

### Major problem faced by farmers:

1. We found that during the survey, the farmers faced many problems regarding crop cultivation
2. Disease problem .
3. Insect problem .
4. Farmers are compelled to pay high interest rates.
5. In rural areas, storage facilities are either insufficient or completely absent.

### Possible Solutions to These Problems:

- For better yield and profitable results, farmers are advised to cultivate multiple crops
- Infected parts of plant should take to trained officials for proper management
- Provide sufficient irrigation. Agriculture loan should be provided with low interest rates.

### Suggestion given by students to farmer:

Scientific Techniques	Techniques followed by farmer	Suggestions given by students.
Spacing of crops	Farmer doesn't follow the actual spacing.	Proper spacing.
Irrigation	They use their traditional methods.	Irrigation should be according to the soil type and crop. Like drip irrigation, sprinkler irrigation system etc.
Fertilizer dose	Without any ratio, according to their idea.	Fertilizers should be in ratio and according to the type of crop and health of soil.
Variety selection	Farmer always prefer previous variety. So, the production remains same every year.	Trying new varieties and explore more about their yield.
Time of sowing	Farmer doesn't sow the seed according the climatic conditions.	Sowing of seed should be in proper timing and according to the climatic conditions.

## Plant health clinic

### Introduction:

On 28 November, a Plant Health Clinic was organized by RAWE students at Balh village, Mandi. Plant health clinic is an organized service that provides farmers with basic plant health care from concerned authorities. It is an integral part of the plant health system which helps farmers with early diagnostic and advisory services to enhance and improve plant production. Thus, organization of these clinics are really important to reach the farmers and provide them with the right solutions.

### The process:

Preparation of plant health clinic involved choosing the location, village, taking permission of the authorities like panchayat Pradhan, ward member etc., choosing the right topics, preparing chart, flex, short informative lectures, preparing invitation pamphlets, preparing refreshments for the farmers etc.

### Topics covered:

- Diamond Back Moth in cabbage.
- Late blight of tomato
- Early blight of tomato
- Wilt of tomato
- Soil health card
- Zero budget natural farming etc.

Firstly, we started with welcoming the farmers and give them a brief introduction about the event. Then Miss Aishwarya mam addressed farmers about plant clinic and shared her experience. Then we started explaining our topics to farmers. We explained farmers with the topic of zero budget natural farming, what is it ? Why is important? And why it should be adopted?

Then we proceeded with the major diseases of the area i.e. Black Rot of Cauliflower. Its symptoms initially appear as yellow to light brown patches at leaf margins. The veins later darker. The infected leaves turns dark brown and then dries out. As black rot is a bacterial disease we can manage it by seed treatment with hot water.



Further, we described the majorly occurring disease in the area i.e. Wilt of Tomato. The first symptom appears as wilting of few leaves. This often goes un-noticed. The entire plant wilts suddenly and dies after some time. Treatment with 1% by soil-drenching can significantly reduce bacterial wilt.

In between the event we offered them some refreshment.

Then, we delivered a small lecture on what organic farming is, what are its advantages; reduced use of chemical fertilizers and pesticides and why we should choose bio agents over chemicals etc.

Later on, we listed the schemes run by the Government, which they can take advantage of for their betterment.

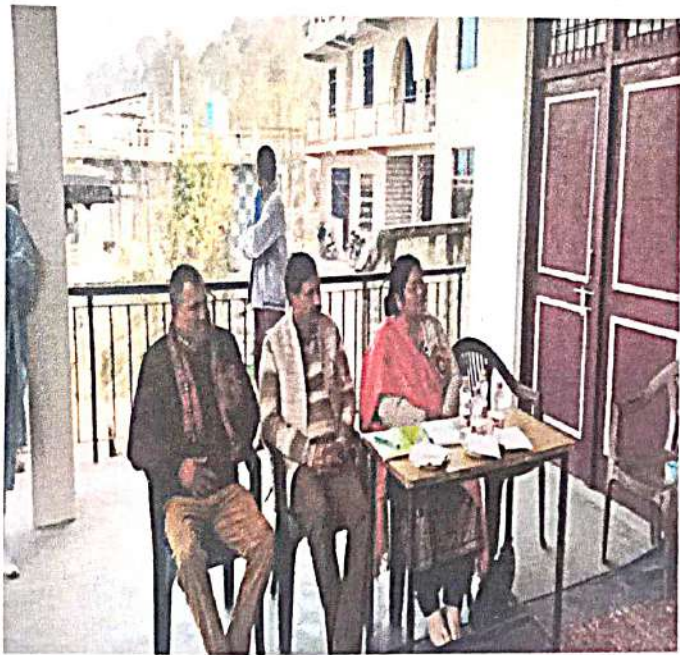
Some of these schemes are: Pradhanmantri Fasal Bima Yojana, Kisan credit card scheme, Soil health card scheme etc.

As we neared the end of our event we ask farmers for any queries or questions regarding their problems. The experts not only told the solution but also the root cause of their problem. Another concept we introduced to farmers was mushroom cultivation.

Some pictures taken during Plant Clinic:









## INDUSTRIAL ATTACHMENT

Industrial attachment is a 3 week training program for 7<sup>th</sup> sem. Students to learn about the working of agro-industries. It is done to familiarize us with the working environment which we will engage in after formal qualification. Another objective of AIA is to bring out our interests and if any of us is planning to open an industry after words, they will have some what idea of what he/she/it has to face after words.

On 04 December, We started our industrial training at HP Milkfed Milk plant chakkar Industries, Mandi. It was a food processing industry and majorly dealt with products like Him milk, Him curd, Him cheese ,Him flavoured milk, Him lassi, Him Ghee etc.

### Importance of AIA Programme:

1. Preparing agricultural graduate oriented education to face challenges by acquiring knowledge & skill through hands on experience
2. Preparing agricultural graduates for better career in agriculture.
3. Developed Entrepreneurial Skills.

### ABOUT ORGANISATION...

- H.P. Milkfed was registered in 1980 but it started its operation from 2 October. 1983.
- H.P. Milkfed is operating Dairy Development Activities in Mandi District having its main processing plant at Chakkar, covering parts of Mandi Distt (such as -Majhuar, Jaidevi, Gohar, Karayla etc.) for its procurement and sale activities.
- The collection of milk is done on one time only and this milk is mostly transported in cans & insulated tankers. On receiving milk at the dairy, milk is processed and different variants of milk and milk products i.e ghee, butter, paneer, curd, Khoa and sterilized flavoured milk are manufactured at the processing plant.

Products:



Fig. Ghee



Fig. Him Paneer



Fig. Him Butter



Fig. Flavoured milk



## Sections:



Fig. Butter section



Fig. Curd section



Fig. Flavored milk section



Fig. Ghee section



Fig. Paneer section



Fig. Lassi & Chach section

## Conclusion

From the Three Weeks of training at HP Milkfed Chakkar .I learnt about the effective methods of processing of milk and its products. I had also done some lab work and experiment during my training which helped me to gain more and more knowledge about the milk processing and various product prepared by processing the milk.


THE H.P. STATE COOPERATIVE MILK PRODUCERS' FEDERATION LTD.  
MANDI UNIT AT CHAKKAR

HMF/MND/- Estt.-II/44/08- 1978

Dated 21.12.2023

TO WHOM IT MAY CONCERN

This is to certify that Miss Krishma Guleria, student of 7<sup>th</sup> Sem. B Sc Agriculture (Hons.), Abhilashi University, Chail Chowk, Mandi Distt has successfully undergone Industrial Training at H P Milk federation Plant at Chakkar, Distt Mandi w.e f 04 12 2023 to 21 12 2019 (18 days ) She was very hard working and took keen interest during the training period

  
Unit Incharge  
H.P. Milk Producers' Federation Ltd.  
Mandi Unit Chakkar



## **Conclusion**

We gained much knowledge about farmers and had a practical experience. Interacting with new people helped me improve my social skills, being an introvert this is had a positive impact on me. We got familiar with various situations and problems farmer have to face.

While working in the industry we came to know that there is enough scope for employment in Agriculture. By learning proper skills one can start their own enterprise.

Group communication during Plant Clinic helped me improve my co-ordination as well as communication skills.

The whole program was of a great help for experiencing good knowledge as well as for personality development.

## **VITAE**

**Name- Krishma Guleria**

**DOB- 31<sup>st</sup> March 2003**

**D/O- Sh. Mahender Singh**

**Phone No. – 7876821481**

**E-mail- krishmaguleria31@gmail.com**

### **Education-**

- **10<sup>th</sup>: Shiva Public School, Padhar (Mandi)**
- **12<sup>th</sup>: NSCM GSSS Padhar (Mandi)**
- **Currently pursuing BSc. (Hons.) Agriculture from Abhilashi University, Chailchowk (Mandi)**



APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. PASANG DADA THAKUR  
(Name of student pharmacist) son of / daughter of Sh. SANDUP THAKUR  
residing at Vill- Tegubehar PO- Khokham Teh- Bhuntar Distt Kullu H.P.  
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: 23/6/22

Dean  
School of Pharmacy,  
Head of the Academic  
Training Institution

SECTION - II

I PASANG DADA THAKUR (Name of the Student Pharmacist)  
accept \_\_\_\_\_ (Name of the Apprentice Master) of  
ARKILASHI UNIVERSITY (Name of the College / Institution)  
CHC RAISON, KULLU (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.

Date: 29/6/22

  
Signature of the Student Pharmacist

SECTION - III

I, Dr. Jaswandeep (Name of the Apprentice Master)  
accept Sri / Smt. Pasang Dada Thakur  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and  
(e) the storage of drugs and medicinal preparations.

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

Date: 05/07/2022

Jashant Medical Officer Incharge  
PHC Raison  
Head of the Organization or  
Pharmaceutical Division

SECTION - IV

I certify that Pasang Dawa Thakur (Name of student pharmacist) has undergone 650 hours training spread over from Date 5/07/2022 to 15/10/22 for a period of 3 1/2 months in accordance with the details enumerated in SECTION III

Date: 15/10/2022

Jashant Dr. Jashandeep  
Medical Officer Incharge  
PHC Raison  
Head of the Organization or  
Pharmaceutical Division

SECTION - V

I certify that Pasang Dawa Thakur (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 the Pharmacy Council of India.

Date: 15/10/2022

[Signature]  
HOD  
School of Pharmacy  
Abhilashi University, Chali Chowk  
Teh. Chachyot, Distt Mandi (H.P.)-175026

Jashant Dr. Jashandeep  
Medical Officer Incharge  
PHC Raison  
Block Naagar  
Head of the Academic  
Training Institution

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.




APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Reena Malik  
(Name of student pharmacist) son of / daughter of Jiten Maibtra  
residing at V+Post = Lohri, The = Anna, Dist = Kullu, H.P  
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: 23.6.2022

  
Director of Academic Affairs  
Abhil Training Institution  
Teh. Chamba, Dist. Chamba

SECTION - II

I Reena Malik (Name of the Student Pharmacist)  
accept Amit Kumar (Name of the Apprentice Master) of  
School of Pharmacy, Chail Chowk Abhilashi, Mandi (H.P) (Name of the College / Institution)  
M.A.M.S.C., Khameri (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.

Date: 29/11/22

Reena Malik  
Signature of the Student Pharmacist

SECTION - III

I Amit Kumar (Name of the Apprentice Master)  
accept Sri / Smt. Reena Malik  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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


Date: 29/11/22

  
Head of the Organization or  
Pharmaceutical Division.

#### SECTION - IV

I certify that Reena Malik (Name of student pharmacist) has undergone 504 hours training spread over from Date 05/08/22 to 28/11/22 for a period of 4 months in accordance with the details enumerated in SECTION III

Date: 29/11/22

  
Medical Superintendent  
Head of the Organization or  
Pharmaceutical Division.

#### SECTION - V

I certify that Reena Malik (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 the Pharmacy Council of India.

Date: 27.3.2023

  
Dean  
Head of the Academic  
Training Institution  
Abhilash University, Chail Chowk  
Teh. Chachyol Dist. Mandi (H.P.)-175028

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Prince Bhardwaj  
(Name of student pharmacist) son of / daughter of Vijay Kumar  
residing at A-3/187/SEC-5 Rohini delhi 110085  
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: 23/6/2022

Dean  
School of the Academic  
At Training Institution  
Tel. 011-26199191

SECTION - II

I Prince Bhardwaj (Name of the Student Pharmacist)  
accept Manoj Kumar (Name of the Apprentice Master) of  
School of Pharmacy, Abhilash University, H.P. (Name of the College / Institution)  
Sanjay Gandhi Memorial Hospital, No. 83 (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.

Date: 13/7/2022

Prince  
Signature of the Student Pharmacist

SECTION - III

I Manoj Kumar (Name of the Apprentice Master)  
accept Sri / Smt. Prince Bhardwaj  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

Date: 13/7/2022 Manoj Kumar  
MANOJ K  
 R.No- 4945

Head of the Organization or  
 Pharmaceutical Division

SECTION - IV

I certify that Prince Bhardway (Name of student pharmacist) has undergone 500 hours training spread over from Date 13-07-2022 to 02-11-2022 for a period of 3 1/2 months in accordance with the details enumerated in SECTION III

Date: 02/11/2022

[Signature]  
12/11/22

M.O. I/c Pharmacy  
 Sanjay Gandhi Memorial Hospital  
 GNCTD, Mangol Puri, Delhi-110083

Head of the Organization or  
 Pharmaceutical Division  
 By: [Signature]  
 Sanjay Gandhi Memorial Hospital  
 Govt. of NCT of Delhi  
 Mangol Puri, Delhi-110083

SECTION - V

I certify that Prince Bhardway (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 the Pharmacy Council of India.

Date: 17/11/2022

[Signature]  
 Head of the Academic  
 Training Institution  
 School of Pharmacy,  
 Abhilashi University Chail Charkh,  
 Teh. Chachyot, Distt. Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.




APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. AKASH Verma  
(Name of student pharmacist) son of / daughter of Sh. Santeev Verma  
residing at V.P.O. Pukhri, Tehsil & Distt. Chamba (H.P.) 176310  
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: 23-6-22

  
Head of the Academic  
School Training Institution  
Ahimsa University  
Teh. Chamba, H.P.

SECTION - II

I AKASH Verma (Name of the Student Pharmacist)  
accept Sh. Janam Singh (Name of the Apprentice Master) of  
Pt. JLNMC & Hospital (Name of the College / Institution)  
Chamba H.P. (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.

Date: 12-08-2022

  
Signature of the Student Pharmacist

SECTION - III

I Janam Singh (Name of the Apprentice Master)  
accept Sri / Smt. AKASH Verma  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

Dispatch No 12 on dated 25<sup>11</sup>/<sub>22</sub> Dispensary section Pt JLNMC &  
Hosp. Chamba (H.P.)



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

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

*Pring*  
 Head of the Dispensary  
 Pharmaceutical Division or  
 Pt. J.L.N. G.M.C. & Hospital  
 Chamba (H.P.)

SECTION - IV

I certify that Akash Verma (Name of student pharmacist) has undergone 500 hours training spread over from Date 12<sup>08</sup>/<sub>22</sub> to 24<sup>11</sup>/<sub>22</sub> for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 25<sup>11</sup>/<sub>22</sub>

*[Signature]*  
 Head of the Organization or  
 Pharmaceutical Division  
 Medical Superintendent  
 Pt. J.L.N. G.M.C. & Hospital  
 Chamba (H.P.)

SECTION - V

I certify that Akash Verma (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 the Pharmacy Council of India.

Date: 26-11-2022

*[Signature]*  
 Dean  
 School of Pharmacy  
 Ab. \_\_\_\_\_  
 Teh. \_\_\_\_\_  
 Dist. \_\_\_\_\_

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Shabab Ahmad  
(Name of student pharmacist) son of / daughter of Mo. Sakeel  
residing at E-44 B/295 New Seema Park, Delhi  
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: 22/6/2022

Dean  
Head of the Academic  
School of Pharmacy,  
Abhi Training Institution, Chowk,  
Teh. Chachyot, Dist. (Andhra Pradesh)

SECTION - II

I Shabab Ahmad (Name of the Student Pharmacist)  
accept Pramod Kumar (Sr. Ph. Officer) (Name of the Apprentice Master) of  
School of Pharmacy, Ashish University (Name of the College / Institution)  
DPC Chowk, S. Park, Delhi-53 (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.

Date: 15/3/2023

Shabab  
Signature of the Student Pharmacist

SECTION - III

I Pramod Kumar (Sr. Ph. Officer) (Name of the Apprentice Master)  
accept Sri / Smt. Shabab Ahmad  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

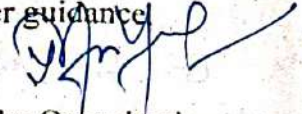
Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

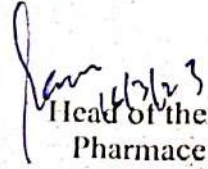
Date: 15/2/2023

  
Head of the Organization or  
Pharmaceutical Division  
**PRAMOD KUMAR**  
(Sr. Pharmacy Officer)  
Pharmacy Head, JPCH  
(Government of Delhi)

SECTION - IV

I certify that Shasesh Jhamey (Name of student pharmacist) has undergone 580 hours training spread over from Date 15/9/2022 to 15/2/2023 for a period of 37 months in accordance with the details enumerated in SECTION III

Date: 15/3/2023


  
Head of the Organization or  
Pharmaceutical Division

INCHARGE PHARMACY  
Jag Prवेश Chandra Hospital  
Shastri Park, Delhi-110053

SECTION - V

I certify that Shasesh Jhamey (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 the Pharmacy Council of India.

Date: 21/03/2023

  
Head of the Academic  
School or Training Institution  
Abilashi University Ghall Chaurak,  
Teh. Chachyot, Distt. Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. NARESH KUMAR.  
(Name of student pharmacist) son of / daughter of SH. HAR RAM.  
residing at Kill, Kanda, P/O Halau Teh Chopd Jiss Shinda. H.P. 171210  
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: 23/06/22.

Dean  
School of Academic  
Training Institution  
Teh. Chyot, Dist. ...

SECTION - II

I Naresh Kumar (Name of the Student Pharmacist)  
accept Savitri Late, Sr. Pharmacy Officer (Name of the Apprentice Master) of  
Abhilash University (Name of the College / Institution)  
Civil Hospital Nerwa (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.

Date: 1/11/2022

Sharma  
Signature of the Student Pharmacist

SECTION - III

I Savitri Late, Sr. Pharmacy Officer (Name of the Apprentice Master)  
accept Sri / Smt. Naresh Kumar  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

Date: 1/11/2022

*[Signature]*  
 Head of the Organization or  
 Pharm **Senior Medical Officer**  
**Civil Hospital Nerwa**

SECTION - IV

I certify that Naresh Kumar (Name of student pharmacist) has undergone \_\_\_\_\_ hours training spread over from Date 25/7/2021 to 1/11/2022 for a period of \_\_\_\_\_ months in accordance with the details enumerated in SECTION III

Date: 1/11/2022

*[Signature]*  
 Head of the Organization or  
 Pharmaceutical Division  
**Senior Medical Officer**  
**Civil Hospital Nerwa**

SECTION - V

I certify that Naresh Kumar (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 the Pharmacy Council of India.

Date: 1/11/2022

*[Signature]*  
 29/11/2022  
 Dean  
 School of Pharmacy,  
 Abhi Shiksha University Chail-Chowk,  
 Teh. Chachyot, Distt. Mandi (H.P.)

*[Signature]*  
 Head of the Academic  
 Training Institution  
**Senior Medical Officer**  
**Civil Hospital Nerwa**

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Puneet Sood  
(Name of student pharmacist) son of / daughter of Sh R.K Sood  
residing at Shimla medical store, 9, Lakhs Bazar Shimla  
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: 23/6/22

Dean  
School of Pharmacy,  
Head of the Academic  
Abhi...  
Training Institution (I.P.)

SECTION - II

I Puneet Sood (Name of the Student Pharmacist)  
accept Ramesh Kumar (Name of the Apprentice Master) of  
Abhilashi university Chail Chowk Distt. Mandi (Name of the College / Institution)  
Igmc #11 Shimla. (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.

Date: 31/10/22

  
Signature of the Student Pharmacist

SECTION - III

I Ramesh Kumar (Name of the Apprentice Master)  
accept Sri / Smt. Puneet Sood  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

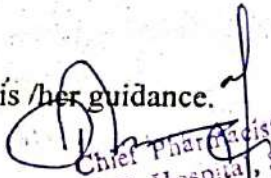
Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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


Date: 31/10/2022

  
Chief Pharmacist  
I.G. Hospital, Shimla  
Head of the Organization or  
Pharmaceutical Division

SECTION - IV

I certify that Puneet Sood (Name of student pharmacist) has undergone 500 hrs hours training spread over from Date 13 July 2022 to 31 Oct. 2022 for a period of 3 months months in accordance with the details enumerated in SECTION III


Date: 31/10/22

  
Head of the Organization or  
Pharmaceutical Division  
Dr. Ranu Rao  
Asstt. Prof. cum Dy. M.S.  
I.G. Medical College & Hospital  
Shimla-171001 (H.P.)  
Regd.No. 1641/12(HPMC)

SECTION - V

I certify that Puneet Sood (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 the Pharmacy Council of India.

Date: 31/10/22

  
Dean  
School of Pharmacy  
Head of the Academic  
Abhishek University  
Teaching Institution (H.P.)  
01/11/2022

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ninad Prabhakar  
(Name of student pharmacist) son of / daughter of Dr. Ram Narayan Prabhakar  
residing at VPS Sant-jyoti Dist Una (H.O) Pin 174031  
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: 23/06/22

Dean  
School of the Academic  
Abhi Training Institution, Chauk,  
Teh. Chachyot, Dist. Mandla (M.P.)

SECTION - II

I, Ninad Prabhakar (Name of the Student Pharmacist)  
accept SMO (Name of the Apprentice Master) of  
RH Una (Name of the College / Institution)  
RH Una (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.

Date: 12/10/22

Ninad Prabhakar  
Signature of the Student Pharmacist

SECTION - III

I, SMO (Name of the Apprentice Master)  
accept Sri / Smt. Ninad Prabhakar  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

Date: 12/10/22

R. S. D. S.  
Chief Pharmacist Head of the Organization or  
Regional Hospital Una Pharmaceutical Division  
Regional Hospital Una (H.P.)

SECTION - IV

I certify that Ninad Prabhakar (Name of student pharmacist) has undergone 500 hours training spread over from Date 1/07/22 to 12/10/22 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 12/10/22

R. S. D. S.  
Chief Pharmacist Head of the Organization or  
Regional Hospital Una Pharmaceutical Division  
Regional Hospital Una (H.P.)

SECTION - V

I certify that Ninad Prabhakar (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 the Pharmacy Council of India.

Date: 14/10/2022

R. S. D. S.  
Professor  
School of Pharmacy  
Head of the Academic  
C-158 Training Institution  
Una (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Kailash  
(Name of student pharmacist) son of / daughter of Dala Ram  
residing at Vill - meherawan P.O. Chail Chauk, Teh. Chachy at Distt Mandi (H.P)  
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: 23-06-22

Dear [Signature]  
Head of the Academic  
Abhi Training Institution, Chouk,  
Teh. Chachy of, Distt Mandi (H.P)

SECTION - II

I Kailash (Name of the Student Pharmacist)  
accept Hans Raj (Name of the Apprentice Master) of  
Abhilashi University (Pharmacy) (Name of the College / Institution)  
CH Sunder Nagar (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.

Date: 19-10-22

Kailash  
Signature of the Student Pharmacist

SECTION - III

I Hans Raj (Name of the Apprentice Master)  
accept Sri / Smt. Kailash  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

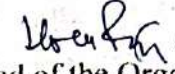
Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

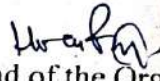
Date: 19.10.2022

  
Head of the Organization or  
Chief Pharmacy Officer  
Civil Hospital Sundar Nagar  
Distt. Mandi (H.P.)

SECTION - IV

I certify that Kailash (Name of student pharmacist) has undergone 5 1/2 hours training spread over from Date 11 July 2022 to 19. Oct. 2022 for a period of 3 Mts months in accordance with the details enumerated in SECTION III

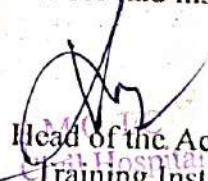
Date: 19.10.2022

  
Head of the Organization or  
Chief Pharmacy Officer  
Civil Hospital Sundar Nagar  
Distt. Mandi (H.P.)

SECTION - V

I certify that Kailash (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 the Pharmacy Council of India.

Date: 19.10.2022

  
Dean  
School of Pharmacy  
Abhilash University Chail Chowk  
Teh. Chachyot, Distt. Mandi (H.P.)

Head of the Academic  
Training Institution  
Civil Hospital Sundar Nagar  
District Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



Receipt No 077  
Dated 29/11/22

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Pinki Devi  
(Name of student pharmacist) son of / daughter of Bhagat Singh  
residing at Village 18 post office Nirath, Teh. Rampur Buzohr Dist Shimla (H.P.)  
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: 23/6/22

Dean  
Head of the Academic  
Ab Training Institution  
Teh. Chachyok, Dist. (H.P.)

SECTION - II

I Pinki Devi (Name of the Student Pharmacist)  
accept Amit Kumar (Name of the Apprentice Master) of  
School of Pharmacy, Chait Chowk (Name of the College / Institution)  
Abtatar, Mandi (H.P.)  
M.C.M.S.C. Khawasi (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.

Date: 29/11/22

Amit  
Signature of the Student Pharmacist

SECTION - III

I Amit Kumar (Name of the Apprentice Master)  
accept Sri / Smt. Pinki Devi  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

Date: 29/11/22

ADD  
Head of the Organization or  
Pharmaceutical Division  
MGMSC Khaneri

SECTION - IV

I certify that Pinki Deep (Name of student pharmacist) has undergone 504 hours training spread over from Date 5/8/22 to 28/11/22 for a period of 4 months in accordance with the details enumerated in SECTION III

Date: 29/11/22

ADD  
Medical Superintendent  
Head of the Organization or  
Pharmaceutical Division  
MGMSC Khaneri

SECTION - V

I certify that Pinki Devi (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 the Pharmacy Council of India.

Date: 27-3-23

ADD 27/03/2023  
Dean  
Faculty of Pharmacy  
Abhilash Training Institution  
University, Chail Chowk  
Teh. Chachyot, Dist Mandi (H.P.)-175028

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Raghav Dhiman  
(Name of student pharmacist) son of / daughter of Bharat Bhashan  
residing at V.P.O Kotka Kalan Upperola Teh. & Distt Una (H.P)  
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: 23/06/2022

Dean  
School of Pharmacy  
Faculty of the Academic  
Abhilashi University, Una, Chaurk,  
Practical Training Institution  
(H.P.)  
Tel: Chaurk, Una, (H.P.)

SECTION - II

I Raghav Dhiman (Name of the Student Pharmacist)  
accept Smo (Name of the Apprentice Master) of  
Abhilashi University (Name of the College / Institution)  
RN Una. (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.

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

Raghav  
Signature of the Student Pharmacist

SECTION - III

I Smo (Name of the Apprentice Master)  
accept Sri / Smt. Raghav Dhiman  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

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

Asandhwa.  
Chief Pharmacist Regional Hospital Una  
Head of the Organization or Pharmaceutical Division Senior Medical Officer Regional Hospital Una (H.P.)

SECTION - IV

I certify that Raghav Dhiman (Name of student pharmacist) has undergone 500 hours training spread over from Date 7/07/22 to 19/10/22 for a period of Three months in accordance with the details enumerated in SECTION III

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

Asandhwa.  
Chief Pharmacist Regional Hospital Una  
Head of the Organization or Pharmaceutical Division Senior Medical Officer Regional Hospital Una (H.P.)

SECTION - V

I certify that Raghav Dhiman (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 the Pharmacy Council of India.

Date: 22/10/2022

HOD  
School of Pharmacy  
Abhilashi University Chail Chowk  
Teh. Chail, Distt. Una Academic 175028  
Head of the Academic Training Institution

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. YAKUB KHAN  
(Name of student pharmacist) son of / daughter of SH. NAZIR MOHA. V.P.O.  
residing at MANEROD, TICH, CHURON DISTO CHARBA, NIP 176321  
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 28/6/22

Dean  
School of Pharmacy,  
At Head of the Academic Chowk,  
Tel. Chandigarh Institution (N.P.)

SECTION - II

I Yakub Khan (Name of the Student Pharmacist)  
accept Ashimav Dogra (Name of the Apprentice Master) of  
Civil Hospital TUSA. (Cba) (Name of the College / Institution)  
(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.

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

Yakub Khan  
Signature of the Student Pharmacist

SECTION - III

I Ashimav Dogra (Name of the Apprentice Master)  
accept Sri / Smt. Yakub Khan  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 sensory characters of chief crude drugs & chemical substance used in medicine;
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

Date: 3/10/22

Abhinav  
3/10/22  
P.O  
Ch. Tissa  
Head of the Organization or  
Pharmaceutical Division

SECTION - IV

I certify that Yakub Khan. (Name of student pharmacist) has undergone \_\_\_\_\_ hours training spread over from Date 1-July-2022 to 30sep-2022 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 3/10/22

Abhinav  
3/10/22  
P.O  
Ch. Tissa  
Head of the Organization or  
Pharmaceutical Division

SECTION - V

I certify that Yakub Khan. (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 the Pharmacy Council of India.

Date: 3/10/22

Abhinav  
3/10/22  
P.O  
Ch. Tissa  
Head of the Academic  
Training Institution

15/10/22  
Dean  
School of Pharmacy,  
University of Delhi, Delhi-110007,  
Teh. Chhachhot, Dist. Gurgaon (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Sandeep Kumar  
(Name of student pharmacist) son of / daughter of Raj Choudhary  
residing at N.P.O. Bissa Teh. Satalanghat Distt Mandi (C.H.P.)/175024  
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: 27/6/22

Dear Sandeep Kumar  
Head of the Academic  
Training Institution Chall-Chouk,

SECTION - II

I Sandeep Kumar (Name of the Student Pharmacist)  
accept Smt. Santosh Kumari Pharmacist (Name of the Apprentice Master) of  
School of Pharmacy Abhilashi Uni Chall-Chouk (Name of the College / Institution)  
Chall-Chouk H. Mandi at Chall-Chouk (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.

Date: 16/7/22

Sandeep Kumar  
Signature of the Student Pharmacist

SECTION - III

I Santosh Kumari Pharmacist (Name of the Apprentice Master)  
accept Sri / Smt. Sandeep Kumar  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

Date: 16/7/22

*[Signature]*  
 Head of the Organization of  
 CHIEF Pharmacist  
 I/C Central Pharmacy  
 SLBSGMC and Hospital  
 Mandi at Nerchowk (H.P.)

SECTION - IV

I certify that Shr Sandeep Kumar (Name of student pharmacist) has undergone five hundred hours training spread over from Date 18/7/22 to 31/10/22 for a period of 3 1/2 months in accordance with the details enumerated in SECTION III

Date: 01/11/22

*[Signature]*  
 Senior Medical Superintendent  
 Head of the Organization of  
 SLBSGMC Medical College & Hospital  
 Mandi at Nerchowk (H.P.)

SECTION - V

I certify that Sandeep Kumar (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 the Pharmacy Council of India.

Date: 02/11/2022

*[Signature]*  
 Head of the Academy  
 Training Institution  
 Chachet Dist. Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. JYOTI DEVI  
(Name of student pharmacist) son of / daughter of SH. HARBANS LAL  
residing at P.O. Saida Teh. Alwaragar, Distt. Kathua  
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: 23/06/22

Head of the Academic  
Sch. Training Institution  
Ab. in Univers.  
Teh. Crachyot, Distt. ...

SECTION - II

I Jyoti Devi (Name of the Student Pharmacist)  
accept Sh. Sanjeev Kumar of (Name of the Apprentice Master) of  
S.D.H Parole (Kathua) (Name of the College / Institution)  
(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.

Date: 31-10-22

[Signature]  
Signature of the Student Pharmacist

SECTION - III

I Sanjeev Kumar (Name of the Apprentice Master)  
accept Sri / Smt. Jyoti Devi  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

[Signature] Cont...  
Block Medical Officer,  
Health & Family Welfare  
SDH Parole



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

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

*[Signature]*  
Block Medical Officer,  
Head of the Pharmacy or  
Pharmacy Division  
SDH Parole

SECTION - IV

I certify that Jyoti Daw (Name of student pharmacist) has undergone 540 hours training spread over from Date 29-7-22 to 28-10-22 for a period of 3 months in accordance with the details enumerated in SECTION III

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

*[Signature]*  
Block Medical Officer,  
Head of the Pharmacy or  
Pharmacy Division  
SDH Parole

SECTION - V

I certify that Jyoti Daw (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 the Pharmacy Council of India.

Date: 04/11/2022

*[Signature]*  
Head of Pharmacy,  
Head of the Academic,  
Training Institution (P.P.)  
Teh. Chachiyot, Dist. Parole

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Sahil Chaudhary  
(Name of student pharmacist) son of / daughter of Sh. Ram Lal  
residing at Vill. Dadou Near Sami Petrol Pump Teh. Balli  
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: 23/06/22

Dean,  
Head of the Academic  
School of Pharmacy,  
Training Institution,  
Teh. Chachot, Dist. Chandernagore

SECTION - II

I Sahil Chaudhary (Name of the Student Pharmacist)  
accept Sh. Ranjit Singh Pharmacist (Name of the Apprentice Master) of  
School of Pharmacy Abhilashi Uni. Chaitchouk (Name of the College / Institution)  
Teh. Chachot Mandi (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.

Date: 18/07/22

  
Signature of the Student Pharmacist

SECTION - III

I Ranjit Singh Pharmacist (Name of the Apprentice Master)  
accept Sri / Smt. Sahil Chaudhary  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

Date: 18/07/22

*Deewan*  
 HEAD PHARMACIST  
 Head of the Organization  
 Pharmacy  
 Pharmacological Division  
 SLBSGM (C) and Hospital  
 Mandi at Nerchowk (H.P.)

SECTION - IV

I certify that Mr Sahil chandhary (Name of student pharmacist) has undergone 500 hours training spread over from Date 18/07/22 to 27/12/22 for a period of 4 1/2 months in accordance with the details enumerated in SECTION III

Date: 28/12/22

*Deewan*  
 Head of the Organization  
 Superintendent  
 Pharmacological Division  
 SLBSGM (C) and Hospital  
 Mandi at Nerchowk (H.P.)

SECTION - V

I certify that Sahil Chandhary (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 the Pharmacy Council of India.

Date: 29/12/22

*Deewan*  
 Head of the Academic  
 Training Institution

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. ELITA SHARMA  
(Name of student pharmacist) son of / daughter of SH. BHAGWAN DASS SHARMA  
residing at Vill. Daleyahu, P.O. Bani, Teh. & Distt Hamirpur  
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: 23/6/22

Dean  
School of the Academic  
Ab Training Institution  
Teh. Chashyol, Distt Hamirpur

SECTION - II

I Elita Sharma (Name of the Student Pharmacist)  
accept Pandit Suleshna (Name of the Apprentice Master) of  
Abhilashi University (Name of the College / Institution)  
CHC Galore (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.

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

Signature of the Student Pharmacist

SECTION - III

I Suleshna Pandit (Name of the Apprentice Master)  
accept Sri / Smt. Elita Sharma  
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;


Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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


Date: 17/10/22

  
Head of the Organization or  
Chief Pharmaceutical Division  
C.H.C. Galera Distt. Hampur (H.P.)

#### SECTION - IV

I certify that Elita Sharma (Name of student pharmacist) has undergone 504 hours training spread over from Date 11-7-2022 to 17/10/2022 for a period of three months in accordance with the details enumerated in SECTION III


Date: 17/10/22

  
Head of the Organization or  
Chief Pharmaceutical Division  
C.H.C. Galera Distt. Hampur (H.P.)

#### SECTION - V

I certify that Elita Sharma (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 the Pharmacy Council of India.

Date: 17/10/22

  
Block Medical Office  
Head of the Academic  
Training Institution (H.P.)  
Galera  
Distt. Hampur (H.P.)

Dean  
School of Pharmacy  
Abhilesh University Chail Chowk  
Teh. Chachyot, Distt. Mandi (H.P.)

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. VIKAS  
(Name of student pharmacist) son of / daughter of SH. MADAN LAL  
residing at V.P.O. BHAWARNA, TEH. PALAMPUR, DIST. KANGRA H.P. 176083  
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: 23/06/2022

Dear  
School of the Academic  
Abhi Training Institution Chowk,  
Teh. Chachyat, Dist. Mandi (H.P.)

SECTION - II

I VIKAS (Name of the Student Pharmacist)  
accept Abhinav Setaun (Name of the Apprentice Master) of  
Abhilash University Choolchawke Mandi (Name of the College / Institution)  
CHC Sullah Block Bhawarna (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.

Date: 17/10/22

VIKAS  
Puncty  
Signature of the Student Pharmacist

SECTION - III

I Abhinav Setaun (Name of the Apprentice Master)  
accept Sri / Smt. Vikas  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation 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 & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

Date: 17/10/22

*Abhinav Salam*  
Pharmacist  
Chesullah

Head of the Organization or  
Medical Officer, Incharge  
Pharmaceutical Office,  
Community Health Centre, Sullah  
Tehsil. Palampur (Kangra) H.P.

SECTION - IV

I certify that Vikay (Name of student pharmacist) has undergone 500 (Five Hundred) hours training spread over from Date 4.7.22 to 17.10.22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 17/10/22

*Abhinav Salam*  
Pharmacist  
Chesullah

Head of the Organization or  
Medical Officer, Incharge  
Pharmaceutical Office,  
Community Health Centre, Sullah  
Tehsil. Palampur (Kangra) H.P.

SECTION - V

I certify that Vikay (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 the Pharmacy Council of India.

Date: 17/10/22

Head of the Academic  
School of Pharmacy  
Abnitas University, Chail Chowk  
Teh. Chachyot, Dist. Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

Date: 17/10/22

Abhinav Salam  
Pharmacist, Chasullah

Head of the Organization or  
Medical Officer, Incharge  
Pharmaceutical Community Health Centre, Sullah  
Tehsil. Palampur (Kangra) H.P.

SECTION - IV

I certify that Vikay (Name of student pharmacist) has undergone 500 (Five Hundred) hours training spread over from Date 4.7.22 to 17.10.22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 17/10/22

Abhinav Salam  
Pharmacist, Chasullah

Head of the Organization or  
Pharmaceutical Medical Officer, Incharge  
Community Health Centre, Sullah  
Tehsil. Palampur (Kangra) H.P.

SECTION - V

I certify that Vikay (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 the Pharmacy Council of India.

Date: 17/10/22

Head of the Academic  
Scholarship Commission  
Abnilas University, Chail Chowk  
Teh. Chachyot, Distt. Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



**Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)**

Ph: 01907 250407, 250011, 250015

Ref No: MU/1/29/2021-22/393

Dated: 21/03/2022

To:

The Principal

GSSS Chachyot Distt. Mandi H.P.

Subject:

Regarding Internship in Teaching - Teaching Practice of Ex-st B.A.B.Ed. B.S. B.Ed. Students of School of Education, Abhilashi University

Respected Sir,

In continuation to our previous letter vide letter number MU/1/29/2021-22/356 dated 03/09/2022 and with reference to subject cited above and permission granted by Deputy Director of Elementary Education Mandi H.P. vide letter no. EDN-MND (I-II) JB1 (Teaching Practice) 20.20-21/3591-92 (copy enclosed) the eight students under the two programmes four each in B.Sc. B.Ed. and B.A.B.Ed. 7<sup>th</sup> semester of 2019-23 batch (List attached herewith) will be undergoing remaining four months (16 weeks) teaching practice internship in teaching at your esteemed school w.e.f. 16<sup>th</sup> September to 17<sup>th</sup> December, 2022. They will also be accompanied by teachers of the university as per the availability.

Your goodself is requested to extend the maximum possible cooperation for the internship and teaching practice of the above mentioned prospective teachers.

We shall be highly grateful to you.

With regards,

Encl: Nil/Even

Copy B:

1. Hon'ble Vice Chancellor, Abhilashi University, Chail Chowk, District Mandi H.P.-175018 for information.
2. Registrar, Abhilashi University, Chail Chowk, District Mandi H.P.-175018 for information.
3. COE, Abhilashi University, Chail Chowk, District Mandi H.P.-175018 for information.
4. Office file.

HOD  
HOD School of Education  
School of Education  
Abhilashi University, Chail Chowk  
Teh. Chachyot, Distt. Mandi (H.P.)-175028

HOD  
HOD School of Education  
School of Education  
Abhilashi University, Chail Chowk  
Teh. Chachyot, Distt. Mandi (H.P.)-175028



# Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)

Ph: 01907-250407, 250011, 250015

7th

List of Students of B.Sc B.Ed - B.A B.Ed (Four Year Teacher Training Programme) 2019-20 B.A.B.Ed

Sl. No.	Name	Stream	Reg./Roll No.	Teaching Subjects
1	Akshay	B.Sc B.Ed Medical	19RSBSBSCBLED001	Physics, Chemistry, Biology
2	Arpit Dhiman	B.Sc B.Ed Non Medical	19RSBSBSCBLED003	Physics, Chemistry, Biology
3	Priyanka	B.Sc B.Ed Non Medical	19RSBSBSCBLED005	Physics, Chemistry, Biology
4	Shikha	B.Sc B.Ed Non Medical	19RSBSBSCBLED006	Physics, Chemistry, Mathematics
5	Gaurav Sharma	B.A B.Ed	19RSBSBABED001	Social Sciences, English
6	Prema	B.A B.Ed	19RSBSBABED002	Social Sciences, English
7	Vinus Chauhan	B.A B.Ed	19RSBSBABED003	Social Sciences, English
8	Sameer Thakur	B.A B.Ed	19RSBSBABED004	Social Sciences, English

HOD  
School of Education  
Abhilashi University, Chail Chowk  
Teh. Chachyot, Distt. Mandi (H.P.)-175028



EDN-MND (E-II) JBT (Teaching Practice) 2020-21 3591-92  
Office of the Dy. Director of Elementary Education.  
Mandi, District Mandi (H.P.) 175001

Mandi-175001

4/5/2022

To

✓ The Principal,  
GSSS Chachyot, Distt. Mandi H.P.


Subject:- Regarding Teaching Practice

Memo.

As per the request received from HOD, School of Education, Abhilashi University, Chail-Chowk through Registrar, Abhilashi University, Chail-Chowk, Tehsil Chachyot District Mandi (H.P.) permission is hereby granted for Internship in Teaching/ Teaching Practice and other activities of four year B.Sc.B.Ed./ B.A.B.Ed. programme students w.e.f. 05-05-2022 to 05-06-2022 and 01-08-2022 to 30-11-2022 as per detail given below:

Sl. No.	Name of GSSS	Students Allotted	Remark
1	GSSS Chachyot	08	

In this connection you are requested to allow these students for Internship in Teaching/ Teaching Practice and other activities of four year B.Sc.B.Ed./ B.A.B.Ed. programme for the period mentioned above subject to condition that studies of the classes may not suffer and the teaching should be conducted as per the prescribed/ assigned syllabus/ activities. The trainees will be accompanied by the teachers during internship/ teaching practice.

✓   
Dy. Director of Elementary Education  
Mandi, Distt. Mandi (H.P.)

Copy to:-

1. The Registrar and/or HOD, School of Education Abhilashi University, Chail-Chowk, Tehsil Chachyot, District, Mandi (H.P.) for information please.

Sd/-  
Dy. Director of Elementary Education  
Mandi, Distt. Mandi (H.P.)



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE OF INTERNSHIP

This is certify that Mr./Miss/Mrs. VENUS CHAUMAN.....  
bearing Universtiy Roll No. 19RS 819003..... has completed  
one month school internship programme in  
G.S.S.S. CHACHYOT..... under my guidance and supervision  
w.e.f. 05-05-2022 to 04-06-2022..... He/She has been awarded .....  
grade in school internship.

Signature of Teacher Incharge

*[Handwritten Signature]*

Counter Signature of the School

*[Handwritten Signature]*  
Principal  
G.S.S.S. Chachyot  
Distt. Mandi (H.P.)  
D.O.O. Code : 202

Date:

4th June / 2022.



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE OF INTERNSHIP

This is certify that Mr./Miss/Mrs. Akshay.....  
bearing Universtiy Roll No. 819101..... has completed  
one month school internship programme in  
G.S.S.S. CHACHYOT..... under my guidance and supervision  
w.e.f. 5-5-2022 to 4-6-2022. He/She has been awarded .....  
grade in school internship .

Signature of Teacher Incharge

*[Handwritten Signature]*

Counter Signature of the School  
Principal

*[Handwritten Signature]*  
G.S.S.S. Chachyot  
Distt. Mandi (H.P.)  
D.D.O. Code : 20

Date: 4th June /2022 .



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE OF INTERNSHIP

This is certify that Mr./Miss/Mrs. ....GAURAV SHARMA.....

bearing Universtiy Roll No. ....819001..... has completed

one month school internship programme in

G.S.S.S. CHACHIOT.....under my guidance and supervision

w.e.f. 05-05-2022 to 04-06-2022 He/She has been awarded .....

grade in school internship .

Signature of Teacher Incharge

*Shapoor Chahal*

Counter Signature of the School  
Principal

*[Signature]*  
Principal  
G.S.S.S. Chachyot  
Distt. Mandi (H.P.)  
P.O. Code : 107

Date: 4th June /2022



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE OF INTERNSHIP

This is certify that Mr./Miss/Mrs. PREERNA.....

bearing Universtiy Roll No. 19RS 819062..... has completed

one month school internship programme in

G. S.S.S CHACHYOT.....under my guidance and supervision

w.e.f. 05-05-2022 to 04-06-2022. He/She has been awarded .....

grade in school internship .

Signature of Teacher Incharge

*Signature*  
*(Handwritten)*

Counter Signature of the School

*Signature*  
Principal  
G.S.S.S Chachyot  
Distt. Mandi (H.P.)  
D.D.O. Code : 207

Date: 4th June, 2022.



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE OF INTERNSHIP

This is certify that Mr./Miss/Mrs. PRIYANKA.....

bearing Universtiy Roll No. 819103..... has completed

one month school internship programme in

G.S.S.S. Cheliot..... under my guidance and supervision

w.e.f. 05-05-2022 to 04-06-2022 He/She has been awarded .....

grade in school internship .

Signature of Teacher Incharge

*[Handwritten Signature]*

Counter Signature of the School  
Principal

*[Handwritten Signature]*  
Principal  
G.S.S.S. Chachyot  
Distt. Mandi (H.P.)  
D.D.O. Code : 207

Date:

4th June, 2022



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE OF INTERNSHIP

This is certify that Mr./Miss/Mrs. Anhit Dhiman.....

bearing Universtiy Roll No. 819102..... has completed

one month school internship programme in

G.S.S.S. Chachyot..... under my guidance and supervision

w.e.f. 05/5/2022 to 04/06/2022..... He/She has been awarded.....

grade in school internship .

Signature of Teacher Incharge

Anheer  
4/6/2022  
[Signature]

Counter Signature of the School  
Principal

[Signature]  
Principal  
G.S.S.S. Chachyot  
Distt. Mandi (H.P.)  
P.O. Chail Chowk

Date: 4<sup>th</sup> June, 2022



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE OF INTERNSHIP

This is certify that Mr./Miss/Mrs. SAMEER THAKUR.....

bearing Universtiy Roll No. 819004..... has completed

one month school internship programme in

G.S.S.S. CHACHYOT..... under my guidance and supervision

w.e.f. 05-05-2022 to 04-06-2022 He/She has been awarded .....

grade in school internship .

Signature of Teacher Incharge

*[Handwritten Signature]*

Counter Signature of the School

*[Handwritten Signature]*  
G.S.S.S. Chachyot  
Distt. Mandi (H.P.)  
D.D.O. Code : 207

Date: 4th June, 2022.



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE

This is to certify that Mr./Ms. Sameer Thakur ..... of Abhilashi University of

Chail Chowk, Mandi (H.P.) having Class Roll No. 19RSBSBABED004 .....

and University Roll No. 819004 ..... has completed 40 ..... Practice Lesson and

30 ..... Observation Lesson during the Session 2022 - 2023 .....

*[Signature]*  
Signature of  
Supervisor

*[Signature]*  
Signature of  
School Head  
Abhilashi University Chail Chowk  
Teh. Mandi (H.P.)-175023

*[Signature]*  
Counter Signature of  
Principal  
Teh. Mandi (H.P.)  
P.O. Code : 207



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE

This is to certify that Mr./Ms. Vinush Chauhan ..... of Abhilashi University of

Chail Chowk, Mandi (H.P.) having Class Roll No. 19RSBSBABED003 .....

and University Roll No. 819003 ..... has completed ..... 40 ..... Practice Lesson and

30 ..... Observation Lesson during the Session ..... 2022-23 .....

  
Signature of  
Supervisor

  
Signature of  
School Head  
H.O. of School  
Abhilashi University, Chail Chowk  
Tehsil Chachyot, Mandi (H.P.)-175048

  
Principal  
G.S.S. School  
Chail Chowk  
Mandi (H.P.)  
D.D.O. Code: 175048  
Counter Signature of  
Principal



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE

This is to certify that Mr./Ms. Shikha ..... of Abhilashi University of

Chai Chowk, Mandi (H.P.) having Class Roll No. 19R5B5BSCBED006 .....

and University Roll No. 819104 ..... has completed 40 ..... Practice Lesson and

30 ..... Observation Lesson during the Session 2022-2023 .....

*(Signature)*  
Signature of  
Supervisor

*(Signature)*  
Signature of  
School Head

*(Signature)*  
Counter Signature of  
Principal



# SCHOOL OF EDUCATION



**ABHILASHI UNIVERSITY**

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

## CERTIFICATE

This is to certify that Mr./Ms. Mr. Anu ..... of Abhilashi University of  
Chail Chowk, Mandi (H.P.) having Class Roll No. 19RSBSBARBED002 .....  
and University Roll No. 810002 ..... has completed 40 ..... Practice Lesson and  
30 ..... Observation Lesson during the Session 2022-23 .....

  
Signature of  
Supervisor

  
Signature of  
Abhilashi University, Chail Chowk  
Tehsil Chachyot, Mandi (H.P.)-175048  
School Head

  
Counter Signature of  
Principal  
Distt. Mandi (H.P.)  
P.O. : 207



# SCHOOL OF EDUCATION



## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

### CERTIFICATE

This is to certify that Mr./Ms. PRIVANKA of Abhilashi University of  
Chai Chowk, Mandi (H.P.) having Class Roll No. 19RSBSBSBBD005  
and University Roll No. 819103 has completed 40 Practice Lesson and  
30 Observation Lesson during the Session 2022-23

*(Signature)*  
Signature of  
Supervisor

*(Signature)*  
Signature of  
School Head

*(Signature)*  
Counter Signature of  
Principal

Principal  
Chail Chowk, Mandi (H.P.)  
Distt. Mandi (H.P.)  
D.D.O. Code: 201