



**Mula Education Society's**  
**Mula Rural Institute Of Pharmacy, Sonai**  
Tal. Newasa, Dist. Ahmednagar, Maharashtra – 414105

---

**Annexure I**

**Practical Training Contract Form for Pharmacists.**

**(Certificate for completion of Dip. In Pharmacy, Part III)**

**Section I**

This form has been issued to \_\_\_\_\_ (Name of student pharmacist) Son of / daughter of \_\_\_\_\_ Residing \_\_\_\_\_ who has produced evidence before we that he/she is entitled to receive the practical Training as set out in the Education Regulation framed under 10 of the pharmacy Act. 1948

Place \_\_\_\_\_

Date \_\_\_\_\_ Principal/Head of the Diploma in pharmacy

---

**Section II**

1. \_\_\_\_\_ accept

(Name of student pharmacist) \_\_\_\_\_ (Name of the Apprentice Master)  
of \_\_\_\_\_ as my Apprentice  
Master

(Name of the Institute, Hospital/ pharmacy)

For the above training and agree to obey and respect him/her during the entire period of my training.

Place \_\_\_\_\_

Date \_\_\_\_\_ (Student Pharmacist)

---

### Section III

1. \_\_\_\_\_ accept \_\_\_\_\_  
(Name of the Apprentice Master) (Name of the 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 the various Acts affecting the Profession of pharmacy: and
  2. Practice experience in
    - a. the manipulation of pharmaceutical apparatus in common use;
    - b. The recognition of chief crude drugs and chemical substances used in medicine;
    - c. The reading, translation and copying of prescriptions including the checking of doses;
    - d. The dispensing of prescription 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.

Place:-

Date \_\_\_\_\_

Master)

(Apprentice

(Name and address of  
the Institution)  
Registration no.

---

---

#### **Section IV**

I certify that \_\_\_\_\_ has  
under gone \_\_\_\_\_ hours training spread over \_\_\_\_\_ months in accordance  
With the details enumerated in section III.

Drug License No:-

Place

Date \_\_\_\_\_  
Division

Head of the Organization / Pharmaceutical

---

#### **Section V**

I certify that \_\_\_\_\_  
(Name of the student) has completed in all 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 by the pharmacy Council of India.

Place

Date \_\_\_\_\_  
pharmacy

Principal/Head of the Dept. of Diploma

## Trainer/Supervisor's rating of the Student's Performance

(Please put a tick mark in the appropriate column)

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 the 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 Organization