

APPENDIX E

(See Regulations 21(1))

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This has been issued to Pratham Shiva Mayekar
(Name of the Student Pharmacist)
son/ daughter/ Shiva Mayekar residing at
12/89/B - Sou Chandravati Krupa Kholim Mapsa - Goa who has
provided evidence before me that he/ she is entitled to receive the Practical Training as set out in the
Education Regulation framed under section 10 of the Pharmacy Act, 1948.

Date:- 29/5/23

(The Head of the Academic Training Institution)

Principal

Goa College of Pharmacy,

Goa College of Pharmacy,

Government of Goa

Pana - Goa

SECTION - II

I Pratham Shiva Mayekar accept
(Name of the Student Pharmacist)

Smt. Suvidha S. Kamat of
(Name of the Apprentice Master)

Asilo/ North District Hospital Mapusa Goa. as my Apprentice
(Name of Institution/ Hospital/ Pharmacy)

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

(Signature)

(Sign of Student Pharmacist)

INSTRUCTION TO APPRENTICE MASTER

The practical training shall be not less than five hundred hours spread over a period of
not less than three months, provided that not less than two hundred hours are devoted to
actual dispensing of prescriptions (as Pharmacy Act 1948, part III).

SECTION - III

1. Smt. Suvidha Kamat

(Name of the Apprentice Master)

Pratham Shiva Mayekar

(Name of the Student Pharmacist)

trainee and I agree to give him/ her training facilities in my organization so that during training he/ she may acquire.

1. Working knowledge of keeping of records required by the various acts affecting the profession of Pharmacy.
2. Practical experience in
 - a) The manipulation of Pharmaceutical apparatus in common use.
 - b) The reading, translation and copying of prescription including the checking of doses.
 - c) The dispensing of prescription illustrating the common method of administering medicaments.
 - d) The storage of drugs and medicinal preparations.

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

Date:- 14/9/2023

(Apprentice Master)

(Name and address of the Institution)

Assistant Pharmaceutical Chemist

Axlo - Hospital

Mapusa - Goa

SECTION - IV

I certify that Pratham Shiva Mayekar has undergone

(Name of the Student Pharmacist)

500 hours of raining period spent over 10 months in accordance with the details enumerated in Section III.

Date:- 14/09/2023

(Head of the Organization of Pharmaceuticals Division)

Med. Suplt cum Dy. Director

North District Hospital

Mapusa - Goa

SECTION - V

I certify that Pratham Shiva Mayekar has completed

(Name of the Student Pharmacist)

in all respect his/ her practical training under regulation 20 of the Educational Regulation framed under section 10 of the Pharmacy Act, 1948. He/ she had his/ her practical training in an Institutional approved by Pharmacy Council of India.

Date:- 23/06/2024

(The Head of the Academic Training Institution)

Principal

Goa College of Pharmacy.

Goa College of Pharmacy

Governorment of Goa

Pana - G. S.