

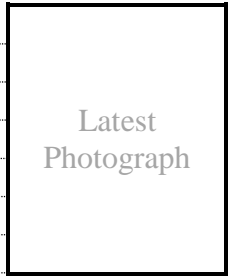
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ANNEXURE "A"

**Application for allotment of Institution for Practical Training for
Diploma in Pharmacy Course. (Education Regulation 2020)**

- 1. Name of the student :
- 2. Enrollment number :
- 3. Date of Birth :
- 4. Gender :
- 5. Permanent Address :
With contact details



Pin code:															Mo:														
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- 6. Name of Institute / College. : Vidhyadeep Institute of Pharmacy
- 7. E.R.20 Followed : Yes
- 8. Details of the examination passed:

Sr. No.	Exam passed	Seat no.	Month of Exam	Exam Conducting Authority	YGPA/ Percentage
1.	D. Pharm Year- I	:			
2.	D. Pharm Year- II	:			

- 8. Institution where training is required in the order of preference
 - 1.Hospitals/Dispensaries run by Central/State Govt.
 - 2.Pharmacy, Chemist and Druggist Licensed under Drugs and Cosmetics Rules, 1945 made under the Drugs and Cosmetics Act 1940 (23 of 194)
 - 3.Drugs manufacturing Unit licensed under the Drugs and Cosmetics Act, 1940 & Rules made thereunder.

9. Signature of the candidate with date :

Date: ___ / ___ / ___

ANNEXURE 'B'

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(this is referred to Appendix 'D' in the Education Regulations 2020 for the Diploma Course in Pharmacy (see regulation 19(1) of Education Regulation 2020)

SECTION I

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

Son / 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, 2020 made under section 10 of the Pharmacy Act, 1948.

Date:

**The Head of Institution imparting
practical training**

SECTION II

I _____ accept
(Name of the Student Pharmacist)

_____ of _____
(Name of the Apprentice Master) (Name of the 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.

(Student Pharmacist)

SECTION III

I, _____ accept
(Name of the Apprentice Master)
_____ as a trainee and I agree
(Name of the student pharmacist)

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 the profession of pharmacy; and
2. Practical 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.

Date:

(Apprentice Master)
(Name & address of the Institution)

(seal)

SECTION IV

I certify that _____ had has undergone
(Name of student pharmacists)
_____ hours training spread over _____ months (from _____ to _____)
in accordance with the details enumerated in **Section III**.

**Sign of trainer Pharmacist
Name and PRC No**

**(Head of Institution imparting
practical training)**

SECTION V

I certify that _____ has completed
(Name of student pharmacists)
in all respect his practical training under regulation 18 of the Education Regulations, 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)