

# Acharya Chanakya Mahavidyalaya Faculty of Pharmacy

Affiliated to BTE- Lucknow & Approved by AICTE New Delhi PCI- New Delhi, (Mahmoodpur Semari Sultanpur, Pin-228142)

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## APPENDIX -E

### PRACTICAL TRAINING CONTRACT FOR PHARMACIST

#### Section-I

This form has been issued ..... Son/Daughter of ..... residing at ..... Who produce evidence before me that he is entitle to receive the practical training as set out in the education regulation framed under section 1 the pharmacy Act 1948.

Date- .....

Place-.....

Academic Session

**Director**

Acharya Chanakya Mahavidyalaya Faculty of Pharmacy

Mamhmoodpur Semari Sultanpur 228142

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#### Section-II

I ..... accept .....

(Name of Student Pharmacist)

(Name of Apprentice Pharmacist)

Of .....as my apprentice master for the above.

( Name of establishment, Hospital or Pharmacy)

Training and agree to obey and respect him/her the entire period of my training.

Signature.....

(Name of Student Pharmacist)

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#### Section-III

I.....accept .....as a training and I

(Name of Apprentice Pharmacist)

(Name of Student Pharmacist)

agree to give her training facilities in my acquire.

1-Working knowledge of keeping record required by the various acts affecting the profession of pharmacy.

2-Practical experience in.

- (a) The manipulation of pharmaceutical apparatus in common use.
- (b) The reading translation and copying of prescription including the checking of dose.
- (c) The dispensing of prescription illustration the commoner methods of administering medicaments.
- (d) The Storage of drugs and medicinal preparation.

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

Signature of Apprentice master .....

Name and address of establishment.....

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#### Section-IV

I Certify that ..... (Name of Pharmacist) has underground ..... Hours Training spread

Over ..... months in accordance with the details enumerated in section III.

Date.....

(Head of the Organization or Pharmaceutical division)

Place.....

Seal

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#### Section-V

I Certify that ..... (Name of Pharmacist) has completed in all respect his practical training under regulation 20 of Educational Regulations framed under section 10 of the pharmacy Act 1948. He had practical training in an Institution approved by pharmacy Council of India.

Date.....

**Director**

Place.....

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