



Naveen Kaushik <naveen.kaushik@mitmeerut.ac.in>

## Internship Selection Update | 2 Student(s) Hired From Your College Last Week

2 messages

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, May 16, 2022 at 11:12 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

### List of the selected student(s) -

Student Name	Email address	Graduation Year	Company Name	Stipend
Aditi Tyagi	<a href="mailto:aditi.tyagi.bba.2020@mitmeerut.ac.in">aditi.tyagi.bba.2020@mitmeerut.ac.in</a>	2023	<a href="#">Muskurahat Foundation</a>	INR 5000-10000 lump sum
Akshita Rastogi	<a href="mailto:akshita.rastogi.bba.2019@mitmeerut.ac.in">akshita.rastogi.bba.2019@mitmeerut.ac.in</a>	2022	<a href="#">XcitEducation Foundations</a>	Performance Based

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Naveen Kaushik** <naveen.kaushik@mitmeerut.ac.in>  
To: madhu.sharma@mitmeerut.ac.in

Mon, May 16, 2022 at 11:17 AM

[Quoted text hidden]



Naveen Kaushik <naveen.kaushik@mitmeerut.ac.in>

## Internship Selection Update | 3 Student(s) Hired From Your College Last Week

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Jul 12, 2021 at 11:11 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

### List of the selected student(s) -

Student Name	Email address	Graduation Year	Company Name	Stipend
Vansh Bharti	<a href="mailto:vansh.bharti.bba.2019@mitmeerut.ac.in">vansh.bharti.bba.2019@mitmeerut.ac.in</a>	2022	<a href="#">NKTech</a>	INR 8000-10000 /month
ISHA SINGH	<a href="mailto:ishasingh2001.mrt@gmail.com">ishasingh2001.mrt@gmail.com</a>	2022	<a href="#">Shine Projects</a>	INR 5000 /month
Prince Sharma	<a href="mailto:prince.sharma.ec.2018@miet.ac.in">prince.sharma.ec.2018@miet.ac.in</a>	2022	<a href="#">IIRWU Education Private Limited</a>	INR 5000 /month + Incentives

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.



## Re: Invitation for Campus Recruitment

2 messages

**Prachyi V Raizzada** <prachyi.v@indithink.com>  
To: Placement MIET <placement@miet.ac.in>

Tue, Apr 13, 2021 at 6:55 PM

Dear Placement cell,  
Greetings!!

We have noticed that the majority of the interns are not ready to move here and not sure about if they ll do physical training.  
kindly check with them and update so that we can issue them the internship offer letter  
Regards

On Mon, 12 Apr 2021 at 22:43, Placement MIET <placement@miet.ac.in> wrote:

Dear Ms. Prachyi

Thanks for the mail.

Regards  
Akanksha

On Mon, 12 Apr 2021, 17:36 Prachyi V Raizzada, <prachyi.v@indithink.com> wrote:

Dear Akanksha,

Greetings of the day!!

we will start screening the candidates at 11:00AM. It would be a telephonic round for all. also Kindly convey the candidates that selected candidates need to join from Monday onwards.

S. No.	Roll No.	Student's Name	Course / Branch	Choose Profile	E-Mail ID	Contact No.	WhatsApp Number	Gender	Time
1	191110105027	Isha Singh	BBA	Managemet Intern – Recruiter	ishasingh2001.mrt@gmail.com	9027271059	9027271059	Female	11.00
2	191110105052	Sadhvi kumari	BBA	Management Intern Marketing	Ksadhvi2@gmail.com	6201615170	6201615170	Female	11.15
3	191110105063	Shivani	BBA	Managemet Intern – Recruiter	Shivaniprajaptimeerut@gmail.com	9627069658	9627069658	Female	11.30
4	2000680700005	Abhishek Sharma	MBA	Management Intern - Business Development	abhishek.sharma.mba.2020@miet.ac.in	8533994476	8533994476	Male	11.45
5	2000680700045	Mamta shah	MBA	Management Intern - Business Development	mamta.shah.mba.2020@miet.ac.in	7505634229	8192012330	Female	12.00
6	2000680700052	Nishtha Garg	MBA	Managemet Intern – Recruiter	Nishtha.garg.mba.2020@miet.ac.in	9068923019	9068923019	Female	12.15
7	2000680700053	Palak Agarwal	MBA	Managemet Intern – Recruiter	Palakagarwal2659@gmail.com	8273208624	8273208624	Female	12.30
8	2000680700056	Pooja Agarwal	MBA	Management Intern Marketing	pooja.agarwal.mba.2020@miet.ac.in	9634528207	9634528207	Female	12.45
9	2000680700059	prachi verma	MBA	Managemet Intern – Recruiter	prachiv202@gmail.com	6395563934	8445691203	Female	1.00
10	2000680700062	Priyanshi	MBA	Management Intern - Business Development	priyanshirocks783@gmail.com	7417487805	7417487805	Female	1.15

Regards,  
Prachyi V Raizzada

On Sat, 10 Apr 2021 at 16:12, Prachyi V Raizzada <prachyi.v@indithink.com> wrote:

Dear Akanksha,

Greetings of the day!!

We are pleased to hear from you. Kindly note that we are ready to take interns for our internal process but that too would be on equality i.e. 5males and 5females . but for recruitment the profile has already been closed for many of the big organisations as you have taken a long time to take the final decision. but still i will keep you updated for upcoming profiles as it's not a big deal.

Kindly let us know when we can Schedule interviews for the same for internship and also share the availability of the candidates for the telephonic round.

1. Candidates will be getting core on job training for 3 months.
2. A certification course for worth rs 15,000.
3. Incentives, if they ll perform during their training.
4. Certificates

Seeking for the response ASAP.

Regards,

Prachyi V Raizzada

On Sat, 10 Apr 2021 at 13:09, Placement MIET <placement@miet.ac.in> wrote:

Dear Ms. Prachyi

Greetings from MIET Meerut

Please find attached herewith details of registered Pre Final & Final year students.

Regards

Placement Cell

On Sat, Apr 3, 2021 at 6:40 PM Prachyi V Raizzada <prachyi.v@indithinkk.com> wrote:

Dear Akanksha,

Greetings!!

As we discussed, we have many opening for different roles i.e. Marketing ,Sales,Business development ,e-commerce,Recruitments etc. for freshers the starting salary is15k+Incentives per month.

for Interns They'll be getting on-job and off job exposure with depth knowledge

Regards,

Prachyi V Raizzada

Prachyi V Raizzada <prachyi.v@indithinkk.com>

Fri, Apr 16, 2021 at 12:55 PM

To: Placement MIET <placement@miet.ac.in>

Dear Placement cell,

Greetings!

With the reference of our discussion please find the below details

S. No.	Roll No.	Student's Name	Course / Branch	Choose Profile	E-Mail ID	Contact No.	WhatsApp Number	Gender	LOI Status	Confirmation
1	191110105027	Isha Singh	BBA	Managemet Intern – Recruiter	ishasingh2001.mrt@gmail.com	9027271059	9027271059	Female	Rejected	
2	191110105052	Sadhvi kumari	BBA	Management Intern Marketing	Ksadhvi2@gmail.com	6201615170	6201615170	Female	WFH/shared LOI	
3	191110105063	Shivani	BBA	Managemet Intern – Recruiter	Shivaniprajaptimeerut@gmail.com	9627069658	9627069658	Female	WFH/shared LOI	ConfirmationReceived
4	2000680700005	Abhishek Sharma	MBA	Management Intern - Business Development	abhishek.sharma.mba.2020@miet.ac.in	8533994476	8533994476	Male	WFH/shared LOI	
5	2000680700045	Mamta shah	MBA	Management Intern - Business Development	mamta.shah.mba.2020@miet.ac.in	7505634229	8192012330	Female	WFH/shared LOI	ConfirmationReceived
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7	2000680700053	Palak Agarwal	MBA	Managemet Intern – Recruiter	Palakagarwal2659@gmail.com	8273208624	8273208624	Female	WFH/shared LOI	ConfirmationReceived
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10	2000680700062	Priyanshi	MBA	Management Intern - Business Development	priyanshirocks783@gmail.com	7417487805	7417487805	Female	Rejected	

[Quoted text hidden]

Dated :27/08/2021

**TO WHOM IT MAY CONCERN**

This is to certify that **Ms. Kritika Chauhan** has completed her internship with **House of Diagnostics Healthcare Pvt Ltd** from 8th May 2021 to 8<sup>th</sup> July 2021.

We thank you for your efforts and contribution during your tenure with us and wish you all the best in your future endeavours

Yours faithfully,

For House of Diagnostics Healthcare Pvt. Ltd.

  
HR-Department



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## ON BOARDING - AIM INDIA

2 messages

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**Priya Jana** <Priya.Jana@aimincorp.com>  
To: Placement MIET <placement@miet.ac.in>  
Cc: director@aimincorp.com, hradmin@aimincorp.com

Wed, Jan 19, 2022 at 6:31 PM

*Dear Vivek,*

*Greetings..!!!*

*We are really delighted to expand our relation with your esteem college again this year , after a successful internship drive with you . We are happy to welcome your students on board with us as interns in the Year 2022 .*

*Hereby please find the List of selected students :*

Name	Mobile No
Abhishek Chaudhary	6395111549
Aniket Chaudhary	9927781186
Asma Zafar	7302419897
Shahina khatoon	7017768350
naved malik	7895872604
Anshul Bhardwaj	8218389482
Palak Agarwal	8273208624
Shafak Ansari	07302348532
Vansh	8954867492

Please share the mail id of students as well.

*We also require a tentative joining date so that we can release the appointment letter.*

**For us to release their appointment letter we need their following scanned documents on urgent basis ,Do inform the students about the same:**

- 1. College id card**
- 2. Govt. id proof ( adhaar / pan card)**
- 3. Passport size photograph**
- 4. Updated resume**
- 5. Noc by student on a blank page in the format**

**( I {name} hereby confirms my joining with AIM India as intern in the month of {mention the month} , and under any circumstances wont back out from the given position )**

**NAME :**

**SIGNATURE :**

**DATE : )**

**Please ask the students to send the documents on the given mail address : [Documents@aimincorp.com](mailto:Documents@aimincorp.com) last by today midnight (12 a.m.)**

## **Thanks & Regards**

**Priya Jana (HR Executive)|AIM India Group**

**Digitally: [priya.jana@aimincorp.com](mailto:priya.jana@aimincorp.com) | Handeled:+91 8287009484 | Website: [www.aimincorp.com](http://www.aimincorp.com)**

**Corporate Office: 1208, 12<sup>th</sup> floor, RG Trade Tower,**

**Netaji Subhash Place,**

**Pitampura, New Delhi-110034.**



**Placement MIET** <placement@miet.ac.in>  
To: Priya Jana <Priya.Jana@aimincorp.com>  
Cc: director@aimincorp.com, hradmin@aimincorp.com

Wed, Jan 19, 2022 at 9:51 PM

Dear Ms. Priya

Greetings from MIET Meerut

Thanks for the information.

Please find below E-Mail IDs of the selected students.

<b>Name</b>	<b>Course</b>	<b>Email id</b>
Abhishek Chaudhary	BBA	<a href="mailto:chaudharyshivanshu3@gmail.com">chaudharyshivanshu3@gmail.com</a>
Aniket Chaudhary	BBA	<a href="mailto:aniket.chaudhary.bba.2019@mitmeerut.ac.in">aniket.chaudhary.bba.2019@mitmeerut.ac.in</a>
Asma Zafar	BBA	<a href="mailto:asmazafar792@gmail.com">asmazafar792@gmail.com</a>
Shahina khatoon	BBA	<a href="mailto:shahinakhatoon0021@gmail.com">shahinakhatoon0021@gmail.com</a>
naved malik	BBA	<a href="mailto:naveed.malik.bba.2019@mitmeerut.ac.in">naveed.malik.bba.2019@mitmeerut.ac.in</a>
Anshul Bhardwaj	MBA	<a href="mailto:anshulbhardwaj65@gmail.com">anshulbhardwaj65@gmail.com</a>
Palak Agarwal	MBA	<a href="mailto:palak.agarwal.mba.2020@miet.ac.in">palak.agarwal.mba.2020@miet.ac.in</a>
Shafak Ansari	MBA	<a href="mailto:shafak.ansari.mba.2020@miet.ac.in">shafak.ansari.mba.2020@miet.ac.in</a>
Vansh	MBA	<a href="mailto:vanshch802@gmail.com">vanshch802@gmail.com</a>

Regards

Placement Cell  
[Quoted text hidden]



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## ON BOARDING - AIM INDIA

2 messages

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**Priya Jana** <Priya.Jana@aimincorp.com>  
To: Placement MIET <placement@miet.ac.in>  
Cc: director@aimincorp.com, hradmin@aimincorp.com

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Name	Mobile No
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- 4. Updated resume**
- 5. Noc by student on a blank page in the format**

**( I {name} hereby confirms my joining with AIM India as intern in the month of {mention the month} , and under any circumstances wont back out from the given position )**

**NAME :**

**SIGNATURE :**

**DATE : )**

**Please ask the students to send the documents on the given mail address : [Documents@aimincorp.com](mailto:Documents@aimincorp.com) last by today midnight (12 a.m.)**

## **Thanks & Regards**

**Priya Jana (HR Executive)|AIM India Group**

**Digitally: [priya.jana@aimincorp.com](mailto:priya.jana@aimincorp.com) | Handeled:+91 8287009484| Website: [www.aimincorp.com](http://www.aimincorp.com)**

**Corporate Office: 1208, 12<sup>th</sup> floor, RG Trade Tower,**

**Netaji Subhash Place,**

**Pitampura, New Delhi-110034.**



**Placement MIET** <placement@miet.ac.in>  
To: Priya Jana <Priya.Jana@aimincorp.com>  
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Aniket Chaudhary	BBA	<a href="mailto:aniket.chaudhary.bba.2019@mitmeerut.ac.in">aniket.chaudhary.bba.2019@mitmeerut.ac.in</a>
Asma Zafar	BBA	<a href="mailto:asmazafar792@gmail.com">asmazafar792@gmail.com</a>
Shahina khatoon	BBA	<a href="mailto:shahinakhatoon0021@gmail.com">shahinakhatoon0021@gmail.com</a>
naved malik	BBA	<a href="mailto:naveed.malik.bba.2019@mitmeerut.ac.in">naveed.malik.bba.2019@mitmeerut.ac.in</a>
Anshul Bhardwaj	MBA	<a href="mailto:anshulbhardwaj65@gmail.com">anshulbhardwaj65@gmail.com</a>
Palak Agarwal	MBA	<a href="mailto:palak.agarwal.mba.2020@miet.ac.in">palak.agarwal.mba.2020@miet.ac.in</a>
Shafak Ansari	MBA	<a href="mailto:shafak.ansari.mba.2020@miet.ac.in">shafak.ansari.mba.2020@miet.ac.in</a>
Vansh	MBA	<a href="mailto:vanshch802@gmail.com">vanshch802@gmail.com</a>

Regards

Placement Cell  
[Quoted text hidden]

**Dated :27/08/2021**

**TO WHOM IT MAY CONCERN**

This is to certify that **Ms. Shivani Prajapati** has completed her internship with **House of Diagnostics Healthcare Pvt Ltd** from 8th May 2021 to 8<sup>th</sup> July 2021.

We thank you for your efforts and contribution during your tenure with us and wish you all the best in your future endeavours.

Yours faithfully,

For House of Diagnostics Healthcare Pvt. Ltd.

  
HR-Department

## Offer Letter

Employee Name: Shubham Punia

Department: Sales and Marketing  
Designation: Intern



### **Job Description**

As a Sales and Marketing Intern, you are responsible for the below:

- Learn about the product range and understand the nature of business.
- Be responsible for daily inquiries and customer phone calls.
- Ensure good quality customer service and follow-up.
- Contribute in meeting periodic personal and company's sales targets.
- Maintain relationships with clients by providing support, information, and guidance; researching and recommending new opportunities; recommending profit and service improvements.
- Prepare daily reports by collecting, analysing, and summarising information.

### **Salaries and perks**

You have been offered a monthly stipend of Rs. 6,000/-. Money shall be paid in your bank account by 3rd of every subsequent month of successful completion of work.

You would be reporting to **Mrs. Shalini Nehru**

We follow a "Bring your own device" policy across the company - therefore you are expected to have a working Laptop and Mobile phone of your own.

### **Office timings**

Monday to Saturday - 9:30 am to 6 pm

You may also be required to work weekends or longer hours as the need arises.

Start date: May 17, 2022 9:30am

Internship period: 3 months

Dress code: Casual (at office) and Formal/Smart Casuals (at client place)

### **Proprietary and Confidential Information.**

You agree to keep confidential and not to disclose, communicate, discuss, or convey in any matter, both during and after the term of this Contract, all proprietary and confidential Company information obtained, learned, and viewed by you during the term of the Contract. You agree to not join any competing business without a cooling-off period of 6 months from the date of resignation.

### **Confidentiality**

Please keep the financial terms of this offer strictly confidential, except that you may discuss them with your immediate family and professional advisors.

If you agree to this offer, please sign below and return your acceptance over email to your supervisor.

Thank you!

September 27, 2021

**Mr. Abhishek Chaudhary**  
**MIT, MEERUT**

Dear Abhishek,

We are pleased to confirm that you may undergo your training at our Delhi Branch starting from 1<sup>st</sup> October, 2021 to 30<sup>th</sup> November, 2021. The details of the project will be informed to you on your joining.

Please contact Mr. Partha Dutta (Regional Training Manager) at the following address / telephone number:

**Godfrey Phillips India Limited**  
Omaxe Square,  
Plot No. 14, Jasola District Centre,  
New Delhi - 110025  
**Tel : 011-26832155 / 26836468**

You will be paid a stipend of Rs. 5,000/- p.m. during the internship period subject to statutory deductions during this training period.

Thanking you,

Yours sincerely,  
for **GODFREY PHILLIPS INDIA LIMITED**


*Lavij*  
  
**NAVNEET TRIKHA**  
**General Manager – HR**

*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<sub>x</sub>

## Training Completion Certificate

This is to certify that Mr. Adeeb Student of B. Pharm 3<sup>rd</sup> 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

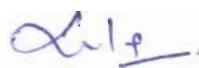
सुविधाएँ :- मल्टी स्पेशयलिटी ओ.पी.डी., आई.सी.यू, 9" सी-आर्म ओ.टी., आर्थोपेडिक सर्जरी, एडवांस ट्रोमा मैनेजमेंट, दूरबीन विधि द्वारा ऑप्रेसन, न्यूरोलॉजी, पीडियाट्रिक्स, सामान्य सर्जरी, गाइनीकोलॉजी, यूरोलॉजी, पैथोलॉजी ।


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 भांति 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

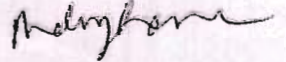
  
एम०के०शुक्ला  
चीफ फार्मेसिस्ट  
संव०भा०प०चिकित्सालय मेरठ।  
Chief Pharmacist  
S.V.B.P. Hospital, Meerut

  
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 1<sup>st</sup>, 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 विशेषज्ञता:

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.Pharm 3<sup>rd</sup> year at  
Department of pharmacy Meerut institute of technology (U.P.) Koli  
No. 1910340500007 year 2019-23

His training started on 20<sup>th</sup> 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 3<sup>rd</sup> year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500008 year 2019-23

His training started on 15<sup>th</sup> 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.

*U. Gupta*  
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 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

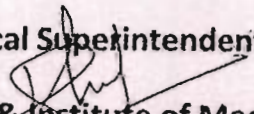
## Facilities:

- 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 1<sup>ST</sup> NOVEMBER 2021 to 15<sup>TH</sup> 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](mailto:Arj1995@gmail.com)

प्रमुखकुरु मोहल्ला  
एच-4, अरुण (अरुणसिडपुर)  
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 & Gyna. D.M.C.H.)

Ex. Senior Resident Deptt. of Obs & Gyna. (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	RRM
Sleep	Icterus	CMF	
Sw	Cyanosis	EDD	
Ed	Edema		
	Clubbing	G R A L	
Chest			
Cv			
abd			

## Internship Completion Certificate

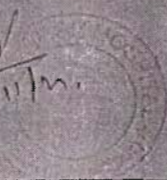
This is to certify that Mr.Chandan Kumar student of B.Pharm 3<sup>rd</sup> year at DPMIT (U.P) Roll no. 1910340500011 year 2019-23

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: *Yom m/ H. H. H.*



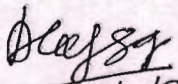
भारतीय सेना के परिवार का इलाज डिस्कान्ट रेट पर उपलब्ध है।



**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 दूरे 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 3<sup>rd</sup> year at DPMIR (UP) Roll No. 1910340500013 year: 19-23.

His internship started on 11<sup>th</sup> Sept 2021 to completed on 26<sup>th</sup> Oct 2021 Date of issue 26<sup>th</sup> 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।

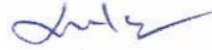
प्रमाणित किया जाता है, कि Deepanshi Mehra पुत्र/पुत्री श्री Pawan Mehra  
निवासी 304 swami Pad9 Budhans Gate जिला meerut से है जो  
कि Dept. of Pharmacy Meerut Institute of Technology  
रोल न० 1910940500014 में बी० फार्मा तृतीय वर्ष का छात्र है। इन्होंने सरदार वल्लभ भाई पटेल  
चिकित्सालय, मेरठ से 45 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 3<sup>rd</sup> 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
- गर्मपात
- 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

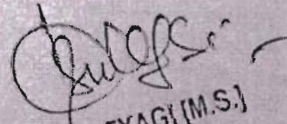
बिनीली रोड, सरधना (मेरठ)  
फोन : 01237-235023

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 Reg. No. 1125  
Authorized Signature



**MAX**  
Healthcare

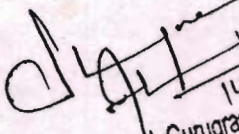
## INTERNSHIP COMPLETION CERTIFICATE

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, 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

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](http://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](mailto: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 कंडीशनिंग
- ★ इन हाऊस फार्मसी
- ★ डिजिटल एक्स-रे
- ★ पैथोलॉजी
- ★ फिटिकल केयर  
(अत्याधुनिक आर्. सी. यू.)
- ★ एडवांस ट्रेमा 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
- ★ फिजियोथेरेपी
- ★ 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 3<sup>rd</sup> 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 Director

**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 - III<sup>rd</sup> 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.C.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

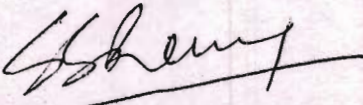
# VASANT LOK HOSPITAL

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, 3<sup>rd</sup> 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 20<sup>th</sup> September-2021 to 6<sup>th</sup> 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 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



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 3<sup>rd</sup> 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 18<sup>th</sup> 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 तकNEO MAX NURSING HOME  
Reg.No.RMEE2121899  
Muzaffarnagarनोट : 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.

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 : 16.11.2021

**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  
3<sup>rd</sup> 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

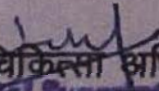
24 घण्टे इमरजेन्सी एवं भर्ती की सुविधा

## 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 आप्रेशन।
- 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

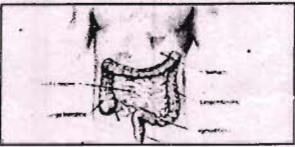
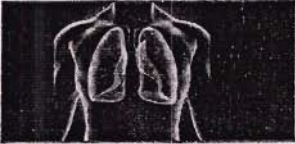
**Dr. M.A. Khan**

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 3<sup>rd</sup> 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

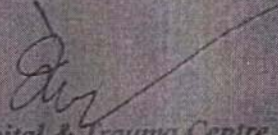
Rx

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 07<sup>th</sup> 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 1<sup>ST</sup> NOVEMBER 2021 to 15<sup>TH</sup> 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 Theator
- 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 3<sup>rd</sup> year at DPMIT (UP) Roll 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](mailto: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

## 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 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 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 3<sup>rd</sup> 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.

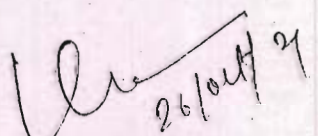
Clinical works – first aid (wound dressing, artificial respiration etc.)  
different routes of injection study of patient observation charts,  
prescriptions and dispensing, simple diagnostic reports etc.

Temp.

SpO<sub>2</sub>

B. Sug.

Satisfactory works done by him.



NEO MAX NURSING HOME  
Reg.No.RMEE2121899  
Muzaffarnagar

समय : शाम 4 बजे से  
शाम 7 बजे तकनोट : इस छर्च पर 7 दिन में एक  
बार और विद्या सकते है

सुधेकसे : शर्ती की सुविधा सुकर की जाँच, ECG, पेट से पानी निकालना, प्लेटलेट्स, ब्लड चलाना आदि

नोट : किसी भी तय्यारी या उपकरण के अभाव में उपरोक्त कार्य सम्पन्न हो सक्ता है तबत अन्तर्गत चिकित्सा से सम्बन्धित कार्य



# 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**

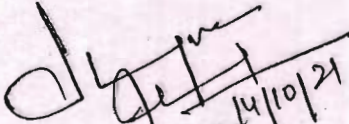
## INTERNSHIP COMPLETION CERTIFICATE

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, 3<sup>rd</sup> 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 1<sup>st</sup> October 2021 to 15<sup>th</sup> 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, 3<sup>rd</sup> 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 1<sup>st</sup> October 2021 to 15<sup>th</sup> November 2021 in our Hospital.

Satisfactory works done by her.

Authorized Signatory

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

APPENDIX -E

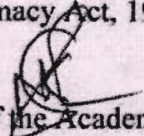
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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

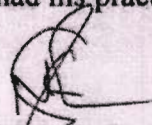
Date: 8/1/22

  
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.

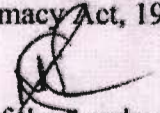
APPENDIX -E

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.

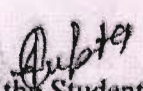
Date: 06/09/21

  
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 anand (Name of the College / Institution)  
N.P.H.C. Baghuchher (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

Atchann Pruthi  
Head of the Organization or  
Pharmaceutical Division

प्रमुख प्रमाणन विभाग  
दिल्ली

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

Atchann Pruthi  
प्रमुख प्रमाणन विभाग (अधीनस्थ) or  
Pharmaceutical Division

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

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.

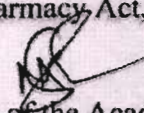
APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Anwar Khan  
(Name of student pharmacist) son of / daughter of Masthan 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

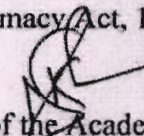
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Arvind Kumar Singh  
(Name of student pharmacist) son of / daughter of Sri JOKHAN SINGH  
residing at Mundara Doley Post Abirulibezed Kuchnaya 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.

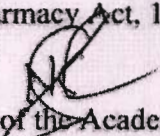
APPENDIX -E

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 (Jan 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

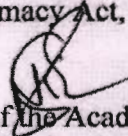
SECTION - I



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

B  
Head of the Organization  
Pharmaceutical Division  
Meerut  
Chief Pharmacist  
Pharmaceutical Division  
Meerut

#### 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

S  
Head of the Organization  
Pharmaceutical Division  
Meerut  
Chief Pharmacist  
Pharmaceutical Division  
Meerut

#### 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

S  
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;

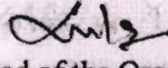
Cont...

- (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

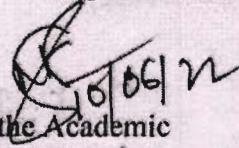
Date: 25/04/22

  
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, an 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

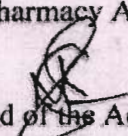
SECTION - I



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: —

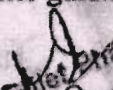
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

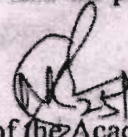
Date: 25/1/22

  
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

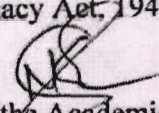
PRACTICAL TRAINING 'CONTRACT FORM FOR PHARMACIS'



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 Ciri (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 Ciri (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: —

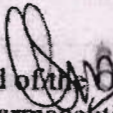
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

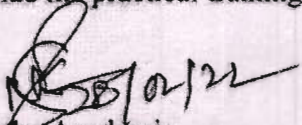
Date: 26/2/22

  
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

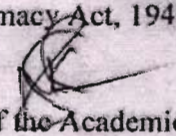


SECTION - I

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: —

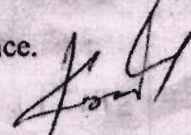
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used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

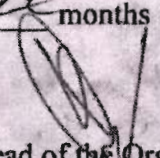
Date: 05/02/22

  
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

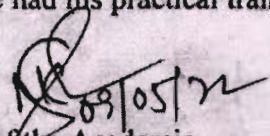
Date: 07/05/2022

  
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

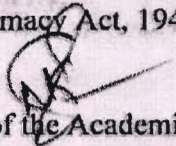
This form has been issued to Sri/Smt. SAURABH KUMAR

(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;

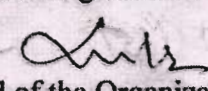
Cont...

- (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

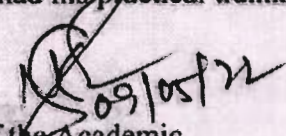
Date: 6/05/22

  
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.

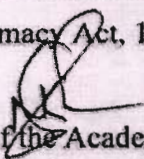
APPENDIX -E

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

Shadab  
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

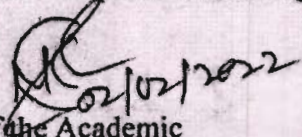
Date: 08/12/21

**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.

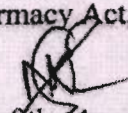
APPENDIX -E

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 Burana 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: —

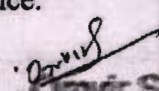
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

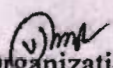
Date: 26-11-21

  
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

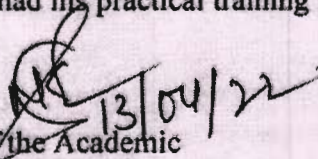
Date: 11-4-22

  
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.

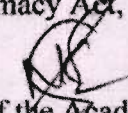
APPENDIX -E

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, Gora Khera  
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

*प्रभारी शिक्षाधिकारी*  
*प्र. प्र. 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

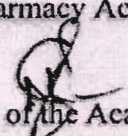
This form has been issued to Sri/Smt. AASIF

(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 Jamikhand (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  
Janl (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  
Janl (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.

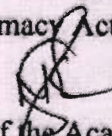
APPENDIX -E

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: --

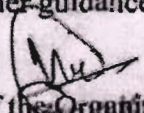
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

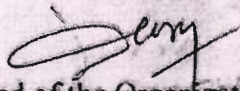
Date: 05/01/2022

  
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

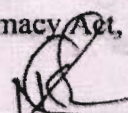
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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

*NS*  
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

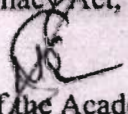
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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.

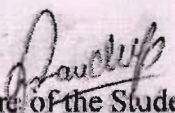
Date: 06/09/21

  
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

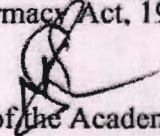
PRACTICAL TRAINING CONTRACT FORM FOR PHARMA

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: —

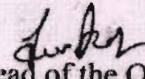
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

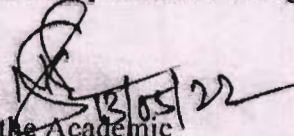
Date: 12/12/21

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.

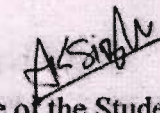
Date: 06/09/21

  
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

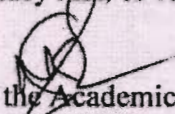
SECTION - I



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.

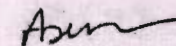
Date: 06-09-2021

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

SECTION - II

I Aryan Verma (Name of the Student Pharmacist)  
accept Yogendra Nath Pandey (Name of the Apprentice Master) of  
D.H. Ballia (Name of the College / Institution)  
D.H. Ballia (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. Aryan 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: —

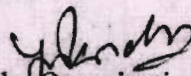
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

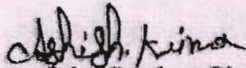
I ASHISH. KUMAR (Name of the Student Pharmacist)

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 (Baghela) 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

*Sanjay 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

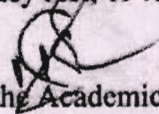
This form has been issued to Sri/Smt. ASHWANI SISODIA

(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. BAHUPAT

#### 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

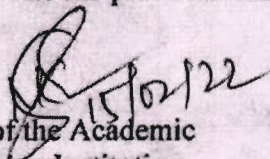
Date: 11/01/22

  
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

  
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



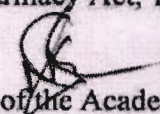
This form has been issued to Sri/Smt. Dushyant KUMAR

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

residing at Village - Dayampur Kanker 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.

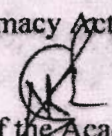
APPENDIX - E

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

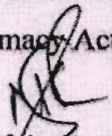
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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.

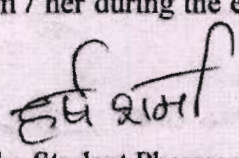
Date: 8-9-21

  
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: 28/11/2021

  
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 (Baghat)  
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  
वा. स्वा. केन्द्र, क़िशनपुर ब. (ब)  
जनपद बागपत (उ.प्र.)

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

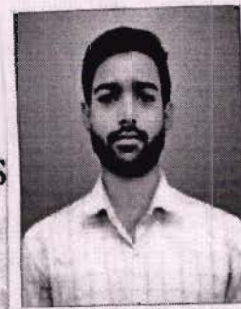
NOTE:

- 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

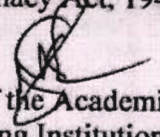
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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: —

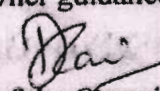
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

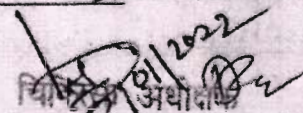
Date: 03/01/2022

  
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

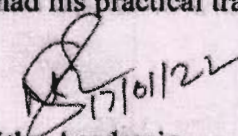
Date: 03/01/2022

  
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

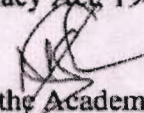
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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.

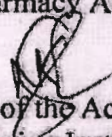
APPENDIX -E

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.

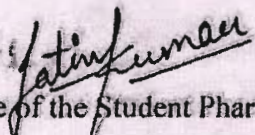
Date: 09/09/2021

  
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: —

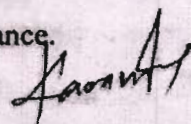
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

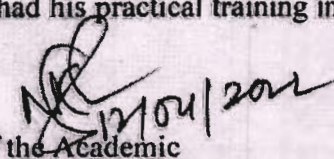
  
Head of the Organization or  
Pharmaceutical Division

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

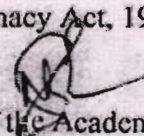
SECTION - I



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

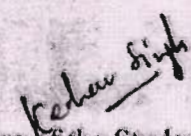
I KESHAV PRATAP SINGH (Name of the Student Pharmacist)

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

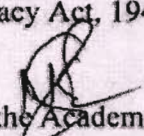
This form has been issued to Sri/Smt. Manish

(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;

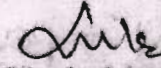
Cont...

- (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

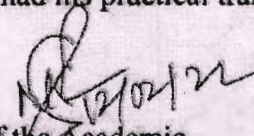
Date: 08-2-2022

  
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

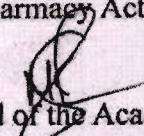
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. MANISH KUMAR  
(Name of student pharmacist) son of / daughter of M<sup>rs</sup>. 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 Kaushik (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 Kaushik (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

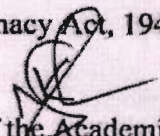
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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.

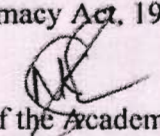
APPENDIX -E

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: ---

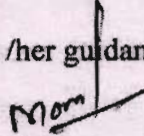
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

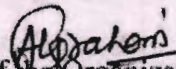
Date: 01/12/2021

  
Head of the Organization or  
Pharmaceutical Division  
प्रमारी चिकित्साधिकारी  
प्रास्वाकेन्द्र, 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 Giri (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 Giri (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.

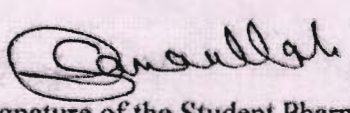
Date: 21/09/2021

  
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 Sanaulah  
(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

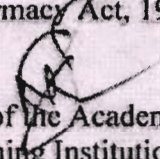
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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 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: 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



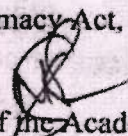
This form has been issued to Sri/Smt. MOHIT JAISWAL

(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)

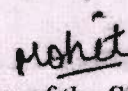
accept Rajesh Kumar Chaudhary Chief Pharmacist (Name of the Apprentice Master) of

(Name of the College / Institution)

C.H.C. Bhamhuv 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

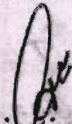
  
अधीक्षक  
सामुदायिक स्वास्थ्य केन्द्र-भानपुर  
बस्ती

  
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

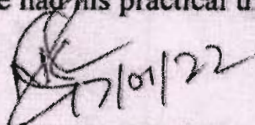
Date: 15-1-2022

  
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

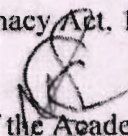


SECTION - I

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

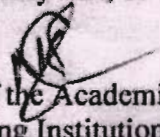
SECTION - I



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.

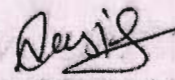
Date: 06/09/2021

  
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;

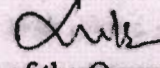
Cont...

- (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 01.2.22 for a period of 3 months in accordance with the details enumerated in SECTION III

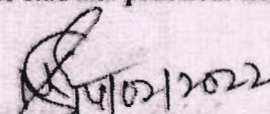
Date: 08/02/22

  
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

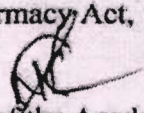
This form has been issued to Sri/Smt. NIKHIL

(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.



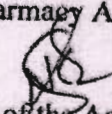
APPENDIX -E

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

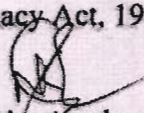
This form has been issued to Sri/Smt. Owais-khan

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

residing at Villa post- Dargah Distt. 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: —

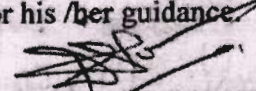
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

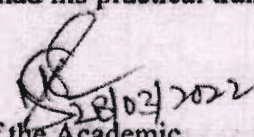
Date: 22.03.2022

  
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

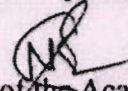
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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.

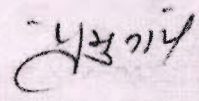
Date: 14/09/21

  
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;

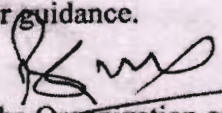
Cont...

- (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

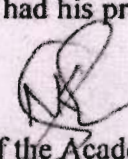
Date: 15-12-21

  
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)

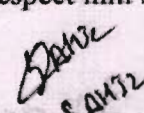
accept Sanjeev Kumar (Name of the Apprentice Master) of

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

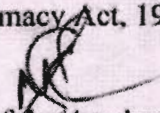
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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-(BAHUPAT)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

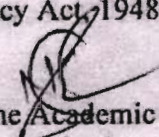


SECTION - I

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

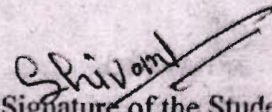
I Shivani (Name of the Student Pharmacist)

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.

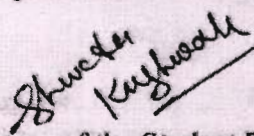
Date: 06/09/2021

  
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;

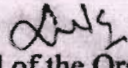
Cont...

- (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

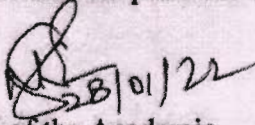
Date: 10-01-22

  
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

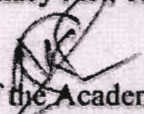
This form has been issued to Sri/Smt. STUTI PAL

(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

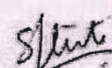
I STUTI PAL (Name of the Student Pharmacist)

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

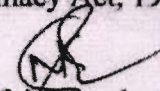
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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: —

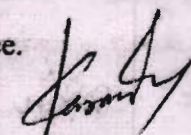
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

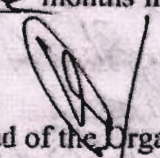
  
Head of the Organization or  
Pharmaceutical Division

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

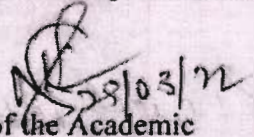
  
Head of the Organization or  
Pharmaceutical Division

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

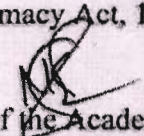
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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 BILNOR (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: —

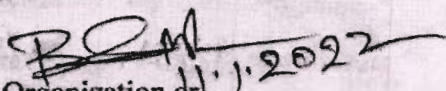
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

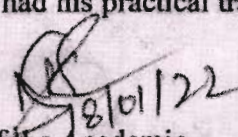
Date: 11.01.22

  
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

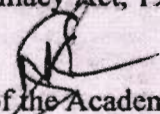
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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, HANIA, 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: —

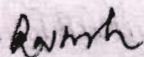
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

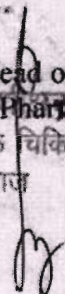
Date: 14/09/21

  
Head of the Organization or  
Pharmaceutical Division  
प्रमोदी अस्पताल  
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

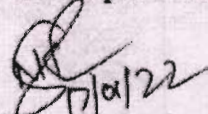
Date: 16/12/21

  
Head of the Organization or  
Pharmaceutical Division  
प्रमुख अस्पताल (विशाली)  
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



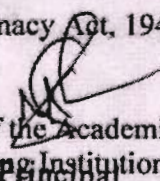
This form has been issued to Sri/Smt. SWATI GAUTAM

(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;

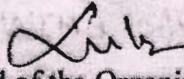
Cont...

- (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

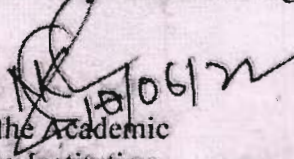
Date: 25-4-22

  
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.

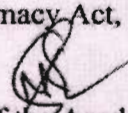
APPENDIX -E

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: —

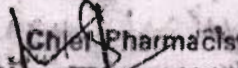
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

  
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

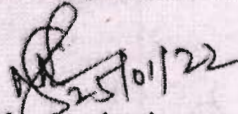
Date: 25/1/22

  
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

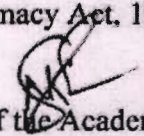


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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.

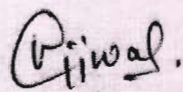
Date: 06/09/21

  
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: —

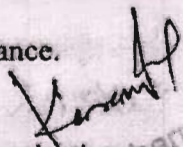
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

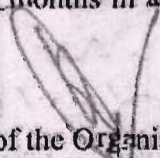
Date: 10/09/21

  
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

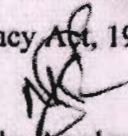
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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: —

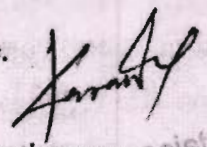
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

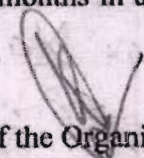
Date: 10/09/21

  
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 10/09/21 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 V A I B H A V Y A D A V (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



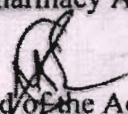
This form has been issued to Sri/Smt. VINAY KUMAR

(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.

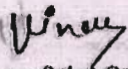
Date: 07/09/2021

  
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: —

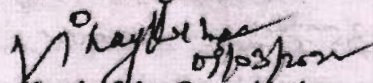
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

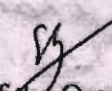
  
Head of the Organization or  
Pharmaceutical Division

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

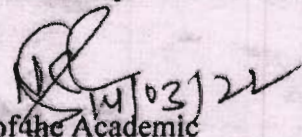
  
Head of the Organization or  
Pharmaceutical Division

SECTION - V

विक्रम अशिक्षा  
सामुहिक स्वा. केन्द्र 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

  
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.

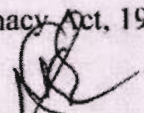
APPENDIX - E

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. Bhaumad. 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.

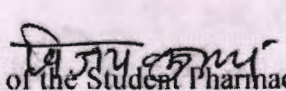
Date: 10-10-99

  
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: —

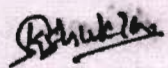
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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

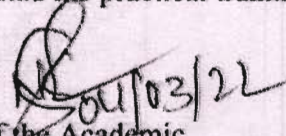
Date: 15-1-2021

  
Head of the Organization or  
Pharmaceutical Division  
गोरखपुर  
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.



Date: 28<sup>th</sup> Aug 2021

### Certificate of Completion

This is to certify that Abhishek has successfully completed his internship program in Database development program 28 Feb 2021 to 28 Aug 2021 at Indiamart Internship program.

During the period of his internship with us he was found punctual, hardworking and inquisitive.

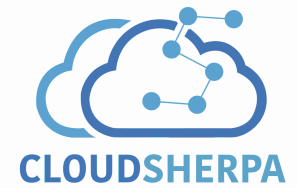
We wish him every success for his future endeavors.

**Sidharth Gupta**

**AVP-Human Resources**

# CLLOUDSHERPA DIGITAL SOLUTIONS

367 COLLINS ST, MELBOURNE, 3000



TO WHOMSOEVER IT MAY CONCERN

This is to certify that Akshat Kumar has successfully completed the 30 days internship at CloudSherpa as Social Media Marketing Intern. During this internship period, Akshat Kumar was found to be extremely hard-working and committed. The following were the responsibilities delegated to Akshat Kumar:

- Managing day-to-day activities and promotion of all social media platforms
- Ideating, creating and planning the content
- Working with teams virtually for increasing reach and brand awareness

WE WISH YOU ALL THE SUCCESS IN THE FUTURE.



**ROHAN KHANNA**  
**FOUNDER & CHIEF SHERPA**

## **Letter of Appointment**

**Dated: 27<sup>th</sup> August' 2021**

**Placement Officer  
MIET**

This is to confirm that **Mr. Ayush Rastogi** bearing **Roll No 1829210019**, student of **MIET**, have been offered the role of **Project Intern, IT** with **Blu Ocean Studios Private Limited**, with responsibilities into following domain:

Android development

The date of commencement for the Internship is **17<sup>th</sup> September 2021**, that shall end on or before **1<sup>st</sup> December 2021**

Stipend – minimum guaranteed stipend and other performance based perks and benefits

Location – Remote working

Benefits – A Certificate upon successful completion of the project

Other perks – Pre-placement offer for outstanding performance

I congratulate him on the appointment and welcome him to **Blu Ocean Studios Private Limited**

Wishing him All the Best



**Director  
Blu Ocean Studios Private Limited**



Naveen Kaushik <naveen.kaushik@mitmeerut.ac.in>

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## Internship Selection Update | 1 Student(s) Hired From Your College Last Week

1 message

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**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Aug 22, 2022 at 11:13 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Saumya Gupta	<a href="mailto:saumya.gupta.hs.2020@mitmeerut.ac.in">saumya.gupta.hs.2020@mitmeerut.ac.in</a>	2023	<a href="#">Muskurahat Foundation</a>	INR 5000-10000 lump sum

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Ashutosh Lokhande  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

## Internship Selection Update | 1 Student(s) Hired From Your College Last Week

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From: Internshala University Relations (university.relations@internshala.com)

To: naveen.kaushik2007@yahoo.co.in

Date: Monday, 10 January, 2022, 11:09 am IST

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Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

<b>Student Name</b>	<b>Email address</b>	<b>Graduation Year</b>	<b>Company Name</b>	<b>Stipend</b>
Shahnoor	shahnoor.cs.2018@mitmeerut.ac.in	2022	<a href="#">Muskurahat Foundation</a>	INR 5000-10000 lump sum

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 3 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Nov 15, 2021 at 11:11 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Umang Sindhu	<a href="mailto:umangsindhu123@gmail.com">umangsindhu123@gmail.com</a>	2023	<a href="#">Muskurahat Foundation</a>	INR 5000-10000 lump sum
Yash Bansal	<a href="mailto:yash.bansal.cs.2019@mitmeerut.ac.in">yash.bansal.cs.2019@mitmeerut.ac.in</a>	2023	<a href="#">Team Everest</a>	Performance Based
Umang Sindhu	<a href="mailto:umangsindhu123@gmail.com">umangsindhu123@gmail.com</a>	2023	<a href="#">Team Everest</a>	Performance Based

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 3 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Dec 13, 2021 at 11:11 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Nitin Chaudhary	<a href="mailto:nitin.chaudhary.cs.2019@mitmeerut.ac.in">nitin.chaudhary.cs.2019@mitmeerut.ac.in</a>	2023	<a href="#">Team Everest</a>	Performance Based
ARTH SANGWAN	<a href="mailto:arth.sangwan.ag.2019@mitmeerut.ac.in">arth.sangwan.ag.2019@mitmeerut.ac.in</a>	2023	<a href="#">Bhumi</a>	Performance Based
Ujjawal Jindal	<a href="mailto:jindalujjawal@gmail.com">jindalujjawal@gmail.com</a>	2023	<a href="#">BloodConnect</a>	Performance Based

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

## Internship Selection Update | 1 Student(s) Hired From Your College Last Week

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Sep 27, 2021 at 11:12 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

### List of the selected student(s) -

Student Name	Email address	Graduation Year	Company Name	Stipend
Yash Bansal	<a href="mailto:yash.bansal.cs.2019@mitmeerut.ac.in">yash.bansal.cs.2019@mitmeerut.ac.in</a>	2023	<a href="#">InAmigos Foundation</a>	INR 1000-4000 /week

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 4 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Sep 13, 2021 at 11:11 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Nishu Singh	<a href="mailto:nishu.singh.cs.2016@mitmeerut.ac.in">nishu.singh.cs.2016@mitmeerut.ac.in</a>	2020	<a href="#">Youth Empowerment Foundation</a>	Performance Based
Satyam Goel	<a href="mailto:Satyam.goel199@gmail.com">Satyam.goel199@gmail.com</a>	2021	<a href="#">Fulcrum Resources Private Limited</a>	INR 2000-5000 /month
Meet Tyagi	<a href="mailto:meettyagimrt01@gmail.com">meettyagimrt01@gmail.com</a>	2023	<a href="#">DhiSigma Systems Private Limited</a>	INR 5000-8000 /month

[Show all students\\*](#)View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

## Internship Selection Update | 1 Student(s) Hired From Your College Last Week

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Sep 12, 2022 at 11:14 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

### List of the selected student(s) -

Student Name	Email address	Graduation Year	Company Name	Stipend
Ujjawal Jindal	<a href="mailto:jindalujjawal@gmail.com">jindalujjawal@gmail.com</a>	2023	<a href="#">ICHARS</a>	Performance Based

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Ashutosh Lokhande  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

## Internship Selection Update | 2 Student(s) Hired From Your College Last Week

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Nov 14, 2022 at 11:17 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

### List of the selected student(s) -

Student Name	Email address	Graduation Year	Company Name	Stipend
ARSH KHAN	<a href="mailto:arsh9562@gmail.com">arsh9562@gmail.com</a>	2024	<a href="#">E-CELL IIT Roorkee</a>	Performance Based
Udit Chaudhary	<a href="mailto:uditchaudhary2103@gmail.com">uditchaudhary2103@gmail.com</a>	2021	<a href="#">A2Z Supermarket</a>	INR 1000 /month

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Ashutosh Lokhande  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 2 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Oct 24, 2022 at 11:16 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Nehil Jain	<a href="mailto:nehil.jain.cs.2021@mitmeerut.ac.in">nehil.jain.cs.2021@mitmeerut.ac.in</a>	2025	<a href="#">InAmigos Foundation</a>	INR 1000-4000 /week
Akriti Tyagi	<a href="mailto:akriti441@gmail.com">akriti441@gmail.com</a>	2026	<a href="#">InAmigos Foundation</a>	INR 1000-5000 /week

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Ashutosh Lokhande  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**3 student(s) from your college are learning new industry skills through Internshala Trainings**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Wed, Oct 5, 2022 at 11:03 AM

Dear Prof. Naveen,

Congratulations! Your students have taken a step ahead in their careers by enrolling for learning in-demand skills on Internshala. Please find their details below-

**List of enrollments in the last 15 days -**

Student name	Email address	Mobile number	Graduation year	Stream	Training Name	Completion date
Manas Mittal	<a href="mailto:mittalmanas03@gmail.com">mittalmanas03@gmail.com</a>	9675048005	2025	Computer Science Engineering (IoT)	<a href="#">Web Development</a>	18-11-2022
Shivam Kumar Nayak	<a href="mailto:shivam.nayak.me.2019@mitmeerut.ac.in">shivam.nayak.me.2019@mitmeerut.ac.in</a>	9693651571	2023	Mechanical Engineering	<a href="#">AutoCAD</a>	02-11-2022
Abhishek Gupta	<a href="mailto:ga.6oct97@gmail.com">ga.6oct97@gmail.com</a>	6205188224	2023	Civil Engineering	<a href="#">AutoCAD</a>	02-11-2022

**List of students who completed their training in the last 15 days -**

Student name	Email address	Mobile number	Graduation year	Stream	Training Name	Score
Shivam Kumar Nayak	<a href="mailto:shivam.nayak.me.2019@mitmeerut.ac.in">shivam.nayak.me.2019@mitmeerut.ac.in</a>	9693651571	2023	Mechanical Engineering	<a href="#">AutoCAD</a>	NA

View the overall training progress report of all your students by logging in to your student activity dashboard here - <https://internshala.com/i/106a31>

Want more students to learn the latest industry skills so they become job-ready? Reply to this email to schedule a call with us.

Regards,  
Aayushi Sharma  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 1 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Sep 26, 2022 at 11:14 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Utkarsh Kushwaha	<a href="mailto:utkarsh.kushwaha.cs.2019@mitmeerut.ac.in">utkarsh.kushwaha.cs.2019@mitmeerut.ac.in</a>	2023	<a href="#">CLink HR Services Private Limited</a>	INR 1500 /month

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Ashutosh Lokhande  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**2 student(s) from your college are learning new industry skills through Internshala Trainings**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Wed, Sep 7, 2022 at 11:03 AM

Dear Prof. Naveen,

Congratulations! Your students have taken a step ahead in their careers by enrolling for learning in-demand skills on Internshala. Please find their details below-

**List of enrollments in the last 15 days -**

Student name	Email address	Mobile number	Graduation year	Stream	Training Name	Completion date
Sidheswar Tiwari	<a href="mailto:sidheswar000222@gmail.com">sidheswar000222@gmail.com</a>	6005580661	2023	Computer Application	<a href="#">Android App Development</a>	10-11-2022
Abhishek Jha	<a href="mailto:abhishek.jha.cs.2020@mitmeerut.ac.in">abhishek.jha.cs.2020@mitmeerut.ac.in</a>	9835490474	2024	Computer Science & Engineering	<a href="#">Android App Development</a>	27-10-2022

View the overall training progress report of all your students by logging in to your student activity dashboard here - <https://internshala.com/i/a7c0a6>

Want more students to learn the latest industry skills so they become job-ready? Reply to this email to schedule a call with us.

Regards,  
Aayushi Sharma  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 2 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Aug 29, 2022 at 11:16 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Utkarsh Kushwaha	<a href="mailto:utkarsh.kushwaha.cs.2019@mitmeerut.ac.in">utkarsh.kushwaha.cs.2019@mitmeerut.ac.in</a>	2023	<a href="#">Business Shine Venture Private Limited</a>	INR 1000 /week
Malika Malik	<a href="mailto:malika.malik0301@gmail.com">malika.malik0301@gmail.com</a>	2022	<a href="#">Hamari Pahchan NGO</a>	Performance Based

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Ashutosh Lokhande  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**2 student(s) from your college are learning new industry skills through Internshala Trainings**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Wed, Jul 6, 2022 at 11:02 AM

Dear Prof. Naveen,

Congratulations! Your students have taken a step ahead in their careers by enrolling for learning in-demand skills on Internshala. Please find their details below-

**List of enrollments in the last 15 days -**

Student name	Email address	Mobile number	Graduation year	Stream	Training Name	Completion date
BALWANT SINGH CHAUHAN	<a href="mailto:balwant.chauhan.cs.2019@mitmeerut.ac.in">balwant.chauhan.cs.2019@mitmeerut.ac.in</a>	9170953720	2023	Computer Science & Engineering	<a href="#">Web Development</a>	26-08-2022
Manish Kumar	<a href="mailto:manish.kumar.cs.2019@mitmeerut.ac.in">manish.kumar.cs.2019@mitmeerut.ac.in</a>	9123234625	2023	Computer Science & Engineering	<a href="#">Web Development</a>	26-08-2022

View the overall training progress report of all your students by logging in to your student activity dashboard here - <https://internshala.com/i/e8099c>

Want more students to learn the latest industry skills so they become job-ready? Reply to this email to schedule a call with us.

Regards,  
Aayushi Sharma  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

## Internship Selection Update | 1 Student(s) Hired From Your College Last Week

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Jun 13, 2022 at 11:12 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

### List of the selected student(s) -

Student Name	Email address	Graduation Year	Company Name	Stipend
Divyanshu Sagar	<a href="mailto:divyanshusagar8171@gmail.com">divyanshusagar8171@gmail.com</a>	2023	<a href="#">Tare Zameen Foundation</a>	INR 1000 /month + Incentives

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Ashutosh Lokhande  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 1 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Jun 6, 2022 at 11:12 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Nishant Sirohi	<a href="mailto:nishantsirohicompany@gmail.com">nishantsirohicompany@gmail.com</a>	2024	<a href="#">OneAll Digital</a>	INR 7000-10000 /month

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

## Internship Selection Update | 1 Student(s) Hired From Your College Last Week

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Apr 4, 2022 at 11:11 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

### List of the selected student(s) -

Student Name	Email address	Graduation Year	Company Name	Stipend
Satyam Sharma	<a href="mailto:17sharma.satyam@gmail.com">17sharma.satyam@gmail.com</a>	2023	<a href="#">InAmigos Foundation</a>	INR 1000-5000 /week

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 4 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Mar 14, 2022 at 11:12 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Tanishk Tyagi	<a href="mailto:tanishk.tyagi.ece.2020@miet.ac.in">tanishk.tyagi.ece.2020@miet.ac.in</a>	2024	<a href="#">Bhumi</a>	Performance Based
Rashi Jain	<a href="mailto:rashi.jain.bba.2020@mitmeerut.ac.in">rashi.jain.bba.2020@mitmeerut.ac.in</a>	2023	<a href="#">Creative Mediapulse Technologies Private Limited (CMPTL)</a>	INR 3000 /month
Sakshi Taliyan	<a href="mailto:sakshitaliyan1@gmail.com">sakshitaliyan1@gmail.com</a>	2021	<a href="#">Talent Corner HR Services</a>	INR 2000 /month

[Show all students\\*](#)View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

## Internship Selection Update | 2 Student(s) Hired From Your College Last Week

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Mar 7, 2022 at 11:16 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

### List of the selected student(s) -

Student Name	Email address	Graduation Year	Company Name	Stipend
Tushar Sharma	<a href="mailto:ts6261423@gmail.com">ts6261423@gmail.com</a>	2024	<a href="#">IIT Delhi- Rendezvous</a>	Performance Based
ADITYA CHAUHAN	<a href="mailto:aditya.chuahan.ec.2019@mitmeerut.ac.in">aditya.chuahan.ec.2019@mitmeerut.ac.in</a>	2023	<a href="#">IIT Delhi- Rendezvous</a>	Performance Based

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 3 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Nov 22, 2021 at 11:11 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Umang Sindhu	<a href="mailto:umangsindhu123@gmail.com">umangsindhu123@gmail.com</a>	2023	<a href="#">Tare Zameen Foundation</a>	INR 1000 /month + Incentives
Mohd Ali	<a href="mailto:mohd.ali.bca.2020@mitmeerut.ac.in">mohd.ali.bca.2020@mitmeerut.ac.in</a>	2023	<a href="#">Tare Zameen Foundation</a>	INR 1000 /month + Incentives
Mohd Ali	<a href="mailto:mohd.ali.bca.2020@mitmeerut.ac.in">mohd.ali.bca.2020@mitmeerut.ac.in</a>	2023	<a href="#">Muskurahat Foundation</a>	INR 5000-10000 lump sum

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 4 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Sep 13, 2021 at 11:11 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Nishu Singh	<a href="mailto:nishu.singh.cs.2016@mitmeerut.ac.in">nishu.singh.cs.2016@mitmeerut.ac.in</a>	2020	<a href="#">Youth Empowerment Foundation</a>	Performance Based
Satyam Goel	<a href="mailto:Satyam.goel199@gmail.com">Satyam.goel199@gmail.com</a>	2021	<a href="#">Fulcrum Resources Private Limited</a>	INR 2000-5000 /month
Meet Tyagi	<a href="mailto:meettyagimrt01@gmail.com">meettyagimrt01@gmail.com</a>	2023	<a href="#">DhiSigma Systems Private Limited</a>	INR 5000-8000 /month

[Show all students\\*](#)

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 1 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Aug 2, 2021 at 11:11 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Saumya Gupta	<a href="mailto:saumya.gupta.hs.2020@mitmeerut.ac.in">saumya.gupta.hs.2020@mitmeerut.ac.in</a>	2023	<a href="#">United Nations Volunteer</a>	Performance Based

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 1 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Jul 26, 2021 at 11:11 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Mohd Shahroz	<a href="mailto:mohd.shahroz.cs.2018@mitmeerut.ac.in">mohd.shahroz.cs.2018@mitmeerut.ac.in</a>	2022	<a href="#">YuWaah - India (UNICEF)</a>	Performance Based

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 2 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Jun 21, 2021 at 11:09 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Riddhi Kaushik	<a href="mailto:riddhi.kaushik.cs.2019@mitmeerut.ac.in">riddhi.kaushik.cs.2019@mitmeerut.ac.in</a>	2023	<a href="#">Muskurahat Foundation</a>	INR 5000-10000 lump sum
Riddhi Kaushik	<a href="mailto:riddhi.kaushik.cs.2019@mitmeerut.ac.in">riddhi.kaushik.cs.2019@mitmeerut.ac.in</a>	2023	<a href="#">Muskurahat Foundation</a>	INR 5000-10000 lump sum

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 3 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, May 31, 2021 at 11:09 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Aman Sharma	<a href="mailto:amansha234@gmail.com">amansha234@gmail.com</a>	2022	<a href="#">Dridhsankalp Foundation</a>	Performance Based
Yash Bansal	<a href="mailto:yash.bansal.cs.2019@mitmeerut.ac.in">yash.bansal.cs.2019@mitmeerut.ac.in</a>	2023	<a href="#">IIM Bangalore, Business Summit</a>	Performance Based
PRATEEK GOEL	<a href="mailto:prateek.goel.cs.2019@mitmeerut.ac.in">prateek.goel.cs.2019@mitmeerut.ac.in</a>	2023	<a href="#">IIM Bangalore, Business Summit</a>	Performance Based

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

## Internship Selection Update | 1 Student(s) Hired From Your College Last Week

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, May 17, 2021 at 11:09 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

### List of the selected student(s) -

Student Name	Email address	Graduation Year	Company Name	Stipend
Meet Tyagi	<a href="mailto:meettyagimrt01@gmail.com">meettyagimrt01@gmail.com</a>	2023	<a href="#">Snapdeal</a>	Performance Based

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

**Internship Selection Update | 6 Student(s) Hired From Your College Last Week**

1 message

**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, May 10, 2021 at 11:11 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
Vishnu Pachauri	<a href="mailto:vishnu.pachauri.bca.2018@mitmeerut.ac.in">vishnu.pachauri.bca.2018@mitmeerut.ac.in</a>	2021	<a href="#">ZoloStays</a>	INR 5000 /month
Priyanshi Nishad	<a href="mailto:priyanshinishad2@gmail.com">priyanshinishad2@gmail.com</a>	2021	<a href="#">Prince Rawat</a>	INR 1000 /month
Priyanshi Nishad	<a href="mailto:priyanshinishad2@gmail.com">priyanshinishad2@gmail.com</a>	2021	<a href="#">Zotezo Com Enterprise Private Limited</a>	INR 2000 /month + Incentives

[Show all students\\*](#)View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

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**Internship Selection Update | 1 Student(s) Hired From Your College Last Week**

2 messages

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**Internshala University Relations** <university.relations@internshala.com>  
Reply-To: Internshala University Relations <university.relations@internshala.com>  
To: naveen.kaushik@mitmeerut.ac.in

Mon, Apr 5, 2021 at 11:08 AM

Dear Prof. Naveen Kaushik,

I am happy to inform you that the following student(s) from Meerut Institute of Technology have been hired for an internship listed on Internshala, since last week.

**List of the selected student(s) -**

Student Name	Email address	Graduation Year	Company Name	Stipend
PRATEEK GOEL	<a href="mailto:prateek.goel.cs.2019@mitmeerut.ac.in">prateek.goel.cs.2019@mitmeerut.ac.in</a>	2023	<a href="#">AdvertOcean</a>	INR 1000 /month

View the overall reports on hired or registered students from your college by logging in to your student activity dashboard here - [https://internshala.com/tnp/dashboard?utm\\_source=weekly\\_hired](https://internshala.com/tnp/dashboard?utm_source=weekly_hired).

Look forward to helping more students find meaningful internships.

Regards,  
Samay Bhatnagar  
Manager - University Relations  
Phone - +91 - 89292 94027  
[Internshala](#) - internship partner of AICTE.

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**Naveen Kaushik** <naveen.kaushik@mitmeerut.ac.in>  
To: Ayush Singhal <ayush.singhal@mitmeerut.ac.in>

Mon, Apr 5, 2021 at 11:12 AM

[Quoted text hidden]