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 main 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.

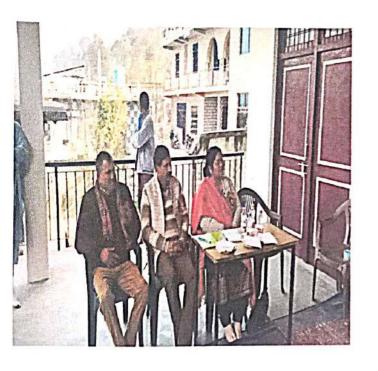
Some of these schemes are: Pradhanmantri Fasal Bima Yojana, Kisan credit card scheme, Soil health card scheme etc.

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 7th 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:

- 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.Flaoured milk section

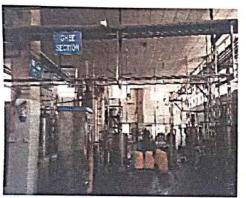


Fig.Ghee section



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 PROPDUCERS' FEDERATION LTD. MANDI UNIT AT CHAKKAR

HMF/MND/- Estt.-11/44/08- 1978

Dated 21.12.2023

TO WHOM IT MAY CONCERN

This is to certify that Miss Krishma Guleria, student of 7th 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

Market Hotels Street

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- 31st March 2003

D/O-Sh. Mahender Singh

Phone No. - 7876821481

E-mail- krishmaguleria31@gmail.com

Education-

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. ASANG DASA THAKUK
(value of student pharmacist) son of / daughter of (6, 70)
residing at Vill-Terubehor Po-Khakhan Jeh-Bhuntan Dintt Kullu who has produced evitence before me that I do
who has produced evitence before me that I then behan int Killing
Training as and
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.
Date: 93/6/99 School Sc
Head of the Academic
Training Institution ,
SECTION - II
l lasa i S
(Name of the Student Pharmacist)
decent
MISHILASKI UNIVEKSITY (Name of the College / Institution)
(1105pital of Flammacy) 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
Signature of the Student Pharmacist
SECTION III
SECTION – III
1. Dr. Jashandeep (Name of the Apprentice Master)
1. Dr. Jashandup (Name of the Apprentice Master) accept Sri / Smt. Pasang Dala Thakuy
(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;
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the dispensing of prescriptions illustrating the commoner methods of administering

(e) the storage of drugs and medicinal preparations.
Date: 050722 Head of the Organization or Pharmaceutical Division
SECTION-IV I certify that large bang thakus (Name of student pharmacist) has undergone (150 hours training spread over from Date 5/07/2012 to 15/10/22 for a period of 3½ months in accordance with the details enumerated in SECTION III Date: 15/10/2022 Head of the Organization or ar Pharmaceutical Division SECTION-IV (Name of student hours training spread over from Date training spread over from Date training spread over from Date hours training spread over from Date training spread over from Date hours training spread over from Date training spread over from Date training spread over from Date hours training spread over from Date training spread over from Date hours training spread over from Date tra
SECTION - V I certify that lasang Dawa Thakus (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 HOD School of Pharmacy Chair Chowk Training Institution School of Pharmacy Chair Chowk Training Institution 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.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sti/Smt. Rlena Malik
(Name of student pharmacist) son of / daughter of Titen Maitra
residing at V+Post = Lutri, The=Anni, Dest=Kullu, H.P
who has produced evidence defore 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
Date: 23, 672
Abhil raining Institution
Ten. Casas,
SECTION - II
1 Reena Malik (Name of the Student Pharmacist) accept Amit Kumas (Name of the Apprentice Master) of
accept Amit Kumas (Name of the Apprentice Master) of
School of Pharmacy, Chail Chaule Abhilashi, Mandi (HA) Name of the College / Institution) Mams C, Khamesi (Hospital or Pharmacy) as my
- Manacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.
Reena Malik
Date: 29/11/22 Signature of the Student Pharmacist
SECTION – III
1. Amit Kumar (Name of the Apprentice Master)
accept Sri / Smt. Reena Malic (Name of the Apprentice Master)
(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
of in medicine
(c) the reading, translation and copying of prescriptions including the checking of doses;
교육에 빠가 하느라는 이 사람들이 가능하는 사람들은 교육이 없다면 이 없을 때문에 다시 했다.
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the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and

the storage of drugs and medicinal freparations. (e)

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

Date: 29/11/22

Head of the Organization or cal Division

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institution, (H.P.)-175028

SECTION - IV

I certify that <u>Keena Maule</u>	(Name of Student
pharmacist) has undergone50 4	hours training spread over from Date months in accordance with the
05/08/22 to $2.8/11/22$ for a	period of months in accordance with the
details enumerated in SECTION III	
Date: 29/11/22	Medical Superintendent Head white Organization of Ber Pharmacentical Division
S	ECTION - V
I certify that Reena Malik	(Name of student
	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	Tean
Date: 27.3.2083	Head of the Academic howk

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 (hereinaster 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 (hereinaster referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. Prince Bhardway
(Name of student pharmacist) son of / daughter of Visag Kumas
residing at A-3/187/Sec-5 Robini 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.
Deep A
Date: 23 6 12022 Sellepid Plate Atademic Charles
At Training Institution
A de la companya de l
SECTION - II
1 Phince Bhardway (Name of the Student Pharmacist)
accept Manoj Kumal (Name of the Apprentice Master) of
School of Pharmary, Abhilash University, (Name of the College / Institution)
accept Man of Kumal (Name of the Apprentice Master) of School of Pharmacy, Abhilash University (Name of the College / Institution) Sanjay Grandhi Memorial Hospital, ND, 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.
Zvi .
Date: 13 7 2=22 Signature of the Student Pharmacist
SECTION – III
1. Manaj Kumak (Name of the Apprentice Master)
accept Sri / Smt. Prince Bhardway.
(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;
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the dispensing of prescriptions illustrating the commoner methods of administering (e)

the storage of drugs and medicinal preparations.

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

o	acist shall be assigned	for his /her guidance.
Date: 13/7/2022 Ma	wikul	
M	MKUL	Head of the Organization or Pharmaceutical Division
RPNo-		Zivisjoj.
	SECTION - IV	40(0)
I certify that Prince	Bhaldwn -	
pharmacist) has undergone 5 13-07-2022 to 02-11-2022 [or a period of 34	
Date: 02 11 22 22	N.O. IIC Pharmacy N.O. IIC Pha	Jead of the Organization or Pharmaceutical Division Sanjay Ganchi Memerial Hospital Govt. of NGT et Delhi Mangol Puri, Delhi-110083
e e	WECTION - V	Mangol Puri, Delhi-110083
I certify that Prince R pharmacist) has completed in all respect	hardwaj	(Name of student
pharmacist) has completed in all respect Regulations framed under section 10 of the	nis practical training t	inder regulation 20 of the Education
Regulations framed under section 10 of the Institution approved the Pharmacy Council	he Pharmacy Act, 194	8. He had his practical training in an

Institution approved the Pharmacy Council of India.

Head of the Academic School of Pharmacy, institution Abhilashi University Chail Chaile Teh. Chachyot, Distt. Mandi (r.P.)

NOTE:

1) Each & every Sections should be filled in with correction information, signed & sealed with the

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 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 (hereinaster reserved 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.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. AKASh Vouna
(Name of student pharmacist) son of / daughter of Sh. Santley 1102 bo 0
residing at V. P.O. Pukhai. Thehail & Dist . chamba CH. 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 Dear flead of the Academic School It Simng Tistitution About this University Teh. Chachyot, Disconting
SECTION - II
1 AK9Sh Verma (Name of the Student Pharmacist)
accept Sh. Janam Singh (Name of the Apprentice Master) of
LT. JIN GIMC & 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
-
accept Sri / Smt. Akish Vorma (Name of the Apprentice Master)
Vepilar-
(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;
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Dispatch No 12 m dated 25 11 Dispersory section Ptylning
Dispatch No 12 m dated 25 11 Dispensory section Pt JUNHM Hospi Cha CHIP).

- 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:	Head of the Recalification or Pharmacellings (Hipision Pt. Chamba
S	ECTION - IV
I certify thatAkash	Vorma (Name of studen
pharmacist) has undergone 500 12 22 to 24 11 details enumerated in SECTION III	(Nume of studen
Date: 25 22.	Head of the Organization or Pharmaceutical Division Medical Superintendent Pt J.L.N. G.M.C. & Hospital Common (H.P.)
I certify that Akash Vosma	(Name of student
Regulations framed under section 10 of the P Institution approved the Pharmacy Council of Date: 26-11-2022	practical training under regulation 20 of the Education

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

After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinaster 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.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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This form has been issued to Sri/Smt. Shabab Ahmad
(Name of student pharmacist) son of / daughter of Mo. Sokee!
residing at 5-44 B/295 New Seemaker Dette
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: 226202 Dean Academic School of The Academic School of The Academic Abb (remine Institution)-Chowk, Teh. Chackyot, El. (1997)
SECTION II
SECTION - II
1 Shakab Ahmee (Name of the Student Pharmacist)
accept Pramoy Kuman (by Ph Officer) (Name of the Apprentice Master) of
School of Rammery: Alliants yns work (Name of the College / Institution)
(Name of the Student Pharmacist) accept Pramoey Kuman (for Ph. Officer) (Name of the Apprentice Master) of Schop gpharmany, gshilashs yndrushly (Name of the College / Institution) IP Cyospolip S. Park, sell'-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 Signature of the Student Pharmacist
SECTION – III
1. Pramoe Kumon (Sn R Jhur) (Name of the Apprentice Master) accept Sri / Sunt. Skarbab Jhmed,
accept Sri / Sint. Thatas of mely,
(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:
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;
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the storage of drugs and medicinal preparations.

medicaments; and

Training Contract Form for qualification as a Pharmacist

2)

the dispensing of prescriptions illustrating the commoner methods of administering

1 also agree that a Registered Phar		2 de la
15/0/00	A - was an	our search AALC
Date: 15/2/2023		Head of the Organization or
		Pharmaceutical Division
		PRAMOD KUMAR
		(Sr. Pharmacy Officer)
E Maria	CECTION I	
water to the state of the state	SECTION - IV	(Government of Delhi)
I certify that Shala	500	
pharmacist) has undergone	10	(Name of studen
I do la saa	200	hours training spread over from Date
15/9/2022 10 15/2/2023	for a period of	months in accordance with the
details enumerated in SECTION III		O The state of the
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Date: 1573/2023		Head of the Organization or Pharmaceutical Division NCHARGE PHARMAC PROPERTY Chandra Hospital Prayesn Chandra Hospital Prayesn Chandra Hospital Pharmaceutics Prayesn Chandra Hospital Pharmaceutics
Bate. 13/3/202		Head of the Organization or
		Pharmaceutical Division
T		OF STARMACT
	B. Maria and Maria	INCHARO Chandra MING 3
W. 4	SECTION - V	INCHARGE PHARMACTION INCHARGE PHARMACTION Jag Prayesh Chandra Hospital Jag Prayesh Park, Delhi-110053
Coal .		INCHARGE Chandra Hospital Jag Prayesh Chandra Hospital Shastri Park, Delhi-110053
	James	(Name of student
pharmacist) has completed in all respe	ect his practical train	ing under regulation 20 of the Education
Regulations framed under section 10	Cu Di	ing under regulation 20 of the Education
Lasting:	the Pharmacy Act,	1948. He had his practical training in an
Institution approved the Pharmacy Cou	incil of India.	
Date: 21/03/2023		
	No. 10 Personal Contract of the Contract of th	olegid of the Academic
		School Branching School
		Abtitashi University Chall Christ
NOTE:	Service of the State	Teh. Chachyot, Disti. Wandi (rh.P.)
1) Each & every Sections should be	filled to the	
authorized person with mentioning	the dates	ion information, signed & sealed with the
The property of	THE WILLES.	

The practical training shall be not less than five hundred hours spread over a period of not less than

The head of an academic training institution, on application, shall supply in triplicate 'Practical

After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinaster reserved 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

three months. Mention the period of training in DD/MM/YYYY format only

referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. NARESH KUMAR.
(Name of student pharmacist) son of / daughter of SH. HAR DAW
residing at Will Landa, plo Halan Teh Chopel Jiss Shirda. H.p. 171210
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
From Integrations framed under section 10 of the Pharmacy Act, 1948.
Date: 23/06/22. Dean Schleidenbergedemic At Training Institution Change.
Tenchyet, U
SECTION - II
accept Sour (ale Subhama (Name of the Student Pharmacist)
Apprentice Master for the above training and agree to obey and respect to the student Pharmacy of the Master) of the Master for the above training and agree to obey and respect to the student Pharmacy) as my
Approximate (Hospital or Pharmacy) as my
and agree to obey and respect him / her during the entire
period of my training.
Thomas Illibrary
Date: 111 www Signature of the Student Pharmacist
SECTION - III 1. Late Supramacy (Name of the Apprentice Master) 1. Name of the student pharmacist) as a traince and I agree to give him ther training facilities in my
recept Sri / Smt. Narsh Kumar (NAme of the Apprentice Master)
Name of the student pharmacist) as a traince and I agree to give him /her training facilities in my
rganisation so that during his /her training he /she may acquire: —
Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and 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;
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- the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- the storage of drugs and medicinal preparations.

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

111/2021 Date:

zation or PharBanlani Medical ioffice Civil Hospital Nerwa

pharmacist) has undergone	1 uman		(Name of student
25/7/2000 1/11/2022	for a period of	hours training spread	over from Date
details enumerated in SECTION III	The state of	0 0	
Date: \ \ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Head of the Organiz Pharmaulaich Di Civil Hospi	ation oppices
	SECTION - V		
I certify that Warsh	Keiman		Name of student

shi University Chail-Chowk, Teh. Chachyot, Distt. Mandi (H.P.)

Head of the cademic

Benior Wedical Office 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.

Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an

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 The head of an academic training institution, on application, shall supply in triplicate 'Practical

Training Contract Form for qualification as a Pharmacist

Institution approved the Pharmacy Council of India.

4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinaster reserved 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.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. Puncel	c 1	
	The second secon	
(Name of student pharmacist) son of / daughter of Sh		
residing at Shimla Medical stare, 9, L	•	
who has produced evidence before me that he/she is entitled	to receive the Practical Tra	ining as set
out in the Education Regulations framed under section 10 of	he Pharmacy Act, 1948.	, the 1
	Dean Q	1
Date: 23/6/22	School of the Academic Ch	
	Tell raining Institution ndi	² .)
	New Color	
	e po amo pale di	
SECTION - II	- Little Minney	
I funer food	(Name of the Student I	Pharmacist)
accept Rameth rumar Abhilaghi university chailehouse orst. on Ight + 4 Shime. Apprentice Master for the above training and agree to ober	(Name of the Apprentice	Master) of
Applicachi university chairehouse Deel a	(Name of the College /	Institution)
Igh c + 4 Ning	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey	and respect him / her during) as my
period of my training.	and respect titin / tier during	g me emire
period of my dailing.		
Ollula		H.C.
Date: 31/16/22	Signature of the Student Ph	narmacist
• SECTION – III		
Day and Marian	O	- 150 m
accept Sri / Smt. Purcet Sood	_ (Name of the Apprenti	ce Master)
accept Sri / Smt. Dylet Jood		
(Name of the student pharmacist) as a traince and I agree to	500	lities in my
organisation so that during his /her training he /she may acqu	re: —	
 Working knowledge of keeping of records requiprofession of pharmacy; and 	red by the various Acts at	ffecting the
2. Practical experience in –	make the second of the second	See 1
(a) the manipulation of pharmaceutical apparatus in		
(b) the recognition by sensors characters of chief of in medicine	rude drugs & chemical sub	stance used
(c) the reading, translation and copying of prescrip	ions including the checking	of doses;
		Cont

the dispensing of prescriptions illustrating the commoner methods of administering

(e) the storage of drugs and medicinal preparate	tions.
I also agree that a Registered Pharmacist shall be assig	ance for his ther guidance.
	Phar Chaist en ingla
Date: 31 10 27622	Head of the Organization or
	Pharmaceutical Division
SECTION - IV	/
I certify that Puncet Lood	
	(Name of student
pharmacist) has undergone 500 first	hours training spread over from Date
13 July 2-22 to 31 oct · 2022 for a period of 3 details enumerated in SECTION III	months in accordance with the
	(a) 22222
Date: 3//10/22	Head of the Organization or
	Dr. Ranul Rao
	Asstt. Prof. cum Dy. M.S.
SECTION - V	I.G. Medical College & Hospital Shimla-171001 (H.P.)
7	Regd.No. 1641/12(HPMC)
I certify that Tuneed Sood	(Name of student
pharmacist) has completed in all respect his practical traini	ng 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.	
	Oglas
Date: 3/1/0/22	El Pocitor Pharmacy. A hillash Othic Ashideniac Chowa.
	TAN CHARACTERISMENT (U.S.)
	0MM 2022
NOTE:	, ,
1) Each & every Sections should be filled in with correction	on information, signed & sealed with the
authorized person with mentioning the dates. 2) The practical training shall be not less than five hundred he three months. Mention the period of the initial NO.	
The Continues Mention the Deriod of training in 1111/MAMAYY	VV format aut.
3) The head of an academic training institution, on applica	tion, shall supply in triplicate 'Practical

4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinaster reserved 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.

Training Contract Form for qualification as a Pharmacist

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. Ninad trabbalcu
(Name of student pharmacist) son of / daughter of Dr. Ram Navayan Prashaller
residing at UPS SoutsyothDirry una (14,10) Pin 194031
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 Schlenkenherwacedemic
Abhi Frairling Institution Charles
Teh. Chachyot, Oicilinfandi (m)
SECTION - II
Ninad Probho Kor (Name of the Student Pharmacist)
(Name of the Apprentice Master) of
(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.
Dans 12/20/22 Wined Curter
Date: 12/10/22 Signature of the Student Pharmacist
SECTION – III
I
accept Sri / Smt. (Name of the Apprentice Master)
TYLING PLANKY
(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 and the common use;
in medicine
(c) the reading, translation and copying of prescriptions including the checking of doses;
y and the second
Cont

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 Chief Pharmacist Head of the Organization or Pharmacist Medical Medical Medical Medical
Chief Pharmacist Head of the Organization or Pharmaceutical Division or Regional Hospital Una Pharmaceutical Division (H.P.)
SECTION - IV
I certify that Ninad Prabhakar (Name of studer
pharmacist) has undergone Soo hours training spread over from Dat
1/07/22 to 12/10/22 for a period of Three months in accordance with the
details enumerated in SECTION'III
Reddawg.
Date: 13 10 32 Chief Pharmacist Icar of the Organization of the Commission of the Organization of the Orga
Date: (a) 10 a 2 Chief Pharmacist Icer of the Organization of Regional riospital Una Pharmaceutical Division na (H.P.)
SECTION - V
I certify that Name of student
pharmacist) has completed in all respect his practical training under regulation 20 of the Education
Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an

NOTE:

Institution approved the Pharmacy Council of India.

- 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.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. Kail	osh
(Name of student pharmacist) sor of / daughter of_	
residing at Vill-magraun P. D. Chail of	rout the chack at Right Manai 17
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	
Date: 23-06-22	Steppe of the Academic Abritaining Institution! Chawk, Teh. Chacayot, Use Management
SECTION	- 11
A Windowski and the	
1 Kailash accept Hans Ray	(Name of the Student Pharmacist)
accept Hans Ray	(Name of the Apprentice Master) of
Abhilashi Universty (Pharmag)	(Name of the College / Institution)
CH sunder Nagara (1517)	(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	Korlash Signature of the Student Pharmacist
SECTION -	III
1. Kody Raj ecept Sří/Smt. Kajlosh	(Name of the Apprentice Master)
ecept Sri / Smt. Kailosh	Dear
Name of the student pharmacist) as a trainee and I agr	
rganisation so that during his /her training he /she may a	acquire: —
Working knowledge of keeping of records reprofession of pharmacy; and Practical experience in –	
in medicine	ief crude drugs & chemical substance used
(c) the reading, translation and copying of prese	ARTHUR DE LA STATE
	Cont

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: 19.10.202

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

	SECTION - IV	
I certify that Karlash		(Name of studen
pharmacist) has undergone	54	hours training spread over from Date
11 July 2021 to 19.001.2021		
details enumerated in SECTION III	101 a period 01	3 blus months in accordance with the
in SECTION III		0
Date: 19,10202		the arty
China at the transfer of the	and the state of the state of	Head of the Organization or
		Chief Pharmacy Officer sion
		Civil Hospital Sundar Nagar Distt. Mandi (H.P.)
	SECTION - V	Dist. Mandi (H.P.)
I certify that Kalash		
		(Name of student
Regulations Completed III all resp	ect his practical traini	ng under regulation 20 of the Education
Tanicu under section 10	of the Pharmacy Act.	1948. He had his practical training in an
Institution approved the Pharmacy Con	uncil of India.	A /
Date: 19.10.2022		(My)
Date. 17-10-2022	D	Ilead of the Academicnagar
	Dean School or As	Training Institution
	School of Charmac Abhilash University Chail (Teh. Chachyo Diet As	by District Artestor C.
NOTE:	or, Distr. Iviano	II/HD1
1) Each & every Sections should be	filled in with correction	on information signed P

authorized person with mentioning the dates. ation, signed & sealed with the

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 (hereinaster 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.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. Pinki Devi
(Name of student pharmacist) son of / daughter of Bhaat Singh
residing at Village 18 post office Nirath, Jeh. Rampur Bushohr Dist Shim
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 Stead of the Adding Chowk, Abfraining Institution add (N.P.)
SECTION - II
1 Pinki Deui (Name of the Student Pharmagint)
(Name of the Student Pharmacist)
School of phas macy, chail chowk (Name of the Apprentice Master) of
(Name of the Student Pharmacist) accept Amit Kumar (Name of the Apprentice Master) of Abitathi mandle (the Master) (Name of the College / Institution)
(Hospital of 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: 29/11/21 Signature of the Student Pharmacist
Signature of the Student Pharmacist
SECTION – III
1. Amit Kumak (Name of the Apprentice Master)
accept Sri / Smt. Pink Deli
(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:
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

-2-(d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and the storage of drugs and medicinal preparations. I also agree that a Registered Pharmacist shall be assigned for his /her guidance. Head of the Organization or Pharmaceu ticator ivision SECTION - IV I certify that (Name of student pharmacist) has undergone hours training spread over from Date to 28/11/21 for a period of months in accordance with the

Date: 29/11/22

Medical Suprintendent Head 45 Mico remienting Appur Bsi Phariaticsmion Division2001

SECTION -

I certify that Din De vi	
pharmacist) has completed in all respect his prostical and	(Name of student
Pharmacist) has completed in all respect his practical training under regulation Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practicular approved the Pharmacy Complete State of the Pharma	20 of the Education
approved the Final macy Council of India.	
1 Ny	1 12023

Fachlead of the Academic Abhiladinapping Institution
Teh. Chachuck Teh. Chachyot, Disti Mandi (H.P.)-175028

NOTE:

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 (hereinaster reserved 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.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. Raghov Thiman
(Name of student pharmacist) son of / daughter of Bhara T Bhashan
residing at V.P.O Kotta Kalan upperala Teh. & Ditt. 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.
Donn
Date: 23/06/2022 Selection the Academic Chank.
Ten Fairing (nstitution
SECTION - II
1 Raghar Dhiman (Name of the Student Pharmacist)
accept Smo (Name of the Apprentice Master) of
Raghov Dhiman (Name of the Student Pharmacist) accept SMO (Name of the Apprentice Master) of Abhilashi University (Name of the College / Institution) RM UMA: (Hospital or Pharmacy) as my
RY UMA. (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.
Rayhor
Date: Signature of the Student Pharmacist
Date: Signature of the Student Pharmacist
Date:Signature of the Student Pharmacist SECTION – III
Signature of the Student Pharmacist SECTION – III
Signature of the Student Pharmacist SECTION – III I. SWO (Name of the Apprentice Master)
Signature of the Student Pharmacist SECTION - III I. SWO (Name of the Apprentice Master) accept Sri / Smt. Raghay Dhimay
Signature of the Student Pharmacist SECTION - III I. SWO (Name of the Apprentice Master) accept Sri / Smt. Raghay Dhimay (Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
SECTION – III 1. SMO (Name of the Apprentice Master) accept Sri / Smt. Ragkay Dhiway (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
SECTION – III 1. SWO (Name of the Apprentice Master) accept Sri / Smt. Ragkay Dhiway (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
SECTION – III 1. SWO (Name of the Apprentice Master) accept Sri / Smt. Raghay Dhimay (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;
SECTION – III I. SMO (Name of the Apprentice Master) accept Sri / Smt. Rockey Dhimay (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
SECTION – III 1. SWO (Name of the Apprentice Master) accept Sri / Smt. Raghay Dhimay (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;
SECTION - III 1. SMO (Name of the Apprentice Master) accept Sri / Smt. Raghay Dhimay (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

medicaments; and

the dispensing of prescriptions illustrating the commoner methods of administering

(e) the storage of d	lrugs and medicinal preparations.
· I also agree that a Register	ed Pharmacist shall be assigned for his /her guidance.
	The state of the s
Date:	Mandhawa.
	Chief Pharmacist Head of the Organization or Regional Hospital Una Pharmaceutical Division Senior Medical Officer
	Regional Hospital Ina (H.P.)
	SECTION - IV
I certify that	Raghar Ohiman (Name of student
pharmacist) has undergone	t and the bracent
-1-1	danning spread over from Date
details enumerated in SECTION	
onumerated in SECTION	Randhawa.
Date:	
	Chief Pharmacist Head of the Organization or
	Regional Hospital Una Pharmaceutical Division
	Senior Medical Officer Regional Hospital Una (H.P.)
	SECTION - V
I certify that	0.1.011
	Raghay Dhimay (Name of student
Regulations framed und	respect his practical training under regulation 20 of the Education
garacions mained under section	n 10 of the Pharmacy Act. 1948. We had his practical to the
Institution approved the Pharmac	y Council of India. HOD
Date: 0.0/s. /o. 0.	School of Phalmid
Date: 22/10/2022	Abhilashi University Chail Chowk Teh. Challing of the LASA Genic 175028
	Training Institution
NOTE:	그는 가장 는 사람들이 되었다. 그런 그리고 하게 된 개별하다.
2) The practical training shall he	P not less than C. I
3) The head of an academic tro	ining institut
After successful completion of	the practical training, It shall be the responsibility of the trainee to

ensure that one copy (hereinaster reserved to as the first copy of the Contract Form) so silled 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.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. 1715	NO ICABA
(Name of student pharmacist) son of / daughter of	EN, MAZIR MOMO, VIPO.
residing at Nowlessed. TEH CHURON	DISTO CHARRA. HIP MG
who has produced evidence before me that he/she is entit	led to receive the Practical Training as set
out in the Education Regulations framed under section 10	
	Deaft /
Data 9.1 C112	At James Harmany, At James Chowk, At James Chowk, Mandi Ca.P.)
Dal 28 6 12	Te Charling The Hulfondi (m.P.)
	6.7.24
direction II	
SECTION - II	and state of the second
accept Ashinar Dogra.	(Name of the Student Pharmacist)
accept Ashinan Dogia.	(Name of the Apprentice Master) of
	(Name of the College / Institution)
Civil Youpital TiceA. (cha)	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obe	
period of my training.	
	4 Jours
Date:	Signature of the Student Pharmacist
SECTION – III	
1. Ashinau Dogia. accept Sti / Smt. Yakub Khan.	(Name of the Apprentice Master)
(Name of the student pharmacist) as a trainge and I agree	to give him /her training facilities in my
organisation so that during his /her training he /she may acc	
Working knowledge of keeping of records req profession of pharmacy; and	uired by the various Acts affecting the
Practical experience in – (a) the manipulation of pharmaceutical apparatus	in common use:
(b) the recognition by sensors characters of chief	UNDS (CONTROL OF SECTION) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
in medicines (c) the reading, manslation and copying of prescri	intions including the cheeking of days
(c) the reading, manslation and copying of preseri	phons mending the enecking of doses;
그러면 즐러면 보다 하나니다 그래는 점점을 통해를 통해보다.	Cont
경쟁 그 그 그 그 그 그리고 그렇게 되었다. 하는 기계 (1) 이 그리고 그렇게 되었다. 하는	

the dispensing of prescriptions illustrating the commoner methods of administering

medicaments;	and drugs and medicinal preparation	ons.
ART AND AND ADDRESS OF THE ART AND ADDRESS OF		
ag. co min a registe	red Pharmacist shall be assign	ed for his /her guidance.
Date: 8 10 22		Head of the Organization or,
AND THE PROPERTY OF THE PROPER	The state of the state of the state of	Pharmaceutical Division
	John Committee of the C	
	SECTION - IV	1 14/2 12 0
l certify that	Yakub Khan.	(Name of student
pharmacist) has undergone		August 1 and 1
1-July - 2022 to 30-107.	-2022 for a period of	months in accordance with the
details enumerated in SECTIO	ior a period of	months in accordance with the
details chamerated in SECTIO	DN III	
Data: 9 Italan		Head of the Organization or Pharmaceutical Division
Date: 3/6/22 .		Head of the Organization or
	Late to the second	Pharmaceutical Division
	GEOMA	
	SECTION - V	
I certify that	akub Khan,	
pharmacist) has completed in	Il respect his practical to it	(Name of student
Regulations framed under secti	on 10 of the Pharmacy Act. 1	g under regulation 20 of the Education 948. He had his practical training in an
Institution approved the Pharma	acy Council of India.	y to. He had his practical training in an
Date: 3 10 2		V N N N N N N N N N N N N N N N N N N N
		Head of the Academic
Maria de la companya	(Depart)	Privaining Institution
		narmacy,
NOTE:	10 10	niversity Chail-Clyowk, yot, Distancia (R.P.)
1) Each & every Sections she	ould be filled in with	n information, signed & sealed with the
authorized person with men	tioning the dates.	it information, signed & sealed with the
three months Mention than	be not less than five hundred ho	ours spread over a period of not less than
3) The head of an academic i	raining institution	YY format only
Training Contract Form for 4) After successful completion	qualification as a Pharmacist	YY format only ion, shall supply in triplicate 'Practical
ensure that one copy there	inafter referred to an in a	all be the responsibility of the trainee to
Submitted to the Head of the	he academic training institution by and the third copy) shall be fi	copy of the Contract Form) so filled is
No colored	shall be fi	led with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. Sandoep Jeurial
(Name of student pharmacist) son of / daughter of Pal Chord
residing at N. P.O Press of the Sextanglet Dist Mand CHIPITS
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.
Dear
Date: 93/6/92 Stient of the Academic Faining Institution! Chank,
Paining Institution
SECTION - II
1 Sandles Kumar (Name of the Student Pharmacist)
Numer of the Apprentice Master) of
(Name of the College / Institution)
School of Marriag Abhilathi Uni Charlebook (Name of the College / Institution) CIRCLEMENT HE Mareli at New clock (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.
Soder Okons
Date! 1817122 Signature of the Student Pharmacist
SECTION – III
1. Santish keeman Mannacist (Name of the Apprentice Master)
accept Sri / Sunt. par Sanders 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: 16 7 24	Was CIST
Dire. 101 9 3	Phachale ungant MAR of Phachale ungant No Central Divasion on the SLBSGMC and Hospital SLBSGMC and Hospital SLBSGMC and Hospital Nerchovik (H.P.)
	VC Central and Hospital
and the second s	NC Central and Hospital SLBSGMC and Hospital Mandi at Nerchovik (H.P.)
SECTION - IV	
1 certify that the Sandul kunar	(Name of student
pharmacist) has undergone Dive hundred hour	rs training spread over from Date
18 7 22 to 31/10 22 for a period of 3/2	months in accordance with the
details enumerated in SECTION III	Jul 1 22
	Senior Medicals
Date:01 11 22	Seniol Medical Superintendent
	Phandacontical Statespital
SECTION - V	
I certify that <u>Sandeep Koms</u>	(Name of student
pharmacist) has completed in all respect his practical training u	inder regulation 20 of the Education
Regulations framed under section 10 of the Pharmacy Act, 1948	R. He had his practical training in an
Institution approved the Pharmacy Council of India.	
a/i. /	Chall-Chewk
Date: 02/11/2022 His	Chail Chewki
16	reaning institution
	and the second
NOTE:	
1) Each & every Sections should be filled in with correction in	formation, 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 for	ormat only

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.

Training Contract Form for qualification as a Pharmacist

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt
(Name of student pharmacist) son of / daughter of Charles of Charles
who has produced evidence before the Alle anagor, Disti - kathua
who has produced evidence before most all the anagor Dist - Kadhua
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Residualisms 6
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.
Date: 23/2/22
Date: 23/06/22 Head of the Academic
Sch. Training institution Aby ni Univers.
Teh. Chachyot, Distr
SECTION - II
1 Jyoti Devi
Name of the Student Pharmacist) accept Sh. Squaleev Karmar of (Name of the Apprentice Master) of S-D-H Parale Ckalhua) (Name of the College / Institution) Apprentice Master for the above training to the Apprentice Master of Pharmacy) as my
S-D-H Phoppeles College Have) (Name of the Apprentice Master) of
(Name of the College / Institution)
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.
Con Contraction of the Contracti
Date: 31-10-22 Signature of the Student Pharmacist
ing a state of the contract of the second of the contract of t
SECTION – III
1. Sanjeer Kumar (Name of the Apprentice Master)
1. Sanjeer Kurnar (Name of the Apprentice Master) accept Sri / Smt. Jyoti Devi (Name of the student phononic)
(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: —
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;
alock Medical Office.
Health & Family Welfars SDH Parole
· ·

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

Date:	Block Medical Office.
	Phark Pard Division
SECTION - IV	
I certify that Jyot' Dan'	(Name of studen
pharmacist) has undergone 540 ho sq-7-22 to 28-10-22 for a period of -	ours training spread over from Date
details enumerated in SECTION III	The Mark
Date:	Health Schindle of Health Schindle
	SDH Parole
SECTION - V	
I certify that	(Name of student

Date: 04/11/2012

Institution approved the Pharmacy Council of India.

Transport of the Academic howk.
Teh. Graning Institution. P.)

NOTE:

1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an

- 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 Phurmacist
- 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.

Health & Family Wellare

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Salva	1 Cerar drawy
(Name of student pharmacist) son of / daughter of Sh	· Rum Val
(Name of student pharmacist) son of / daughter of	le of Proce to Tel Ballo M
residing at Vill, Dadou Near Saini Pe	MOCHWYG TUSTOWN Y
who has produced evidence before me that he/she is entit	
out in the Education Regulations framed under section 10	of the Pharmacy Act, 1948.
	\mathcal{L}
Date: 23/06/22	School That macy
	Ab Training Institution Chark,
	Teh. Unachyot, Ut 1. Jane)
SECTION - II	
APACAMETER STATE	
secupi Sh- Ramit Engh Marmaeort School of Pharmacy Abhilahi Uni. Chall	(Name of the Student Pharmacist)
accept &h- Kamist Engly Marmacost	(Name of the Apprentice Master) of
School of Phamay Abhilati Uni. Chall	Chaule (Name of the College / Institution)
the hodget March & LOSh Met n Marchiat Ne	(Chillospital or Pharmacy) as my
Apprentice Master for the above training and agree to ob	ey and respect him / her during the entire
period of my training.	
	(M)
Date: 18/07/22	Signature of the Student Pharmacist
	and the second
SECTION - II	I
accept Sri Smt. Sahil Chauchen	(Name of the Apprentice Master)
(Name of the student pharmacist) as a traince and I agree	to give him /her training facilities in my
organisation so that during his /her training he /she may ac	equire: —
1. Working knowledge of keeping of records re	equired by the various Acts affecting the
profession of pharmacy; and	
Practical experience in – (a) the manipulation of pharmaceutical apparatu	us in common use;
(b) the recognition by sensors characters of chi	of crude drugs & chemical substance used
in medicine (c) the reading, translation and copying of presc	criptions including the checking of doses;
(c) the reading, translation and copying of presc	
	Cont

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

Date: 18/07/22

HEHIEF Mandi at Nercho

1 certify that Mr Sahil chandhary	(Name of student
pharmacist) has undergone training and hours training	d from D.
details enumerated in SECTION III	accordance with the
Pharmacention Mead of the Organi	THE HOSPIFAL RESPONSE A HOSPIFAL Nerchowk (H.P.)
SECTION - V	
1 certify that Salsil Chaudhary	Name of student
pharmacist) has completed in all respect his practical training under regulation 2	0 of the Education
Regulations framed under section 10 of the Pharmacy Act, 1948. He had his prace Institution approved the Pharmacy Council of India.	tical training in an
Date: 29/12/22 Head of the Academ Training Institution	4

NOTE:

1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

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

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 (hereinaster 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. ELTA S	AMSIAH
(Name of student pharmacist) son of / daughter of State B	HAGWAN DASS SHADMI
residing at Vill. Delgahu, P.O. Bour, T.	El O. Dielle Hann L.
who has produced evidence before me that he/she is entitle	ed to receive the Denotical To-
out in the Education Regulations framed under section 10 o	Cally Discourse the Practical Training as set
regulations framed under section 10 6	of the Pharmacy Act, 1948.
Date: 23/6/22	Dean
28/8/22	Straining Institution Chowk,
	Teh, Grachyot, Die
SECTION - II	Control of All Control of All
Elda Sharma.	(Name of the Student Pharmacist)
accept Panelit Salkshnor.	(Name of the Apprentice Master) of
Abhilashi University CHC Galores Apprentice Master for the above training and agree to obey	(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.	
	그 그 그는 경우 생각이
Date:	Signature of the Student Pharmacist
	signature of the Student Filannacist
SECTION - III	
accept Sri / Smt. Exter Sharma	_ (Name of the Apprentice Master)
(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 acqu	ires —
Working knowledge of keeping of records requiprofession of pharmacy; and Practical experience in –	ired by the various Acts affecting the
(a) the manipulation of pharmaceutical apparatus in	Leamman uwa
(b) the recognition by sensors characters of chief c in medicine	rude drugs & chemical substance used
(c) the reading, translation and copying of prescript	tions including the checking of doses;
	Cont

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

17/10/22

Chief Pharmacuatical Binisjon

	C H.C. Salon	B Uratt. Hammpeir (ILP)
	SECTION - IV	9
I certify that Ebtas pharmacist) has undergone 11-7-2029 to 17/10/202 details enumerated in SECTION II Date: 17/10/22	504 hours training for a period of three many for a period of three many for the formation of the formation	(Name of studenting spread over from Date nonths in accordance with the Re Organization or Security (1.5)
	SECTION - V	a de la companya de l
I certify that	spect his practical training under reg of the Pharmacy Act, 1948. He had ouncil of India.	d his practical training in an
Date: 17/10/22	Block Me	disal effice

Academic

NOTE:

Abhilashi University Chail Chowk Teh. Chachyot, Distt. Mandi (H.P.)

1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

School of Pharmacy

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

Dean

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

	14.00
This form has been issued to Sri/Smt.	
(Name of student pharmacist) son of / daughter of SH	
residing at V.P.O. BHAWARNA, TEH. PALAR	MPUR DIST. KANGRA H.P.
who has produced evidence before me that he/she is entitle	led to receive the Practical Training as set
out in the Education Regulations framed under section 10	
A H temperature and the second	
Date: 23 06/2022	Schlege Principe ademic
	Abb Taining Institution Chowk,
	Teh. Chachyot, Diett. Menth (n.P.)
SECTION - II	
SECTION - II	도 찍게 하다가 그렇게 했다.
1 VWAS	(Name of the Student Pharmacist)
accept Alohhov Scelceen	(Name of the Apprentice Master) of
Alphilash University Chail Chaux ma	Name of the College / Institution)
CHC Scelah Block Bhowarner	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to ob-	ey and respect him / her during the entire
period of my training.	-1.08. der
	(V) Kas Pundier
Date: 17/10/22	Signature of the Student Pharmacist
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
• SECTION – III	
Λ	
1. Alehnar Sectains	(Name of the Apprentice Master)
accept Sri / Smt.	
(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 ac	equire: —
1. Working knowledge of keeping of records re	quired by the various Acts affecting the
profession of pharmacy; and 2. Practical experience in –	
(a) the manipulation of pharmaceutical apparatu	s in common use:
(b) the recognition by sensors characters of chic	of crude drugs & chemical substance used
in medicine (c) the reading, translation and copying of presc	
the reading, translation and copying of presc	ripuons 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.

Tuiso agree that a registered i marmaeist shall be assigned for his filet gu	idance.
Date: 17/10/22 Abhrov Coloum Pharmonnille Pharmay + ChCs alled Tehsil. SECTION - IV	ical Officer, Incharge Health Colline, Sullah Palampur (Kangra) H.P.
I certify that	(Name of student
pharmacist) has undergone Scool Fire Hundre Jours training sp	
1.7.22 to $17.10.22$ for a period of 7 months	in accordance with the
details enumerated in SECTION III	
Date: 17/10/22 Head of the Orn Pharmaceut Pharmaceut Tehs	edition or adiai Officer Incharge unity Health Centre, Sullah il. Palampur (Kanara) H.P.
I certify that	_ (Name of student
pharmacist) has completed in all respect his practical training under regulation	n 20 of the Education
Regulations framed under section 10 of the Pharmacy Act, 1948. He had his p	practical training in an
Institution approved the Pharmacy Council of India.	

NOTE:

1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

Delinad of the Academic

School of the state of the stat

 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.

Date: 17/10/22 Abhrov	Head of the Organization of Column Pharmonnille Health Colline, Sullah Tehsil. Palampur (Kangra) H.P.
1 /VY SECTI	ON - IV
I certify that VIKCY	(Name of studer
pharmacist) has undergone Scool Five	-lunds hours training spread over from Dat
-4.7.22 to 17.10.22 for a perio	d of months in accordance with th
details enumerated in SECTION III	
Date: 17/10/22	Head of the Organization or
Abbirar Ch	Pharmaceut Madical Officer Incharge Community Health Centre, Sullah Tehsil. Polampur (Kanora) H.P.
SECTION	DN - V
I certify that \\ \A \tau. \tau	

Date: 17/10/22

Delinad of the Academic School in the Academic School in the Academic Abnilas Tonyers of Chail Chowk Teh. Chachyot, Distr. 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

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

Ph: 01907 250407, 250011, 250015

Rel So XI | 20 2021 27 with

Date of 21 102 20 2

Los

The Principal

GSSS Chachver Distr. Mandr. HTP

Subject

Regarding Internship in Leaching Teaching Practice of Event BABLO BY BLO

Students of School of Education. Abhilashi University

Respected Sir.

In continuation to our previous letter vide letter number AUT 29 20:11-22 156 dated 0.1.6 20:22 and with reference to subject cited above and permission granted by Deputy Direct 6 of Lementary Education Mandi ITP vide letter no. EDN-MND (E-II) JB1 (Teaching Practice) 20:20-24 3501-92 (Copy enclosed) the eight students under the two programmes four each in B Sc BTd, and B VBTd. 2 semester of 2019-23 batch (Est attached herewith) will be undergoing remaining four months. To weeks reaching practice internship in teaching at your esteemed school we to the September to 12. December, 2022. They will also be accompanied by teachers of the university as 26 the availability.

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

as a small be highly grateful to you

With regards.

HODE

School of Education

Abhitash Unitersity, Chail Chowk

Teh. qhachyot, Distt. Mandi (H.P.)-175028

Finish No Even

traps for

1 That the Vice Chancellor Abhilashi University, Chail Chowk, District Mandi H.P -175048 for information.

- 2 Registrar, Abhiliadii University, Chail Chowk, District Mandi H.P.-175048 for information.
- ; (a) Abhilashi University, Chail Chowk, District Mandi ILP -175048 for information.
- to thee file.

Schoolstenkalinenion

Teh, Chard Vol., Distt. Mandi (H.P.)-175028

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.) Ph: 01907-250407, 250011, 250015

List of Students of B Sc B Ld B A B Ld Francis (Lour Year Leacher Training Programme) 2019 23 Barar Schools

SI.	Name	Stream	Reg./Roll No.	Leaching Subjects
\0.	Akshay	BSc B1d Medical	101845453 (41476)	Rolling Trace of
2	Arpit Dhuman	B Sc B Ld Non Medical	19RSBSBSc BLD003	Pl or
;	- Priyanka	B Sc B Ld Non Medical	TORSBSBSCBED005	Physical de Markette
4	Shikha	B Sc B.I d. Non Medical	19RSBSBSCBED006	Phy Seight Mathematic
3	Gauray Sharma	B. V.B.I.d.	19RSBSBABED001	Social Sciences Linguish Social
D	Prerna	B 7 B I d	19RSBSBABED002	Science - Linglish
-	Vinus Chauhan	B. V.B.I d.	19RSBSBABED003	Social Sciences English
S	Sameer Thakur	BABITA.	19RSBSBABED004	Social Sciences

tisallion

Abhilashi University Chail Chowk
Teh. Chably Co. 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

To

4 5 2022

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

Subject:- Regarding

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:-

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

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

OF EDUCANO विद्या ददाति विनयम्

ABHILASHI UNIVERSITY

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

CERTIFICATE OF INTERNSHIP

OLIVIII 107 (12 G. M.)
This is certify that Mr./Miss/Mrs
one month school internship programme in
G.S.S. S. CHACHYOT under my guidance and supervision
w.e.f05-05-2022 to 04-06-2022 He/She has been awarded
grade in school internship
Salar de la companya della companya
Signature of Teacher Incharge Work Counter Signature of the School
Date: 4th June 2022.

OF EDUCATION OF AUTOMATION OF

ABHILASHI UNIVERSITY

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

CERTIFICATE OF INTERNSHIP

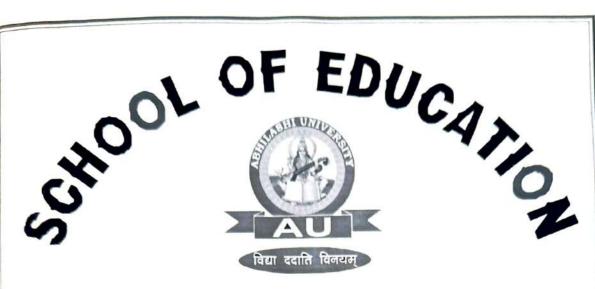
This is certify that Mr./Miss/Mrs. AkShay
one month school internship programme in
G.S.S.S. CHACHOT under my guidance and supervision
w.e.f. 5-5-2922 to 4.5.6. 2022. He/She has been awarded
grade in school internship.

Signature of Teacher Incharge Whopes

Date: 4th June / 2022. China

Counter Signature of the School

Dist. Mandi (M.



ABHILASHI UNIVERSITY

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

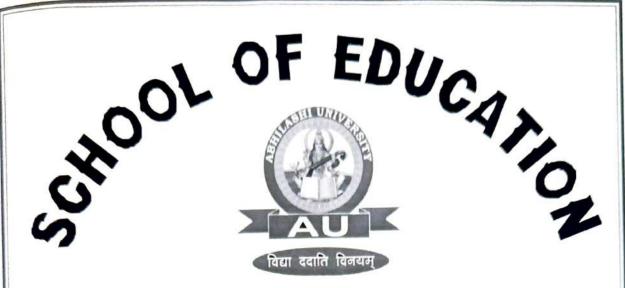
CERTIFICATE OF INTERNSHIP

This is certify that Mr./Miss/Mrs. GAURAU SHARMA					
bearing Universtiy Roll No					
one	month	school	internship	programme	in
G.S.S.S. CHACHIOT under my guidance and supervision					
w.e.f. 05-05-233 to .04-06-2023 He/She has been awarded					
grade in school internship.					

Signature of Teacher Incharge Mapus.

Date: 4th June / 2022

Counter Signature of



ABHILASHI UNIVERSITY

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

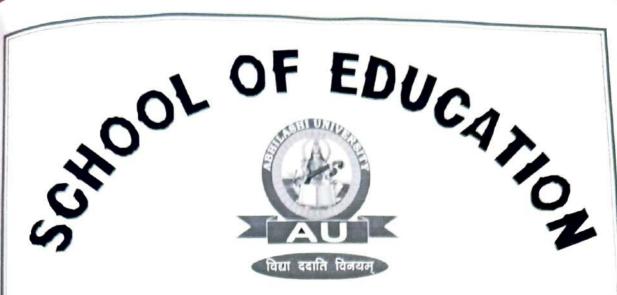
CERTIFICATE OF INTERNSHIP

9	This is certify t	hat Mr./Miss	Mrs. PRER	VA	
bearing Universtiy Roll No. 19RS 819062. has completed					
one	month	school	internship	programme	in
Q.	S.S.S CHA	ACHYOT	under my gı	iidance and super	vision
w.e.f. 05-05-2092 _{to} 04-06-2022. He/She has been awarded					
grade	in school intern	nship.			

Signature of Teacher Incharge

Date: 4th Tune, 2022.

Counter Signatur



ABHILASHI UNIVERSITY

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

CERTIFICATE OF INTERNSHIP

This is certify that Mr./Miss/Mrs. PRIVALLE
bearing University Roll No
one month school internship programme in
G.S.S.S.S.L. under my guidance and supervision
w.e.f. 05-05-2012 to 04-0A-2022 He/She has been awarded
grade in school internship.

Signature of Teacher Incharge Market

June, 2022

Counter Signature of the School

Dist. Mario Code: 20

OF EDUCATION AND TAIL TO THE PROPERTY OF THE P

ABHILASHI UNIVERSITY

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

CERTIFICATE OF INTERNSHIP

CERTIFICATE OF INTERNOTION
This is certify that Mr./Miss/Mrs. Ahhit Dhiman
bearing University Roll No. 819102 has completed
one month school internship programme in
6.555 [hochigat under my guidance and supervision
w.e.f. 05/5/2022 to 04/06/2022 He/She has been awarded
w.e.j
grade in school internship.
Signature of Teacher Incharge Major Counter Signature of the School

Date: 4th June, 2022

EDUCANO विद्या ददाति विनयम

ABHILASHI UNIVERSITY

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

CERTIFICATE OF INTERNSHIP

CERTIFICATE OF INTERNATION
This is certify that Mr./Miss/Mrs. SAMEER PHAKUR
bearing University Roll No. 819004 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 Counter Signature School

Date: 4th June, 2022.

OF EDUCATION OF ABHILASHI UNIVERSITY

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

CERTIFICATE

This is to certify that Mr. Ms. Sameer Thakur of Abhilashi Univers	sity of
Chai Chowk, Mandi (H.P.) having Class Roll No. 19RS BSBABED 004	
and University Roll No. 819004 has completed 40 Practice Lesson	and

Signature of Supervisor

HOO School grature of
Abhilish University Chai Chawk
Teh. School Head (H.P.)-175923

Counter Signature of

P D.O. Code : 201

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

CERTIFICATE

This is to certify that Mr. /M	s. Vinus Cincu	han	oj	Abhilashi University of
Chai Chowk, Mandi (H.P.)	having Class Roll	No. 19 RSBS BABED.	003	
and University Roll No.	819003	has completed	40	Practice Lesson and
	rvation Lesson duri	ng the Session202	2-23	
Signature of Supervisor	S. Jan	School Head di (S.)	Cou	tier Signature of Principal

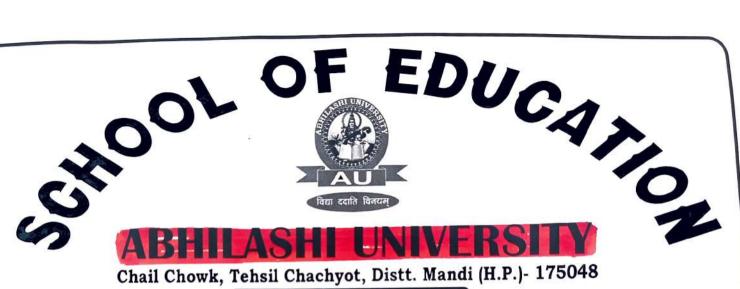
OF EDUCATION OF ABHILASHI UNIVERSITY Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)- 175048

CERTIFICATE

This is to certify that Mr. Ms. Shi kha	of Abhilashi University of
	og . Iomiusm e m. ersny og
Chai Chowk, Mandi (H.P.) having Class Roll No. 1985 BSC BE DOO 6	
and University Roll No. 819104 has completed 40	Practice Lesson and
30 Observation Lesson during the Session 2622 - 2023	0
	1 / 0

Signature of
Supervisor

Signature of School Head Counter Signature of Principal



Chowk, Tensii Chachyot, Distt. Mandi (H.F.)-

CERTIFICATE

This is to certify that Mr. /Ms. Pre and	o _j	f Abhilashi University of
Chai Chowk, Mandi (H.P.) having Class Roll No	19RSBS BABED 002	
and University Roll No	has completed 40	. Practice Lesson and
Observation Lesson during the	e Session 2022 - 23	

Signature of Supervisor

s Signature of

Abhnash University. Chail Chowk T**School Head**ndi (H.P.)-175022 Counter Signature of



CERTIFICATE

This is to certify that Mr. /Ms.	NKA	of Abhilashi University of
Chai Chowk, Mandi (H.P.) having Class Ro	W ISOS DEPSADA	005
and University Roll No. 819163	has completed 40	Practice Lesson and
Observation Lesson ad	o A	
Signature of	Signature of	Counter Signature of
Supervisor	School Head Was 13-17502	Principal