J.E.S. Institute of Pharmacy, Jalna.

C E R T I F I C A T E

This is to certify that …….. has undergone …….. hours practical training spread over …….. months (i.e. from ……..…… to ...……..) in my oraganization. I have given him/her training facilities is my organization to acquire.

1. Working knowledge of keeping of records required by the various Acts effecting the profession of Pharmacy and
2. Practical experience in:-
   a) The manipulation of pharmaceutical in common use.
   b) The reading, translation and copying of prescription including the checking of doses.
   c) The dispensing of prescription illustrating the commoner methods of administering medicaments and
   d) The storage of drugs and medicinal preparations.

Also I certify that a Registered Pharmacist was assigned for his/her guidance. I have kept the attendance records of …….. ……. for the above mentioned period with me.

(APPRENTICE MASTER)
(NAME AND ADDRESS OF THE INSTITUTION)

DRUG LICENCE NUMBER :……

REGISTRATION NIMBER :……

J.E.S. Institute of Pharmacy, Jalna.

Practical Training Contract Form for Pharmacists.

SECTION I

This form has been issued to ……..
(Name of student pharmacist)

Son of / daughter of ……..

Residing at ……..

Who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulation, 2020 made under section 10 of the pharmacy Act. 1948.

Date ……..

SECTION II

I ……..……..accept…….……
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of …….
(Name of the 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 : _____

Place: _____ (Student Pharmacist)

SECTION III

I …… accept
(Name of the Apprentice Master)

…….. as a
(Name of the Student Pharmacist)

trainee and I agree to give him/her training facilities in my organization so that during his/her training he/she may acquire:

1. Working knowledge of keeping of records required by the various Acts affecting Profession of pharmacy; and
2. Practice experience in
   1. Stocking of Drugs and Medical Devices.
   2. Inventory control procedures.
   3. Handling of prescriptions.
   4. Dispensing
   5. Patient Counseling

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

Place:_____

Date of Commencement:_____ (Apprentice Master)
(Name and address of the Institution)

SECTION IV

I certify that …….. had
(Name of Student pharmacist)

has Undergone …..…….. hours training spread over …….. months in accordance With the details enumerated in SECTION III.

Date of Completion:_____

Place: _____

(The Head of Institution Hospital or Pharmacy imparting practical training)

SECTION V

I certify that ……..
(Name of student pharmacist)

has completed in all respect his practical training under regulation 18 of the Education Regulation 2020 made under section 10 of the pharmacy Act, 1948. He had his practical training in an Institution approved by the pharmacy Council of India.

Date ……..

(Head of the Academic Institution)

Trainer/Supervisor's rating of the Student's Performance
(Please put a tick mark in the appropriate column)

Name of the Student Pharmacist ……..

Sr. No.	**Characteristic**	**RATING**			
		Very Good	Good	Satisfactory	Unsatisfactory
1	Regularity				
2	Punctuality				
3	Accuracy				
4	Neatness				
5	Initiative				
6	Insight for the understanding of work				
7	The sense in carrying out the assigned duties				
8	Involvement in the work				
9	Willingness to take up additional work				
10	Maturity in Interpersonal relations				

Other observations, if any :

PLACE:

DATE:

Signature:

Designation: Seal of the Training Organisation

Trainer/Supervisor's rating of the Student's Performance
(Please put a tick mark in the appropriate column)

Name of the Student Pharmacist ……

Sr. No.	Characteristic	RATING			
		Very Good	Good	Satisfactory	Unsatisfactory
1	Regularity				
2	Punctuality				
3	Accuracy				
4	Neatness				
5	Initiative				
6	Insight for the understanding of work				
7	The sense in carrying out the assigned duties				
8	Involvement in the work				
9	Willingness to take up additional work				
10	Maturity in Interpersonal relations				

Other observations, if any :

PLACE:

DATE:

Signature:

Designation:

J.E.S. Institute of Pharmacy, Jalna.