



# Laureate Institute of Pharmacy

(Approved by PCI & AICTE, New Delhi and H.P. Govt.)

Affiliated to Himachal Pradesh Technical University, Hamirpur

V.P.O Kathog, Tehsil Jawalamukhi, Distt. Kangra, H.P. Pin Code 176031

## APPLICATION FOR THE ALLOTMENT OF HOSPITAL FOR PRACTICAL TRAINING FOR DIPLOMA IN PHARMACY COURSE

1. Name of the student :
2. Date of Birth :
3. Sex :
4. Permanent Address:
5. College where the Candidate has undergone : Laureate Institute of Pharmacy, Kathog
- D. Pharm Course
6. Whether E.R 91 or ER 20 followed :
7. Details of Examination :

S.No	Exam Passed	Reg. No.	Month of Exam	Exam Conducting authority	% of Marks
1.	D.Pharmacy 1 <sup>st</sup> year			Himachal Pradesh Takniki Shiksha Board	
2.	D.Pharmacy 2 <sup>nd</sup> year			Himachal Pradesh Takniki Shiksha Board	

8. Institution/ Hospital where training is required:

Signature of student with date:



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Appendix-E [See regulations 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION I

This form has been issued \_\_\_\_\_ (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 framed under section 10 of the Pharmacy Act, 1948.

Date:

Principal

### SECTION II

I \_\_\_\_\_ (Name of the Student Pharmacist) accept  
\_\_\_\_\_ (Name of the 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.

(Student Pharmacist)

### SECTION III

I, \_\_\_\_\_ (Name of the Apprentice Master)  
accept \_\_\_\_\_ (Name of the student pharmacist)  
of \_\_\_\_\_ (Name of the Institution), 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 :
  - (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

(Apprentice Master)

(Name & address of the Institution)

#### **SECTION IV**

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

**(Head of the Organization or Pharmaceutical Division)**

#### **SECTION V**

I certify that \_\_\_\_\_ (Name of student pharmacists) has completed in all respect his practical training under regulation 20 of the Education Regulations 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)**

**Laureate Institute of Pharmacy,  
Kathog, Jawlamukhi, Himachal Pradesh**