. (लेजर) लिथोट्रिप्सी
- नेफ्रोलॉजी- डायलिसिस व गुर्दे के सभी ऑपरेशन
- पीडियाट्रिक- नर्सरी व पी.आई.सी.यू., पीडियाट्रिक्स सर्जरी, गैस्ट्रोसाइसेज, एन्डोस्कोपी, लेंप्रोस्कोपिक सर्जरी
- ओन्कोलॉजी- कैंसर की सभी सर्जरी व किमोथेरेपी
- ई.एन.टी. सर्जरी- माइक्रो व एन्डोस्कोपिक सर्जरी
- गार्डनीकोलॉजी- नार्मल डिलीवरी, लेप्रोस्कोपिक व जनरल सर्जरी
- डेंटल- टेढ़े-मेढ़े दांत व दूढ़े जबड़े की सर्जरी, मैक्रोफैशियल सर्जरी
- फिजियोथेरेपी
- गैस्ट्रोलॉजी- पेट के रोगों का समस्त इलाज, एन्डोस्कोपी व फ्लेनोस्कोपी

Ref. No.

Date

EXPERIENCE CERTIFICATE

This is certified to that Mr. **RITIK KUMAR** male S\O **SANJAY KUMAR MALIK** has successfully completed her 1-5 months internship (from 1 july 2022 to 15 august 2022) as a B. PHARM student at **Shree Narayan Hospital** mata wala moh. , meerut road, kila

Her work has been excellent. We wish her all the best in his future.

SHRI NARAYAN HOSPITAL

Auth Sign.



श्री नारायण हॉस्पिटल

24 घण्टे इमरजेंसी सुविधा उपलब्ध है।

पता : माता वाला मीहल्ला, मेरठ रोड, किला परीक्षितगढ़।

सुविधाएँ

- सैन्ट्रली एयर कन्डीशनिंग
- मल्टीस्पेशलिटी ओ.पी.डी.
- डीलक्स व सुपरडीलक्स रुम
- प्राइवेट रुम व सेमीप्राइवेट रुम एवं जनरल वार्ड, इन्फ्रान्ट फार्मसी
- कार्डियोलॉजी- पेसमेकर, ई.सी.जी. आई.सी.सी.यू. इकोकार्डियोग्राफी
- न्यूरोलॉजी- ई.ई.जी., एन.सी.जी., न्यूरोसर्जरी, दिमन व रैड की ट्यूमी का ऑपरेशन, मधुको व एन्डोसकोपिक सर्जरी
- एडवांस ट्रेनिंग सेंटर- डिटीएन सेंटर, क्लिनिकल आई.सी.यू.
- ऑन्कोलॉजिक सर्जरी- फुल व क्लिनिकल ट्रायल एवं हार्डी के सभी ऑपरेशन न्यूरोलॉजी- आई.आई.आई.एच. (लेजर) डिपेंडेंसी
- नेफ्रोलॉजी- क्लिनिक्स व आई के सभी ऑपरेशन
- रेडियोलॉजिक- एक्स.रे व पी.आई.सी.यू., रेडियोलॉजिक सर्जरी, गैस्ट्रोसाइसेज, एन्डोस्कोपी, लेप्रोस्कोपिक सर्जरी
- ऑन्कोलॉजी- कैंसर की सभी सर्जरी व किमोथेरेपी
- ई.एन.टी. सर्जरी- माइको व एन्डोस्कोपिक सर्जरी
- साइनीसमैलोजी- नार्मल डिलीवरी, लेप्रोस्कोपिक व जनरल सर्जरी
- डेंटल- टेढ़े-मेढ़े दात व टूटे जखड़े की सर्जरी, मैक्सिलोफेशियल सर्जरी
- फिजियोथेरेपी
- गैस्ट्रोलॉजी- पेट के रोगों का समस्त इलाज, एन्डोस्कोपी व कोनोस्कोपी

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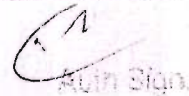
Date

EXPERIENCE CERTIFICATE

This is certify that MR. RITIK POONIA S/O SHRI MEERAJ POONIA has succesfully complete her 45 days training FROM 1 JULY 2022 TO 15 AUGUST 2022 as B.pharm student at SHRI NARAYAN HOSPITAL, kila parikshitgarh, meerut.

His work is satisfactory I wish good and bright future.

SHRI NARAYAN HOSPITAL


Auth Sign.



NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सा फिजिशियन :

पेट रोग, डैंगू, टाईफाइड, शुगर, मानसिक तनाव, हृदय रोग, फेफड़े के रोग, थाईराइड, चर्म रोग, ब्लड प्रेशर, जोड़ों का दर्द आदि

Name.....Age/Sex.....Add.....

Date 1

2

Dr. Umang Gupta

M.B.B.S.

(General Physician)

Time 4 PM to 7 PM

Dr. Mohd. Rizwan

D.U.M.S. M.I.M.S.

(जनरल फिजिशियन)

RMO - Mishra N Home

Ex Rmo - G.I Hospital Bhutan

Time 10.30 AM to 2.30 PM

C/o

Rx

INTERNSHIP COMPLETION CERTIFICATE

O/E

Pulse

B.P.

Temp.

Spo2

B. Sug.

This is to certify that Mr. Salim Student of B.Pharm 4th year at Department of Pharmacy Meerut Institute of Technology, Meerut (U.P) Roll No. 1910340500038 year 2019-23.

His internship posting started on 11 September 2022 to completed on 26 October 2022 date of issue 26 October 2022.

Clinical works - first aid (wound dressing, artificial respiration etc.) different routes of injection study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.

(Signature)
NEO MAX NURSING HOME
Reg.No.RMEE2121899
Muzaffarnagar

समय : शाम 4 बजे से
शाम 7 बजे तक

नोट : इस पत्र पर 7 दिन में एक बार आर दिखा सकता है

सुविधायें : भर्ती की सुविधा, शुगर की जाँच, ECG, पेट से पानी निकालना, फ्लटलटन, ब्लड बढ़ाना आदि

नोट : किसी भी दवा का साइड इफेक्ट हो सकता है तुरंत अपने चिकित्सक से सम्पर्क करें।



श्री नारायण हॉस्पिटल

24 घण्टे इमरजेंसी सुविधा उपलब्ध है।

पता : माता वाला मोहल्ला, मेरठ रोड, किला परीक्षितगढ़।

उपलब्ध सुविधाएँ

- सेन्ट्री एयर कन्डीशनिंग
- मल्टीस्पेशलिटी ओ.पी.डी.
- डीलक्स व सुपरडीलक्स रुम
- प्राइवेट रुम व सेमीप्राइवेट रुम एवं जनरल वार्ड, इनहाउस फार्मसी
- कार्डियोलॉजी- पेसमेकर, ई.सी.जी. आई.सी.सी.यू. इकोकार्डियोग्राफी
- न्यूरोलॉजी-ई.ई.जी., एन.सी.टी., न्यूरोसर्जरी, दिमाग व रीढ़ की हड्डी का ऑपरेशन, माइक्रो व एन्डोसकोपिकसर्जरी
- एडवांस ट्यूमा मैनेजमेन्ट- किटीकल केयर, अत्याधुनिक आई.सी.यू.
- आर्थोपेडिक सर्जरी- घुटना व कूल्हा ट्रांसप्लांट एवं हड्डी के सभी ऑपरेशन यूरोलॉजी- आर.आई.आर.एस. (लेजर) लियोट्रिप्सी
- नेफ्रोलॉजी- डायलिसिस व गुर्दे के सभी ऑपरेशन
- पीडियाट्रिक- नर्सरी व पी.आई.सी.यू., पीडियाट्रिक सर्जरी, गैस्ट्रोसाइसेज, एण्डोस्कोपी, लेप्रोस्कोपिक सर्जरी
- ओन्कोलॉजी- कैंसर की सभी सर्जरी व किमोथेरेपी
- ई.एन.टी.सर्जरी- माइक्रो व एन्डोसकोपिक सर्जरी
- याइनीकॉलोजी- नार्मल डिलीवरी, लेप्रोस्कोपिक व जनरल सर्जरी
- डेंटल- टेढ़े-मेढ़े दांत व टूटे जबड़े की सर्जरी, मैक्सिलोफेशियल सर्जरी
- फिजियोथेरेपी
- गैस्ट्रोलॉजी- पेट के रोगों का समस्त इलाज, एन्डोस्कोपी व कोनोस्कोपी

Ref. No.

Date

EXPERIENCE CERTIFICATE

This is certify that MR. SAURABH SHARMA S/O SHRI PANKAJ SHARMA has succesfully complete her 45 days training FROM 1 JULY 2022 TO 15 AUGUST 2022 as B.pharm student at SHRI NARAYAN HOSPITAL, kila parikshitgarh, meerut.

His work is satisfactory I wish good and bright future.

SHRI NARAYAN HOSPITAL

Auth Sign

Not For Medico Legal Purpose



KRYSTAL HOSPITAL

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DIST. BAGPAT - 250609. Ph - 0121-2222139/ 9953122139/8307349952

Date : 25.08.2022

TO WHOM SO EVER IT MAY CONCERN

This is certified that Mr. Shanu kumar S / O Mr. Nandkishor jaiswal , R / O - Address Motipur Muzaffarpur, Bihar , Age - 22 Years , Male , Student of B. Pharma , 4th Year at Meerut Institute of Technology , Meerut (UP) , Roll No. - 1910340500040 , Year 2019-2023 , done his training as per defined syllabus during B. Pharma course from 05 JULY- 2022 to 25 August - 2022 in our Hospital .

His work is satisfactory during training period . We wish him for good success in future life .

Authorized Signatory
Reg. No. - MCI 14-52-39
PGCCC



VENKATESHWAR

HOSPITAL

.....Divinity in Healthcare

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Validity: Nov 14, 2021 - Jan 07, 2025

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Sector 18A, Dwarka, New Delhi-110075
info@venkateshwarhospitals.com
www.venkateshwarhospitals.com

TO WHOM SO EVER IT MAY CONCERN

This is certified that MR. SHIV KUMAR VERMA S/O MR. BALCHAND VERMA R/o 11 B.N PAC SITAPUR BLOCK NO.50, HOUSE NO.412 ROSE LINE Student of B.Pharma 4th year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500041 year 2019-23

His training started on 25th October 2022 to 10 December 2022.

Clinical work first aid (wound dressing, artificial respiration etc.).
Different routes, of injection, study of patients, observation chart,
prescriptions, dispensing, simple and diagnostics report.

Satisfactory work done by him



SHRI ASHARAM NURSING HOME

G-9, Ganga Nagar, Garam Pani Road Tiraha, Near Zila Sehkari Bank
Baksar Mawana Road, Meerut -250001

Ref.

Date 17 Aug 2022

EXPERIENCE

This is certified that Mr. Shriyansh Kaushik S/O Mr. Satish kumar Sharma has done his 45 days training from 1 July 2022 to 15 August 2022 as a B.Pharm Student at Shri Asharam Nursing Home (G-9, Ganga Nagar, Garam Pani Road Tiraha, Near Zila Sehkari Bank) Meerut

His work has been excellent we wish him all the best in his future endeavors.





(A NABH ACCREDITED HOSPITAL)

SARVODAYA HOSPITAL & INSTITUTE MEDICAL SCIENCE

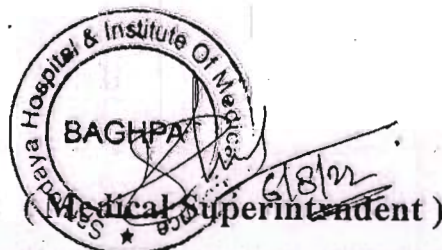


Run by : Tatiri Sarvodaya Shiksha Prasar Samiti

Date:- 06/08/2022

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **MR. SOAIB S/O MOSIM** has successfully completed her 45 days internship (Form 22 Jun 2022 to 05 Aug 2022) as a B.Pharmacy Student at Sarvodaya Hospital & Institute of Medical Sciences Aggarwal Mandi Tatiri Baghpat U.P -250601 . Her work has been excellent. We wish her all the best in his futures endeavors.



Sarvodaya Hospital & Institute of Medical Sciences

Aggarwal Mandi, Tatiri, Baghpat Meerut Road, Baghpat-250601 (U.P.)

Ph. No.: 0121-2279585, 2279586, M.: +91-8077146046 E-mail ID : shimsbaghpat@gmail.com



ANAND HOSPITAL

Run by : ANAND NIROGDHAM HOSPITAL PVT. LTD.

AN ISO 9001 : 2008 CERTIFIED

A-1, Damodar Colony, Garh Road, Meerut (U.P.)

Ph. +91-121-2792000, 4014800

Fax: +91-121-4030890

e-mail : anandnirogdham@gmail.com

Website : www.anandhospital.com

We Believe in **Caring**, not just **Curing**...

EXPERIENCE CERTIFICATE

This is certified to that Mr. Sona Motla S/O Arun Motla Vill- Dadri Post-Dadri Dist- Meerut UP His 45 Days of training done from 01-06-2022 to 15-08-2022 in Anand Hospital Garh Road Meerut

HE WORKS IS SATISFACTORY I WISH GOOD & SUCCESSFUL FUTURE



SHARVAN HOSPITAL

OPP SUGAR MILL, NEAR TIRUPATI INSTITUTE, MOHIUDDINPUR, DISTT. MEERUT



Road MRI 23.34

Tel: 9928281133
9837987963
9927973984
9927962892

Consultants

Dated: 01-12-2022

सुविधा उपलब्ध

R7

Internship Completion Certificate

This is to certify that Mr. Vaibhav Tomer student of B. Pharm 4th year at DPMII (U.P) Roll no.1910340500045 year 19-23.

His internship posting started on 15-Oct-2022 to completed on 30-Nov-2022 Date of issue 01-Dec-2022

Clinical works - first aid (wound dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory woks done by him.

SHARVAN HOSPITAL
Opp Sugar Mill
Mohiuddinpur, Meerut

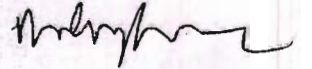
- सभी बीमारियों का इलाज ऑपरेशन व भर्ती की सुविधा
- कान, नाक व गले की सभी बीमारियों का इलाज व ऑपरेशन।
- जनरल सर्जरी जैसे : थायरॉइड, एपेन्डिक्स, हार्निया, हाइड्रोसेल, ऑल, पित्त की थैली, गदूद, गुर्दा व बच्चेदानी के ऑपरेशन योग्य व कुशल सर्जन द्वारा सामान्य व दूरबीन विधि से।
- सामान्य डिलीवरी, बड़े ऑपरेशन द्वारा बच्चा पैदा करना।
- एक्स-रे सुविधा।
- ई.सी.जी. सुविधा
- खून एव मल-मूत्र, एडस आदि की जांच।

NOT FOR MEDICO LEGAL PURPOSE

एम्बुलेंस व सभी प्रकार की इमरजेंसी सेवायें 24 घण्टे उपलब्ध।

Experience Certificate

This is to certify that **Mr. Vishu Saini** S/o Mr. Vishwanath Saini R/o Vill. Piror, Tehsil Deoband, Dist. Saharan Pur had under gone 45 days **Hospital training** at this institute during 15/09/2022 to 30/10/2022, as a requisite of academic curriculum of B. Pharma degree.



Aryavart Hospital

Meerut, Uttar Pradesh

ARYAVART HOSPITAL
(A Unit of Shreya Medicine Pvt. Ltd.)
NH-58, Near Toll Plaza
Roorkee Road, Meerut (U.P.)



लोकप्रिय हॉस्पिटल

निकट अम्बर सिनेमा, जी० टी० रोड़, मोदीनगर-201201

(Run By Child Care Centre)

☎ : 247555
: 247556
Fax : 229500

दिनांक 12-8-22

TO WHOM IT MAY CONCERN

This is Certified that Miss Aayushi Chaudhary D/O Mr. Praveen Kumar Sarawat
4th Year Student of B. Pharma from department of pharmacy Meerut Institute
of Technology, Meerut has attended 45 days training in our Pharmacy Department
from 25th June 2022 to 10th August 2022.

During this period her conduct was good and we found her sincere and hard working.

We wish all the best for all her future endeavors.

Lokpriya Hospital

Dr. UMESH
M.D. (S) MBBS
F.A.S. FRCS
General and Lap Surgeon

Dr. Umesh Tyagi

Consultant

NOT FOR MEDICO LEGAL PURPOSE



लोकप्रिय हॉस्पिटल

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(Run By Child Care Centre)

☎ : 247555
☎ : 247556
Fax : 229500

दिनांक 12-8-22

TO WHOM IT MAY CONCERN

This is Certified that Miss Vaishali Rathi D/O Mr. Vinod Rathi 4th Year Student of B. Pharma from department of pharmacy Meerut Institute of Technology, Meerut has attended 45 days training in our Pharmacy Department from 25th June 2022 to 10th August 2022.

During this period her conduct was good and we found her sincere and hard working. We wish all the best for all her future endeavors.

Lokpriya Hospital
Dr. UMESH TYAGI
M.B.B.S., M.S.
F.A.I.S., F.I.A.C.C.S.
General and Lap Surgery
Dr. Umesh Tyagi

Consultant

16-02-2022

To whomsoever it may concern

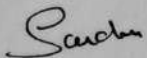
This is to certify that following students have completed the project for Business Organization & Ethics under my guidance as per following details

Topic: Mama Earth Company Profiling

Students: Sahaj Mishra, Satyam Kaushik, Rachit Goel, Rajat, SM Saif, Veer Namdev

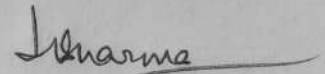
The group has successfully delivered the power point presentation.

Supervisor



Mr. Sachin Kumar

Principal



Dr. Himanshu Sharma

16-02-2022

To whomsoever it may concern

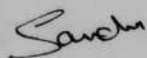
This is to certify that following students have completed the project for Business Organization & Ethics under my guidance as per following details

Topic: CHAAYOS- A Success Story

Students: Dev Goel, Devansh Gour, Devendra Pandey, Dhananjay Tiwari, Divya Pooriya

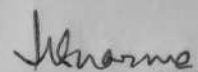
The group has successfully delivered the power point presentation.

Supervisor



Mr. Sachin Kumar

Principal



Dr. Himanshu Sharma

16-02-2022

To whomsoever it may concern

This is to certify that following students have completed the project for Business Organization & Ethics under my guidance as per following details

Topic: IKKA DUKKA Company profiling

Students: Dev Goel, Devansh Gour, Devendra Pandey, Dhananjay Tiwari, Divya Pooriya

The group has successfully delivered the power point presentation.

Supervisor

Sachin

Mr. Sachin Kumar

Principal

Himanshu

Dr. Himanshu Sharma

16-02-2022

To whomsoever it may concern

This is to certify that following students have completed the project for Business Organization & Ethics under my guidance as per following details

Topic: OLA Cabs Company profiling

Students: Shubhangi Tomer, Tanya Tyagi, Vasu Tomer, Sikander Ali, Yash Sharma

The group has successfully delivered the power point presentation.

Supervisor

Sachin

Mr. Sachin Kumar

Principal

Himanshu

Dr. Himanshu Sharma

16-02-2022

To whomsoever it may concern

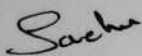
This is to certify that following students have completed the project for Business Organization & Ethics under my guidance as per following details

Topic: Boat Company profiling

Students: Aparna Sharma, Arpit Bhardwaj, Arpit Sharma, Arpit Tyagi

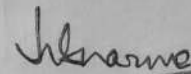
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Supervisor



Mr. Sachin Kumar

Principal



Dr. Himanshu Sharma

16-02-2022

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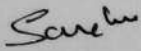
This is to certify that following students have completed the project for Business Organization & Ethics under my guidance as per following details

Topic: TATA Motors Company profiling

Students: Prince Yadav, Tarun, Saumya Rastogi, Vanshika, Vanshika Jain, Yashika Jain

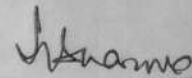
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16-02-2022

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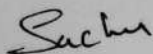
This is to certify that following students have completed the project for Business Organization & Ethics under my guidance as per following details

Topic: AMAZON Company profiling

Students: Raja Kumar, Pawan Kumar, Sameer, Shivani, Shivdas Chaurasiya

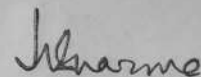
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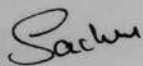
This is to certify that following students have completed the project for Business Organization & Ethics under my guidance as per following details

Topic: Analysis of D-Mart

Students: Suryansh Sirohi, Upasana Gupta, Sayyam Jain, Nidhi Chaudhary & Nimit Sharma

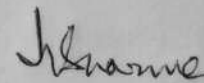
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