

**PRACTICAL TRAINING CONTRACT FORM
FOR PHARMACISTS**

Photograph duly Attested

SECTION – I (Head of the Institution imparting Practical Training)

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

Son /daughter of Sh. _____ residing at _____
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulation, 2020 made under section 10 of the Pharmacy Act, 1948.

Date: _____

(Head of the Institution imparting training)

SECTION – II (Student Pharmacist)

I _____ accept _____
(Name of Student Pharmacist) (Name of the Apprentice Master)
of _____ as my Apprentice Master for the above training and agree
(Name of the Institution, Hospital or Pharmacy)
to obey and respect him/ her during the entire period of my training.

Date: _____

(Student Pharmacist)

SECTION –III (Apprentice Master)

I _____ accept Mr./ Ms. _____
(Name of Apprentice Master) (Name of 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:-

1) Stocking of Drugs and Medical Devices	4) Dispensing
2) Inventory control procedures	5) Patient counseling
3) Handling of prescription	

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

Date: _____

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

SECTION –IV (Head of Institution imparting practical training)

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

Date: _____

(The Head of Institution imparting practical training)

SECTION – V (Head of the Academic Institution)

I certify that _____ has completed in all respect his practical training under
(Name of Student Pharmacist)
regulation 18 of the Education Regulations, 2020 made under section 10 of the Pharmacy Act, 1948. He / She had his practical training in an institution approved by the Pharmacy Council of India.

Date: _____

(Head of the Academic Institution)