

**PRACTICAL TRAINING CONTRACT FORM  
FOR PHARMACISTS**

Photograph  
duly attested by  
Principal

**SECTION-I (Head of the Academic Training Institution)**

This form has been issued to Mr./Ms. \_\_\_\_\_  
(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 Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: \_\_\_\_\_

**SECTION - II (Student Pharmacist)**

I \_\_\_\_\_ accept \_\_\_\_\_  
(Name of the 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: \_\_\_\_\_

**SECTION - III (Apprentice Master)**

I \_\_\_\_\_ accept Mr./Ms. \_\_\_\_\_  
(Name of the Apprentice Master) (Name of the Student Pharmacist)  
as a 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 recognition by sensors characters of chief crude drugs and chemical substance used in medicine;
  - c) the reading, translation and copying of prescriptions including the checking of doses;
  - d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - e) the storage of drugs & medicinal preparations.

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

Date: \_\_\_\_\_

**SECTION - IV (Head of the Organization of Pharmaceutical Division)**

I certify that \_\_\_\_\_ has undergone \_\_\_\_\_ hours training spread  
(Name of the Student Pharmacist)  
over from date \_\_\_\_\_ to \_\_\_\_\_ for a period of \_\_\_\_\_ months in accordance with the  
details enumerated in Section - III.

Date: \_\_\_\_\_

**SECTION - V (Head of the Academic Training Institution)**

I certify that \_\_\_\_\_ has completed in all respect his Practical Training under  
(Name of the Student Pharmacist)  
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.

Date: \_\_\_\_\_