

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION-I

Memo No. GPU/Pharm/

Date:

This form has been issued to _____ Son/daughter of _____ residing at _____, who has produced evidence before me he/she is entitled to receive the Practical Training as set out in the Education Regulation framed under section 10 of the Pharmacy Act, 1948.

Date:

Head of the Academic Training
Institution

SECTION-II

I _____ (Name of Student Pharmacist) accept _____ (Name of Apprentice Master) of _____ (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:

.....
(Student Pharmacist)

SECTION-III

I, _____ (Name of Apprentice Master) accept _____ (Name of Student Pharmacist) as a 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 various Acts affecting the profession of Pharmacy; and
2. Practical experience in
 - (a) The manipulation of pharmaceutical apparatus in common use;
 - (b) The reading, translation and copying of prescriptions including the checking of doses;
 - (c) The dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
 - (d) The storage of drugs and medicinal preparations.

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

Date:

(Apprentice Master)

(Name and Address of the Institute)

SECTION-IV

Memo No.

Date:

I certify that _____ (Name of Student Pharmacist) has undergone _____ hours training spread over _____ months from dated _____ to _____ in accordance with the details enumerated in SECTION-III.

Date:

(Head of the Organization of Pharmaceutical Division)

SECTION-V

Memo No. GPU/Pharm/

Date:

I certify that _____ has completed in all the respect his practical training under regulation 20 of the Education Regulation 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 Institution)