

# NETAJI SUBHAS CHANDRA BOSE INSTITUTE OF PHARMACY

TATLA, P.O. CHAKDAHA., DIST. NADIA, PIN 741222

## **PRACTICE SCHOOL CONTRACT FORM**

### **FOR TRAINEE PHARMACISTS**

#### 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 Regulations framed under section 10 of the Pharmacy Act, 1948.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Professor-in-charge  
Training and Placement Cell, NSCBIP

#### SECTION- II

I ----- (Name of the student) accept  
----- (Name of the Apprentice Master / Registered Pharmacist) of ----- (Name of the Medicine Store / Hospital) as my Apprentice Master for the above training and agree to obey and respect him/ her during the entire period of my training.

Dated:

\_\_\_\_\_  
(Full signature of the student)

### SECTION- III

I ----- (Name of  
the Apprentice Master/ Registered Pharmacist) accept -----  
----- (Name of the student) as a

trainee and I agree to give him/her training facilities in my organization so that  
during his/ her training he/ she 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 manipulations 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 common method 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.

Dated: -----

Signature of the Apprentice Master / Registered Pharmacist

## SECTION- IV

(Applicable if training is performed in Hospital)

I certify that -----(Name of the Student)  
has under gone ----- hours of training in accordance with the details  
enumerated in SECTION III.

Dated:

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Signature of Superintendent / B.M.O.H

## SECTION- V

I certify that \_\_\_\_\_ (Name of student)  
[Stud Id \_\_\_\_\_, Univ. Roll No. \_\_\_\_\_] has completed his/ her  
practical training in all respect under regulation 20 of the Education Regulations  
framed under section 10 of the Pharmacy Act 1948.

He / she had his/ her practical training in an Institution approved by the Pharmacy  
council of India.

Dated:

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Signature of the Principal, NSCBIP

WORKING STATEMENT OF THE TRAINEE PHARMACISTS FROM NETAJI  
SUBHAS CHANDRA BOSE INSTITUTE OF PHARMACY, CHAKDAHA)  
UNDERGOING TRAINING AT .....

..... (Name of the Medicine Store / Hospital)

Sl No	Name of Trainee Pharmacists	Period of Training		Total number of hours	Remarks
		From	To		

Dated:

Signature of the Registered Pharmacist