

ANNEXURE: 'A'

(See Paragraph 3 II (1) of G.O (MS) No.18/95/H&FWD dt.21.1.1995)

GOVERNMENT OF KERALA

Application for allotment of Institution for Practical Training for
Diploma in Pharmacy Course.

1. Name of the Student :
2. Date of Birth (in figures & words) :
3. Sex :
4. Permanent address :
5. College where the candidate has undergone D,Pharm course :
6. Whether E.R.81 or E.R 91 followed :
7. Details of the Examination passed (whether one year or two year course undergone to be specified) :

Sl.No.	Exam passed	Reg.No.	Month of Exam	Exam conducting Authority	% of Marks
1.	D.Pharm Part II				
2.	D.Pharm Part I				
3.	Pre-Degree or equivalents				
8.	Institution where training is required in the order of preference		(1. (2. (3.		
9.	Signature of the candidate with date				

ANNEXURE 'B'

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(This is referred to Appendix 'E' in the Education Regulations 1991 for the Diploma Course in Pharmacy (See regulation 21 (I) of Education Regulation 1991 and Paragraph 3 (i) of G.O. (MS) No.18/95/H&FWD dt.21.1.1995)

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 framed under Section 10 of the Pharmacy Act, 1948.

Date:

The Head of the Academic
Training Institution.

Section II

I ----- (Name of the student Pharmacist)
accept----- (Name of the Apprentice Master) of -----
----- (Name of Institution) 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 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.

Date:

Name of the Trainer
Pharmacist }
}

PRC No

Signature of
Head of the Institution
(APPRENTICE MASTER)
(Name and Address of the Institution)

(Seal)

Section IV

I certify that ----- (Name of the student Pharmacist) has undergone -----hours training spread over----- months (From----- to -----) in accordance with the details enumerated in section III.

Date:

Signature of Trainer Pharmacist
Name&PRC No

(Head of the Organization or
Pharmaceutical Division)

Section V

I certify that ----- (Name of student pharmacist) 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 by the Pharmacy Council of India.

Date:

(Head of the Academic Institution)