

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt _____

(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 Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: _____ Head of the Academic Training Institution

SECTION - II

I _____ (Name of the Student Pharmacist)

accept _____ (Name of the Apprentice Master)

of _____ (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: _____

Signature of the Student Pharmacist

SECTION - III

I, _____ (Name of the Apprentice Master)

accept Sri / Smt _____

(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;
 - 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: _____ Head of the Organization or Pharmaceutical Division

SECTION - IV

I certify that _____ (Name of student Pharmacist) has undergone _____ hours training spread over from Date: _____ to _____ for a period of _____ Months in accordance with the details enumerated in SECTION III

Date: _____ Head of the Organization or Pharmaceutical Division

SECTION - V

I certify that _____ (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: _____ 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
- 4) Training Contract Form for qualification as a Pharmacist 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.