

# Central India Institute of Pharmacy

Godhani Rly . Nagpur,

---

No.CIIP /PHARM /Pract.Trg20

Date:

## To Whomsoever It May Concern.

Mr./ Ms/ Mrs. \_\_\_\_\_

Is a bonafide student of this institute . He/ She has completed two year of academic training of Diploma in Pharmacy ( Part I & II ) and has to undergo practical training for 500 hours spread over a period of not less than three months as per chapter III of Education Regulation 91 under Pharmacy Act 1948 in recognized institute . The details of conditions of practical training are enclosed overleaf .

Therefore it is requested to accommodate the said student in your Hospital /Dispensary/ Pharmacy in case the vacancy exists . the concerned student is provided with necessary documents .

**Nagpur :**

**Date:**

**Principal**

---

## Joining Report

Mr./Ms. / Mrs. \_\_\_\_\_ has

(Name of the trainee)

Joined this \_\_\_\_\_

(Name & Address of the Institute /orgnnisation )

Pracitcal training on \_\_\_\_\_ Under Shri \_\_\_\_\_

(Date of Joining)

(Name of Apprentice Master)

With Registration No. \_\_\_\_\_

Nagpur :

**Date:**

**Principal**

# Central India Institute of Pharmacy

Godhani Rly . Nagpur,

---

## APPENDIX E

(See Regulation 21(I))

### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### Section –I

This form has been issued to Mr./ Ms. / Mrs. \_\_\_\_\_

(Name of student Pharmacists)

Son / daughter of \_\_\_\_\_ residing at

( Name of Father of student pharmacist )

---

( Address of student pharmacist )

Who has produced evidence before me that he / she entitled to receive the practical training as set out in the education Regulation framed under section 10 of pharmacy act 1948

**Date :**

**Principal**

---

#### Section –II

I \_\_\_\_\_ accept \_\_\_\_\_

(Name of the student pharmacist )

(Name of Apprentice Master)

Of \_\_\_\_\_ as my Apprentice Master for the above training & agree to obey & respect him/ her during the entire period of my training .

**Date:**

**Signature of student pharmacist**

### Section –III

I \_\_\_\_\_ accept

(Name of Apprentice Master with )

\_\_\_\_\_ as trainer &

( Name of Student Pharmacist)

Agree to give him /her training facilities in my organization so that during his/training he/she/acquire

1. Working knowledge of records by various Acts affecting the profession of Pharmacy .
2. Practical experience in
  - a)The manipulation of pharmaceutical apparatus in common use/
  - b)The regarding , translation & copying of prescriptions including checking of doses.
  - c) the dispensing of prescriptions including illustrating that commoner methods of administrating medicaments &
  - d) The storage of drugs & medical preparations

I also agree that the registered pharmacist shall be assigned for his / her guidance .

**Date :-**

**(Apprentices Master )**

**Name & address of institute / organization**

---

### Section –IV

I certify \_\_\_\_\_ has undergone \_\_\_\_\_ hours  
(Name of student Pharmacia)

Training spread over \_\_\_\_Months in accordance with the details enumerated is section III.

**Date:-**

**( Head of organization of pharmaceutical division )**

---

### Section V

I certify that \_\_\_\_\_ has completed in all respects his/ her practical training under Regulation 20 of Education Regulations formed under Section 10 Pharmacy act 1948 . He/ She undergone practical training in an institute approved by the Pharmacy Council of India .

**Date :**

**Principal**