

Appendix-D
[See regulations 19(1)]
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 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) _____
_____ (Name of the Apprentice Master) of _____
(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 (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 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.

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

SECTION IV

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

(The Head of Institution imparting practical training)

SECTION V

I certify that _____ has (Name of student pharmacists) completed 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)