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Department of Business Administration

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CERTIFICATE

This is to certify that Mr. / Ms. Kunal Narang . Roll No. 19111010 50 34 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled A Study

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session





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This is to certify that Mr. / Ms. Saloue Nalwa ., Roll No. 191110105054 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled To Qualue the Masiketing

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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This is to certify that Mr. / Ms. Nyon Chauthary Roll No. 191110105017.

has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled Mancetting Strategy of Apple Phone

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Moerut, under my supervision during the session 2021-2022.





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has been a bonafide student of BB	A V∜ semester	during session 202	11-22. The enclosed
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This is to certify that Mr. /	Ms. Shally	Sharma	. Roll No. 19	111010
has been a bonafide stude	nt of BBA VI en	nester during s	ession 2021-22. T	he enclosed
Research Project Titled	Impact	of a	governance	în_
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This is to certify that Mr. / Ms. Gauransh Rastogi, Roll No. 19111010 50 23
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Impact of E Governance in
India Case of Gujsat

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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This is to certify that Mr. / Ms. Muskan Acora , Roll No. 19111010 5038 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled "How Dols Advertising Effects

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has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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This is to certify that Mr. / Ms. Adity a Rastogi, Roll No. 19111010 5005 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled A Study of Customer Satisfaction for Markenana Balero

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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This is to certify that Mr. / Ms. Akshita Rastogi , Roll No. 191110105006
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Most Effective Journ of Marketing.

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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This is to certify that Mr. / Ms. Abhubek (haudlasy, Roll No. 19111010 202)
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Reconstruct & Soler from & Employer
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has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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This is to certify that Mr. / Ms. Abushak (houdhary, Roll No. 191110105003 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled How does

has been prepared by him/her in lieu-of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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This is to certify that Mr. / Ms. Shazia Saik , Roll No. 19111010 5061 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled A Study On Employee Motivation Level at Rajaj Allianz Ltd., Heesust.

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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This is to certify that Mr.	Ms. Vingunk	Arora .	Roll No.	19111010 <u>50</u> 78
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This is to certify that Mr. / Ms. Shantanu Chaudhayy, Roll No. 19111010 5060 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled Study of Hooketing

has been prepared by him/her in lieu of partial fuffillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.



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This is to certify that Mr. / Ms.	Tane Chau	ghary Roll No. 1	9111010 1069
has been a bonafide student of	BBA VI semester dur	ring session 2021-22.	The enclosed
Research Project Titled Ma	rketing S	trateais	01
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has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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This is to certify that Mr. / Ms	ishal unday	, Roll No. 19	91110105079
has been a bonafide student of BB.	VI semester d	uring session 2021-22.	The enclosed
Research Project TitledImpor	4 01 44 m	nobile technologu	•
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has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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This is to certify that Mr. / Ms. Ampan Rawat , Roll No. 191110105015
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled A STUDY ON ONLINE SERVICES
PROVIDED BY STURDILY BUSINESS SERVICES
PVT LTD

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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This is to certify that Mr. / Ms. Aryon Chaudhary, Roll No. 191110105016
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Training and development process
of HDFC Bank.

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision-during the session 2021-2022.





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This is to certify that Mr. / ?	Ms. Deep	anshi Dhaka	, Roll No. I	91110105020
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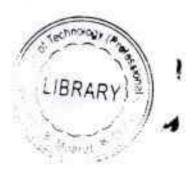
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This is to cer	tify that Mr. / Ms.	Sakul	Banial	, Roll No.	191110105053
has been a be	onafide student o	BBA	VI semester duri	ng session 2021-22	The enclosed
Research Pro	ject Titled How	CAN	MARKETING	STRATEGIES	DIFFFR
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This is to certify that Mr.	Ms. Sadhavi	, Roll No. 191110105052
	ent of BBA VI semester during	
Research Project Titled_	"Consumer 1	Dreference_
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has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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Dated: 05/07/2022

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This is to certify that Mr.	/Ms. Jani	sha w	erma	Roll No. 1	9111010_68
has been a bonafide stud					
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has been a bonafide student of BBA VI semester during sess	ion 2021-22. The enclosed
Research Project Titled NERGER AND ACQUISITION	NAIDNI NI V
BANKING SYSTEM	

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This is to certify that Mr. / Ms. , Roll No. 191110105046 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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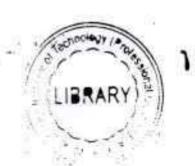
Department of Business Administration

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Research Project	Titled	JMPACT	OF	BRAND	IMAGE	0.0	CUSTOMER
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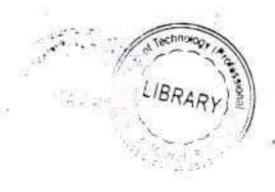
Department of Business Administration

Dated: 05/07/2022

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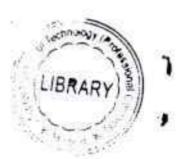
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CERTIFICATE

This is to certify that Mr.	Ms. Prince	roby Sha	Roll No. 1	9111010 <u>05</u> 049
has been a bonafide stud	ent of BBA VI	semester during	session 2021-22.	The enclosed
Research Project Titled _	Customer	Runna	Behavious	
Journal Inc	vance P	oheies T		

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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College Code: 1110

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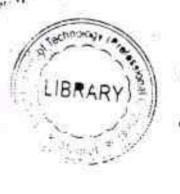
Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

	19111010 <u>50</u> 77
has been a bonafide student of BBA VI semester during session 2021-22 Research Project Titled Online Trading in 90	. The enclosed

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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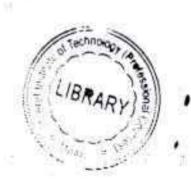
Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Anshiko Sharro , Roll No. 1911101014	
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed	
Research Project Titled "STUDY Of SATISHACTION OF	
FINANCIAL ADVISOR TOWARDS THE SERVICES	
PROVIDED BY BIRLASUNLIFE THERRANCE CO. LTO REJERCE	٤

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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This is to certify that Mr. / Ms. Ans. hiko Sharroo ____, Roll No. 1911101014

has been a bonafide student of BBA VI semester during session 2021-22. The enclosed

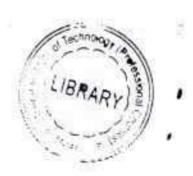
Research Project Titled "STUDY OF SATISFACTION OF

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has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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CERTIFICATE

This is to certify that Mr. / Ms. Agus	n Tonte	Poll No. 10111010 to 10
has been a bonafide student of BBA VI	semester duri	00 session 2021.32 The analysis
Research Project Titled Havem Jul	EUIC	of Advis HARa An
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has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms.	Yatin	Mada	<u>^</u> , R	oll No. 191	11101005082
has been a bonafide student of i	BBA VI se	mester du	ring session 2	2021-22. T	he enclosed
Research Project Titled "A	YOUTS	OF C	USTOME	R SAT	I SFACTION
IN MARUTI	Su	ZUKI	4		

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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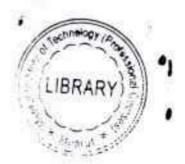
Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr.	Ms. Sunny Ohaka, Roll No. 19111010 5666
	ent of BBA VI semester during session 2021-22. The enclosed
Research Project Titled	Customer Satisfactions
regards	to starbucks.

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under by supervision during the session 2021-2022.





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CERTIFICATE

This is to certify that Mr. / Ms. Rish	abh Sharm	cı	_, Roll No. 1	91110105050
has been a bonafide student of BB/	VI semester duri	ng ses	sion 2021-22.	The enclosed
Research Project Titled Digital	Mankeling	1004	E-Comme	nce
Companies	J	5.2		11.72

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.



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Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Sawood Mansonni, Roll No. 191110105056
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Fitled Impact of Digital Manketing

Amazon India lut. Ltd.

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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Toryor Shown

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Dated: 05/07/2022

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This is to cert	ify that	Mr. / Ms.	_Ar	chal	Singh	, R	oll No.	19111010_5	000
has been a bo						CONTRACTOR STATE OF THE PROPERTY OF THE PROPER		THE RESIDENCE OF THE PARTY OF T	
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has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my Supervision during the session 2021-2022.

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CERTIFICATE

This is to certify that Mr. / Ms. <u>Dev Kowshik</u>, Roll No. 1911101050 22 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled "Impact of Banking Sexuices

On Indian Economy"

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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CERTIFICATE

This is to certify that Mr. / Ms. Isha Sinth .	Roll No. 191110105027
has been a bonafide student of BBA VI semester during session	2021-22 The enclosed
Research Project Titled <u>Recruitment</u> & Selo	ction
Process In I.T. Industry	

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.



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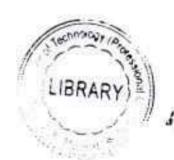
Dated: 05/07/2022

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This is to certify that Mr. / Ms. <u>Aushard Marma</u>, Roll No. 19111010 5067 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled <u>Poes collaboration of Indian universities</u> which foreign universities really helps in upliffment of Indian educational sector 19

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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CERTIFICATE

This is to certify that Mr. / Ms. Janah has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled A

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.



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CERTIFICATE

This is to certify that Mr. / Ms. Shubhanshu Kr. ARoll No. 191110105065 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled Impact of FDI & FII on Inclian Stock Market.

has been prepared by him/ber in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Ariket Chaucharykoll No. 191110105010
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Developing Specialized
Safety Standards for The Wankplace

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Heman	nt Rumor.	Roll No. 19111010-5025
has been a bonafide student of BBA VI se	mester during session	2021-22. The enclosed
Research Project Titled CONJUMES	Behaulowr	temorals
"Amul Milk"	(1	

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.



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Dated: 05/07/2022

CERTIFICATE

This is to cortify that Mr. 1 Ms. Shivam Poronia , Roll No. 19111010 5062 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled 774

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

Project Coordinator

NH-58, Baral Partagur, Bypass Road, Meerut -250103, U.P., India Tel: +91-121-2441700 Mob.: 9105000580 Fax: +91-121-2441700, Website: www.mitedu.ac.in

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Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Shivani	Roll No. 19111010 5063
has been a bonafide student of BBA VI semester du	ring session 2021-22. The enclosed
Research Project Titled Employee	atisfaction
regarding rightment	MIDIEM at
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has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

sordinator



NH-58, Baral Partapur, Bypass Road, Meerut -250103, U.P., India Tel.: +91-121-2441700 Mob.: 9105000580 Fax: +91-121-2441700, Website: www.mitedu.ac.in MEERUT

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College Code: 1110

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Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Anjal (K		Roll No. 19111010 11
has been a bonafide student of BBA 1 semes	ster during session	2021-22. The enclosed
Research Project Titled Comparative	study of	Rifferent
type of Schemes in	Mutual	Sund
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has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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Project Coordinator





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Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled Impact of Social media

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.



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College Code: 1110

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Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Shier Ram Kumai. Roll No. 19111010 5069 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled A Study of Venture Cupitul Huancing in Judia.

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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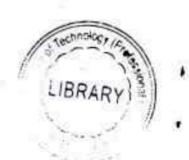
Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. VIVEK MURMU, Roll No. 191110105080 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled COMPOSITION OF BOARD OF DIRECTORS AND ITS IMPACT ON FIRM'S PERFORMANCE

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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CERTIFICATE

This is to certify that Mr. / Ms. Sangmitra. , Roll No. 191110105031
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Effect of advertising on Success

of business organication.

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Mecrut, under my supervision during the session 2021-2022.



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Technology

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Department of Business Administration

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CERTIFICATE

This is to certify that Mr. / Ms. Gunjan Chaudham Roll No. 191110105024
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Human Resource Training in
TATA Motors

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Mohd - Danish Saifi. Roll No. 191110105037
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Masks hing Sthategist Of

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.



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CERTIFICATE

This is to certify that Mr. / Ms. MD SAHTL ANSART, Roll No. 191110105036 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled Role of Financial institution

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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CERTIFICATE

This is to certify that Mr. / Ms. Rankaj kumar chauhanRoll No. 19111010 5045
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled A Study on Inventory Managiment
AT Asian Raints

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.

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CERTIFICATE

This is to certify that Mr. / Ms. SANDEEP HAHTO, Roll No. 191110105055
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled A STUDY ON THE IMPACT OF
FOREIGN DIRECT INVESTMENT ON
FHER GING ELONOMIES—THE CASE OF INDIA."

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.



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CERTIFICATE

This is to certify that Mr. / Ms. Sayerdur Rahman, Roll No. 191110105057 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled A Study on the impact of micro

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.



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Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. No. Mould-Malik ..., Roll No. 191110105041

has been a bonafide student of BBA VI semester during session 2021-22. The enclosed

Research Project Titled Markeling Strategy

of flippart.

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University, Meerut, under my supervision during the session 2021-2022.





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Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr.	Ms. Kerifika Chauhan , Roll No. 19111010 5032	_
has been a bonafide stud	dent of BBA VI semester during session 2021-22. The enclosed	
	Meggeus and Acquisition in	
	Indian Banking Sector	
	N	

has been prepared by him/her in lieu of partial fulfillment for the requirement to award the Degree of Bachelor in Business Administration from Chaudhary Charan Singh University. Meerut, under my supervision during the session 2021-2022.

Project Coordinator

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Vijay Shree Hospital

Email.id vijayshreehospital9@gmail.com

OPP SANSKAR FARM HOUSE, NEAR NAGAR PALIKA, SIYANA (DIST. BULANDSHAHAR) Mob.: 7251984519

DATE ON 18/11/2021

EXPERIENCE CERTIFICATE

This is Certified to that Mr. Aashish Kumar Age: 18 Year Male S/o Mr. Brijpal Singh R/O Vill+ Post Jamalpur Jakhera Rahamatpur Dist. Hapur (U.P) his 45 days of training done from 01 oct. 2021 to 15 Nov. 2021 in vijay shree Hospital, Siyana

HE WORK IS SATISFECTORY I WISH GOOD & SUCESS FUTURE.

Authorized Signature



TOMAR HOSPITAL

C-61/5, JAGRITI VIHAR, MEERUT

Rx

Training Completion Certificate

This is to certify that Mr. Adeeb Student of B. Pharm 3rd year at Department of Pharmacy Meerut Institute of Technology (UP) Roll No 1910340500003 Year 19-23

His training stated on 25 Oct. 2021 to completed on 09 Dec . 2021 Date of issue 09 Dec. 2021,

Clinical work first aid (wound dressing artificial respiration etc). different routes of injection, study of patient observation charts prescriptions and dispensing, simple diagnostics report etc.

Satisfactory work done by him.

TOMAR HOSPITAL C-61/5, Jagnti Vinar,

Meerut

सुविधाएं :- मल्टी स्पेशयलिटी ओ.पी.डी., आई.सी.यू, 9'' सी-आर्म ओ.टी., आर्थोपेडिक सर्जरी, एडवांस ट्रोमा मैनेजमेंट, दूरबीन विधि द्वारा ऑप्रेशन, न्यूरोलॉजी, पीडियाट्रिक्स, सामान्य सर्जरी, गाइनीकोलॉजी, यूरोलॉजी, पैथोलॉजी।

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कार्यालय- प्रमुख अधीक्षक, स०व०भा०प०चिकित्सालय,मेरठ।

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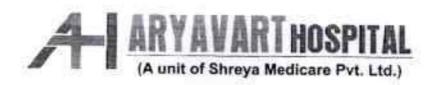
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Experience Certificate

This is to certify that Mr. Aman Sharma S/o Mr. Arun Sharma R/o 1796, Indira Nagar 1st, Braham Puri, Meerut had under gone 45 days Hospital training at this institute during 15/10/2021 to 30/11/2021, as a requisite of academic curriculum of B. Pharma degree.

Aryavart Hospital

Meerut, Uttar Pradesh

Dr. Malay Sharma
MD DM (Gaetroenterology)
UPMCI-27103



NEO MAX NURSING HOME

Miliak iti Chewk Micerut Road, Muzatra nagar U.P

विशेष विकास ने अधिकाय

तर तेत. वेत, राज्यात मुनते, धानसिक समाय, इदय गोग, नेकार्य के रोग, धाईशहर, वर्ष रोग, धाड वेशम, कोडों का दर्द आवि

Name

Age/Sex: Add

Date 1

Dr. Umang Gupta

M.B.B.S. (General Physician) Time: 4 PM to 7 PM Dr. Mohd. Rizwan

D.U.M.S., M.I.M.S. (जनरत किज़ीदियन)

RMO: Mishra N. Home Ex. Rrna: G.I. Hospital Shutan Time: 10:30 AM to 2:35 PM

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Date-05-12-2021

TO WHOM SO EVER IT MAY CONCERN

This is certified that MR. AMARJEET KUMAR YADAV S/O MR. RAM UDGAR YADAV R/o Ward 03, Gram-Birkha Post-Darbhanga Bihar-847337 Student of B.Pharma 3rd year at Department of pharmacy Meerut institute of technology (**,...*) Koli No. 1910340500007 year 2019-23

His training started on 20th October 2021 to 05 December 2021.

Clinical work first aid (wound dressing, artificial respiration etc.),
Different routes of injection, study of patients, observation chart,
prescriptions, dispensing, simple and diagnostics report etc.

Satisfactory work done by him.

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NEO MAX NURSING HOME Reg.No.RMEE2121899 Muzatiettisaar

सुविधार्य : नतीं की सुविधा, शूगर की जीव, ECG. पेट से पानी निकालना, प्तेएसेट्स, स्वत चढाना आदि

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NEO MAX NURSING HOME

Minal of Gwk, Meerut Road, Muzaffarnagar U.R.

विशेष विकित्सा किजिशियनः

पेट रोग होए. टाईमाइड, भूगर, मानसिक तनाव, डदय रोग, केकडे के रोग, बाईसइड, जर्म रोग, बस्ड प्रेशर, ब्लेडॉ का दर्द आदि

Age/Sex.....Add Name

Dr. Umang Gupta

(General Physician) Time: 4 PM to 7 PM

Dr. Mohd, Rizwan

D.U.M.S., M.I.M.S. (जनरल फिजीशियन) RMO: Mishra N. Home Ex. Rmo: G.I. Hospital Bhutan

Time: 10.30 AM to 2.30 PM

O/E

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Date-30-11-2021

TO WHOM SO EVER IT MAY CONCERN

This is certified that MR. ANKIT KUMAR MISHARA S/O MR. ANAND KUMAR MISHARA R/o Dwarka, Sec-1A, New Delhi 110045 Student of B.Pharma 3rd year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500008 year 2019-23

His training started on 15th October 2021 to 30 November 2021.

Clinical work first aid (wound dressing, artificial respiration etc.), Different routes of injection, study of patients, observation chart, prescriptions, dispensing, simple and diagnostics report etc.

Satisfactory work done by him.

समयः जाम ४ वजे से प्रथम ७ वर्ज तक NEO MAA NURSING HOME Reg.No.RMEE2121899

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सेट : इस पर्वे पर 7 दिन में एक वार और दिखा सकते हैं

लुविधायें : मर्ती की सुविधा, शूगर की जाँच, ECG, पेट से पानी निकालना, प्लेटलेटस, ब्लंड चंदाना आदि

नोट : किसी भी दवा का साइड इफक्ट हो सकता है तुरंत अपने विकित्संक से सम्पर्क करें ।



SARVODAYA HOSPITAL & INSTITUTE MEDICAL SCIENCE

Run by : Tatiri Sarvodaya Shiksha Prasar Samiti

Date:15/12/2021

Facilities:

- · OPD.
- · LP.D.
- · General Medicine
- · General Surgery
- · Orthopadics Surgery
- Gynaecology
- Pediatics
- E.N.T.
- Dental
- Opthalmology
- · Physiotherapy
- I.C.U.
- · N.I.C.U.
- Operation Theator
- Minor O.T.
- · X-Ray
- Ultrasound
- · CT-Scan
- · Laboratory
- Semi-Private Room
- · General Wards
 - · Male
 - · Female

TO WHOM SO EVER IT MAY CONCERN

This is to certify that MR. ASHUTOSH DIXIT S/O SHRI HARANDRA MOHAN DIXIT has successfully completed her 1.5 months internship (From 1ST NOVEMBER 2021 to 15TH DECEMBER 2021) as a B. Pharm student at Sarvodaya Hospital & Institute of Medical Sciences Aggarwal Mandi Tatiri Baghpat U.P-250601. Her work has been excellent. We wish her all the best in his future endeavors.

(Medical Superintendent)

Sarvodaya Hospital & Institute of Medical Science Medical Superintendent Sarvodaya Hospital Aggarwal Mandi Tatiri (Baghpat)

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आदर्श



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Internship Completion Certificate

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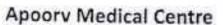


EXPERIENCE CERTIFICATE

This is to certify that Mr. Chandrasen Age 21 S/o Mr. Natthu Singh R/o 1552, Indra Nagar-I, Brahampuri, Meerut at worked in Apoorv Medical Centre, Meerut as a Trainer from 1st Oct. to 15th Nov. 2021. His worked and conduct was satisfactory.

We wish him all success in his future life.

Authorised Signature Apoorv Medical Centre L-65, Shastri Magar, Meerut Reg. No. 192 (CMO) MRT



L-65, Shastri Nagar, Meerut-250004, U.P. (India)

Phone: +91-121-2708859/6536768

Mob.: +91-9837083577



CARE HOSPITAL

28, Kidwai Nagar, Near Petrol Pump, Hapur Road, Meerut Mob.: 7417784570, E-mail: carehospital1397@gmail.com

उपलब्ध स्विद्धारी

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- नारशानी-ई.इं.जी., एन.सी.बी.
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- अव्यक्ती-आदी ऐनालाइजर, ब्लडमेरोज १८३४ केस्टमार्जन
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 एण्डर्सरकॉपी, जेप्रास्कॉपिक सजेरी
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Name Manish Soil Age/Sex Date 21 / 1814:...

Internation Completion Certificate

Then with configural 16 January South Student of B. Pharm 3rd years at DPMIT (OP) Rell-No. 1910340500013 years. 19-23.

Completed on Sept och 2021 pated ann Sept 2021 for 11th Sept 2021 for

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CARE HOSPITAL

Kidwal Nagar, Near Petrol Pump Hapur Road, Meerut Regn. No - RMEE2118406



कार्यालय- प्रमुख अधीक्षक, स॰व॰भा॰प॰चिकित्सालय,मेरठ।

दिनेश बन्द प्रभारी अधिकारी फार्मेसी सञ्दर्भारपञ्चिकित्सालय मेरठ। प्रभारी प्रधिकारी फार्मेगा संच्याप बिकिन्। उत्त

एम०के०शुक्ता चीफ फार्मेसिस्ट स०व०भा०प०चिकित्सालय मेरठ। १०४० १९०५ १०४०

चिकित्स अधीक्षक स॰व॰भा॰प॰चिकित्सालय मेरठ।

Wedical Superintendam





THE PARTY NAMED IN	٠.	
Date	:	*******************

To whom it may concern

This is to certify that Mr. Divyank pundir age-20Y/M S/o Mr. Manoj Pundir R/o 919 Khala par Distt-

Muzaffarnagar was done 45 days hospital training in Lakshya Health Care Center from 01/10/2021 to 15/ 11/2021.during this period his work was satisfactory.

We wish her every success in his future.

Lakshva Health Care Centre Sardhana Road, Kankerkhera Meerut, Uttar Pradesh

Lakshya Health Care center



ISO 9001: 2008 Certified Hospital

Mob.: 9097835853, 9097735853

(rishna Hospital

कृष्णा हॉस्पीटल Reg. No. 33/14-15 Prov.



पातेपुर रोड , महुआ (वेशाली) । हवंडोक्टर विलाग (देशाली) । krishnahospital mahua@gmail.com



SI. No K4 01-21

Internship Completion Certificate

This is to certify that Mr. Faizan Aziz student of B. Pharm 3rd year at DPMIT (U.P) Roll no. 1910340500016 year 19 -23.

His internship posting started on 11 September 2021 to completed on 26 October 2021 Date of issue 26 October 2021.

Clinical works - first aid (would dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory woks done by him.



+ ईश्वर निसंग होम +

डा० थुनील त्याणी M.B.B.S., M.S. सर्जन पेट आंत पथरी गुर्स एवं कस्त रोग विशोपन



डा० अर्चना त्याभी M.B.B.S., D.G.O.

की रोग एवं अल्डासाउंड विशेषत

- सफदरभंग अस्पताल, नई दिल्ला
- रामपनोहर लोहिया अस्पताल, नई दिल्लो

सुविधाएँ

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आपातकालीन सुविधा 24 घंटे

बिनीली रोड, सरचना (मेरठ) फोन : 01237—235023 Paris 02/12/2021

EXPERIENCE CERTIFICATE

This is certified to that Mr. Harsh Sharma Age -19
Year Male S/o Mr. Manoj Kumar Vill.+Post Jasar
Sulatan Nagar Distt. Meerut. (U.P) his 45 days of
training done from 15 Oct., to 30 Nov. 2021 in
Ishwar Nursing Home, Sardhana.

HE WORK IS SATISFECTORY I WISH GOOD & SUCCESS FUTURE.

DR. SUNIL TYAGI IM.S.)

DR. SUNIL TYAGI IM.S.)

ISHWAT NUTSING HOME

ISHWAT NUTSING [Mescul]

Autling treed Signature





INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr. Jagjeet Singh of B. Pharma 3rd year at DPMIT (U.P.) Roll No. 1910340500018 year 19-23.

His internship posting started on 27 August 2021 to completed on 11th October 2021 date of issue 14th October 2021.

Clinical works - first aid (wound dressing, artifical respiration etc.) difference routes of injection, study of patient observaiton charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.

Max Hospital, Gurupant (A unit of ALP's Hospital Ltd.) (A unit of ALP's Hospital Ltd.) Opposite hwo A city centre Metro station

Max Hospital, Gurugram
(A unit of ALPS Hospital Ctd.)
Opposite HUGA Chy Centre Metro Station,
B. Brorx, Sushant List. I, Gurugram 122-001
For medical service guerres or appointments,
241 -91-174-6623-000

Regd Office: 401,4th Floor, Man Excellence, 5 V. Road, Ville Parle (West), Mumbel, Mumbel City Meharashira, India, 400056 1 • 91-22 2610 0461/62 E secretarial@maxheelthcare.com (U74899MH1989F), C3579401

ALPS Hospital Ltd.







NEELKANTH HOSPITAL

& TRAUMA CENTER

201/2 A. Anuvogipuram, Near Radha Govind Engineering College Garh Road, Meerut, (M) 8630977647, 8433257262

उपलब्ध सृतिधार्ये

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- फल एयर कंडीवन
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- पेछोलॉजी
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- सेवा उपतक्ष

.... Age/Sex Date

TRANING COMPLETION CERTIFICATE

This is to certify that Mr. Joshil Sharma student of B.Pharm 3rd year at Department of Pharmacy Meerut Institute of Technology (UP) Roll No. 1910340500019 Year 19-23

His training started on 15 Oct 2021 to complete on 30 Nov 2021 Date of Issue 30 Nov 2021.

Clinical work first aid (wound dressing artificial respiration etc.) different routes of injection, study of patient observation charts prescriptions and dispensing, simple diagnostics report etc.

Satisfactory work done by him.

NOT FOR MEDICOLLEGAL PURPOSE



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VASANT LOK HOSPITAL

Date: 06.11.2021

TO WHOM SO EVER IT MAY CONCERN

This is certified that Mr. Kshitiz Kumar Srivastava S/O Mr. Ajeet Kumar Srivastava, R/O - Baghpat

Collectrate Colony, Distt. Baghpat (UP), Age-23 Years, Male, Student of B. Pharma, 3rd Year at Meerut

Institute of Technology, Meerut (UP), Roll No. – 1910340500021, Year 2019-2023, done his training as

per defined syllabus during B. Pharma course from 20th September-2021 to 6th November-2021 in our

Hospital.

His work is satisfactory during training period. We wish him for good success in future life.

Authorized Signatory



NEO MAX NURSING HOME

Minakshi 使howk, Meerut Road Muzaffarnagar U.P.

विशेष विकित्सा किजिशियनः

पेट रोग. डेगू, टाईफाइड, शुनर, मानसिक तनाव, इंटय रोग, खेकडे के रोग, बाईसइड, वर्म रोग, बन्ड प्रेशर, जोडों का दर्द आदि

Name Age/Sex Add Date 1

Dr. Umang Gupta

M.B.B.S. (General Physician) Time: 4 PM to 7 PM

Dr. Mohd. Rizwan

D.U.M.S., M.I.M.S. (जनरत किणीशियन)

RMO : Mishra N. Home Ex. Rmo: G.I. Hospital Bhutan

Time: 10.30 AM to 2.30 PM

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Cio

O/E

Pulse

BP

Temp.

Spp2

B. Sug.



Date-03-12-2021

TO WHOM SO EVER IT MAY CONCERN

This is certified that MR. MD. SARFRAJ ALAM S/O MR. MD. MOJIBUR RAHMAN R/o Raghopur, Bhermara, Kaithar, Bihar - 854103 Student of B.Pharma 3rd year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500024 year 2019-23

His training started on 18th October 2021 to 03 December 2021.

Clinical work first aid (wound dressing, artificial respiration etc.),
Different routes of injection, study of patients, observation chart,
prescriptions, dispensing, simple and diagnostics report etc.

Satisfactory work done by him.

NEO MAX NURSING HOME Reg.No.RMEE2121899

Muzaffarnagar

समय । शतम 4 वर्ज से शाम 7 वर्ण तक

नोंट - इस पर्वे पर 7 दिन में एक बार ओर दिटा। राजने हैं

नुविधार्ये : भर्ती की सुविधा. शूगर की जाँच, ECG, पेट से पानी निकालना, प्लेटलेट्स, ब्लड चढ़ाना आदि

नोट : किसी भी दवा का साइड इफक्ट हो सकता है तुरंत अपने चिकित्सक से सम्पर्क करें।

MOOL CHAND SHARBATI DEVI CHARITABLE EYE & GENERAL HOSPITAL NEAR BACHCHA PARK, MEERUT CITY

(Founded and Managed by : M.S. Hospital Trust, M.J. House, W.K. Road, Meerut City)

TRAINING CERTIFICATE

This is to certify that **Mr. Mohit Kumar Age 20** S/o Mr. Vinod Kumar R/o 1352/7, Indra Nagar-I, Brahampuri, Meerut (U.P.) he has worked with us as a **Nurse** from 15th Sep. to 1st Nov. 2021. He has participated actively in Hospital Duty. He has done a great job and showed grate enthusiasm and learnt a lot of things we found him dedicated, hard working and well behaved during his working period with us.

We wish him all success in his future life.

Authorised Signature





CLINIC HOURS: 9:00 AM TO 11:00 AM HOSPITAL HOURS: 11:00 AM TO 4:00 AM

Date on: 16.11.2021

TO WHOM IT MAY CONCERN

This is is sertify that Mr. Monu Chauhan S/o Mr. Krishan Pal Singh R/o Salarpur, Thana-Bahadurgarh, Garhmukteshwar, Distt. Hapur, His 45 days of Hospital Training done from 1st October, 2021 to 15th November, 2021 in KOTPAL HOSPITAL, MEERUT.

We wish for the bright future and good luck in his career.

KOTPAL HOSPITAL P.U.LAVPURAM-II. MEERUT PH.: 2576555

काट्याः अस्पताल +

• A Unit of N/L R.I. Ketael Medicary Pvt. Ltd. • Registration No. : 479/2004

सीपी ४, पनतबपुरम्, फेस-२, स्ट्रमी रोड, (NH-58) मेरत-२:०११० (यू.पी.) इंडिया

फीन (012) 2576555, 9917302922, 992799000e [mail: drpraideephotpal@gmail.com

In case of Emergency Please Contact / आपातकातीन दिवति में सम्पर्ध करे

हा. आदिए कोटपाल

ex.4.4.m., fresen, tritis-good रेजीहेन्ट मेहिकत ऑफिसर-मोबद्दत:9319540184 E-mail : dr_adipkotpal@yahoo.co.in

SAHARA HOSPITAL

विश्वसनीय इलाज, आधुनिक तकनीक

280/2, Ajanta Colony, Garh Road, Meerut, Uttar Pradesh. Mob.: 7500540088, 7500540044

St . NO K4 01-21

Intership Completion Certificate

This is to certify that Mr. Mukarran Rana student of B. Pharma

3rd Year at DPMIT (U.P) Roll No. 1910340500022 year 19-23.

His internship posting started on 15 October 2021 to

completed on 30 November 2021 Date of issue 30 November 2021.

Clinical works - first aid (would dressing, artificial

Respiration etc.), different routes of injection, study of

Patient observation charts, prescriptions and dispensing,

simple diagnostic report etc.

Satisfactory work done by him.

BAHARA HOSPITAL



अनुभव प्रमाण पत्र

प्रमाणित किया जाता है कि श्री नाजिम अली पुत्र श्री शेष मोहम्मद निवासी-विजयगढ, पोस्ट- विजयगढ, जनपद- अलीगढ ने दिनांक 23.10.2021 से दिनांक 08.12.2021 सामुदायिक स्वास्थ्य केन्द्र, मही जनपद- हाधरस पर हॉस्पीटल में अप्रैन्टिस के रूप में कार्य किया गया है।

इन्हें अपने समस्त कार्यों की अच्छा ज्ञान है तथा इनका कार्य एवं व्यवहार उत्तम है। मैं इनके उज्जवलमविष्य की कामना करता हूँ।

दिनांक :- 08.12.2021

प्रमारी विकित्सी अधिकारी साम्बर्धा कार्य महिल्ला Maho (Hathras)





CLINIC HOURS: 9:00 AM TO 11:00 AM HOSPITAL HOURS: 11:00 AM TO 4:00 AM

Date on: 16.11.2021

TO WHOM IT MAY CONCERN

Triis is to certify that Mr. Nishant Pal S/o Mr. Surendra Singh R/o Village Kunda; Partapur, Distt. Meerut. His 45 days of Hospital Training done from 1st October, 2021 to 15th November, 2021 in KOTPAL HOSPITAL, MEERUT.

We wish for the bright future and good luck in his career.

KOTPAL HOSPITAL
PALLAVPURAM-IL, MEERUT
PH.: 2576555



भीनः वर्गा ग्राम्बर्डाः, १९ १७१<mark>०२२२, १</mark>९४१७०००० Email: draradenpkotpat@gmail:com

FMERGENCY 24 HOURS

in case of Emergency Please Contact / आपालनप्रतीन हिर्चाते में राज्यते करे

हा. आदिप कोटपाल

रण.कं. के रहा. केरावाद विरोध सूचार्य रेजीडेन्ट मेरिकल ऑफिसर-मोबद्दल:9319340184 E-mail : dr_adipkstpat@yahoo.cc.in

SIROHI HOSPITAL & MATERNITY HOME

सिरोही हॉस्पिटल एवं मैटरनिटी होम

Multan Nagar, Baghpat Road,

Meerut.

Ph.: 0121-2688449 Mob: 8057907150, 9897767664

E-mail: sirohihospital@yahoo.com

इमरजैन्सी में 24 घण्टे सुविधा उपलब्ध है।

DATE: 18/11/2021

EXPERIENCE CERTIFICATE

This is certified to that Mr. Nitish Goel Age: 21 Years/Male S/O Mr. Sanjeev Goel R/O 1123, Indra Nagar First Brhampuri Dist- Meerut (U.P..) his 45 days of training done from 01 oct 2021 to 15 nov 2021 in Sirohi Hospital Meerut.

He Work is Satisfactory I wish Good & Success Future.

Strohi Hospital &
Maternity Home
H Multan Napht Kampus Road
Fr. No. 2017 2688447
R-Authorized Signature





University Road, Jail Chungi, Near Shastri Dharamkanta, Meerut. (M) 9639470500, 7017686857, 8279841790

TRANING COMPLETION CERTIFICATE

This is to certify that Mr Nitish Yadav student of B Pharma 3rd Year at DPMIT. Roll No – 1910340500032, has done 45 days of training from 10 Nov to 25 Dec 2021 in Goswami Nursing Home.

His work is satisfactory I wish Good & Success Future.

OSWALD TELEVIOLET ROSAL

24 घंटे एम्बुलेस सुविधा सपलब्ध है। Not For Medico Legal

SHARVAN HOSPITAL

THE SHOULD MILL, NEAR TIRUPATI INSTITUTE, MONIUCOINPUR, DISTY, MERRUT



Rega MRT 2134

Tel.: 9528281191 : 9837387951 : 9927071944

9927062492

Consultants

Dated C1/12 2e 21

स्विद्यायेक्तपलन्यः

- सभी बीमारियों का इलाज अधिशत व भर्ती की स्विधा
- कान, नाक य गले की सभी बीभारियों का इलाज व आप्रेशन।
- जनरल सर्जरी जैसे : थायराइड, एपेन्डिक्स, हार्निया, हाइड्रोसील ऑत, पित्त की थेली, गद्द, गुर्दा व बच्चेदानी के औप्रेशन योग्य व कुशल सर्जन द्वारा सामान्य व दुरबीन विधि से।
- सामान्य डिलीवरी,
 बडे ऑग्रेशन
 द्वारा बच्चा पैदा करना।
- एक्स-रे सुविधा।
- ई.सी.जी. सुविधा
- खून एव मल-मूत्र
 एडस आदि की जाँच।



Internship Completion Certificate

This is to certify that Mr. Prateek Kumar student of B. Pharm 3rd year at DPMIT (U.P) Roll no. 1910340500034 year 19 -23.

His internship posting started on 15-Oct-2021 to completed on 30-Nov-2021 Date of issue 01-Dec-2021.

Clinical works - first aid (wound dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory woks done by him.

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Opp Sugar Mill
Mohiaddinpur, Meerus



NOT FOR MEDICO LEGAL PURPOSE

रम्बुलैन्स व सभी प्रकार की इमरज़ैन्सी सेवाये 24 घण्टे उपलब्ध।



Dated 18 Nov 2021

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. Prathu Tomar S/o.Mr. Sanjay Kumar Student of B. Pharma (Illird Year). Department of Pharmacy, Meerut Institute of Technology (UP). Roll. No. 1910340500035 during the year 2019-2023.

His training started on 05 October 2021 to completed on 25 November 2021

Clinical works first aid (wound dressing, artificial respiration etc.), different routes of injection study of patient observation charts, prescriptions and dispensing simple diagnostic reports etc.

Satisfactory work done by him

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Authorised Signatory

www.mashpanhi.gep.m

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EO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

दिल दिमान, छाती, हार्ट अटेक, टी. बी. रोग, ब्रेन हेमरेज, मान्सिक तनाइ नसों की सभी बीमारियों फेकडे एवं मिर्गी दौरा रोग विशेषज्ञ

Mob.: 9012127297

Dr. M.A. Khar

M.D. (Medicine) DNB (Cardiology Consultant Physician & Cardiologis

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15-00	
Advice Investigation	on
Hemogram (CBC)	
ESR Montox	
Lapid Profile	
LFT RFT	
TB Elisa	
Sparum	
Urin / M / Culture	
B1. B6 & B12	
Culcium	
Potassium	
Sodium	
X-ray (CXR)/PA/AP	
X-ray Spine	
(Lumbar/dorsal)	
X-ray KUB- IVP	
USG Whole Abdomen	
(Color Doppler)	
ECG -	
Echocardiogram	
(Color Doppler).	
Angiography	
Angioplasty	
TMT Holler	
Pacemaker -	
Endoscopy	

समय : ज्ञाम 5 बजे से रात 10 बजे सक

24 घंटे इमरजेन्सी

diagnostic reports etc. Satisfactory woks done by him.

.....Age/Sex....Add......

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr. Ritik Kumar student of B.Pharm 3rd vear at DPMIT (U.P.) Roll No. 1910340500036 year 2019-23. His internship posting started on 11 September 2021 completed on 26 October 2021 date of issue 26 October 2021. Clinical works - first aid (would dressing, artificial respiration etc.) different routes of injection study of patient observation charts, prescriptions and dispensing, simple

> Reg.No.RMEE2121899 Muzaffarnagar

> > नोट : इस पर्व पर 5 दिन में एक बार और दिस्ता सकते हैं

Ex. CMO Emergency LNJP Hospital Ex CMO Hindurao Hospital Resident Medical Officer Delhi

Sr. Resident Cardiology Fortis Hospital Senior Resident Cardiology Fortis escorts Heart Institute Associates Consultant Department of Cardiology Sahara Hospital, Lucknow

Life Member Cardiology Society of India Life Member USA Cardiology Society



Gampati Hospital & Trauma Centre

Near Dev Park Colony, Baghpal Road, Meerul City - 250 002



Experience Certificate

This is to certify that Mr Ritik Poonia S/O Mr. Neeraj Poonia R/O Vill-Raghunathpur Distt-Meerut his 45 day of training done from 07th November 2021 to 21-December-2021 in Ganpati Hospital Meerut.

We wish for the bright future and good luck in her career.

Gunpani Hospital & Trauma Centre Mean Day Park Colley Bughnar Road

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एमएनसा 24 मारे एनलबा है।



SARVODAYA HOLIFLI

Run by : Tatiri Savodaya Shiksha Prasar Sagari

Onto:15/12/2014

Facilities:

- · O.P.D
- · LPD.
- · General Medicine
- General Surgery
- · Onbopadics Surgery
- · Gynaecology
- · Pediuties
- · ENG
- · Dental
- · Opuralmology
- · Physiotherapy
- 110 D
- · N.I.C.U.
- · Operation Theater
- Miner O.T.
- · X-Ray
- · Ultrasound
- · CT-Scan-
- Laboratory
- · Seini-Private Room
- · General Wards
 - · Male
 - · Female

TO WHOM SO EVER IT MAY CONCERN

This is to certify that MR SAURABH SHARMA 5/O SHRI PANKAI SHARMA has successfully completed her 1.5 minutes Internship (From 1⁵¹ NOVEMBER 2021 to 15^{7H} DECEMBER 2021) as a B. Pharm student at Sarvodaya Hospital & Institute of Medical Sciences Aggarwal Mandi Tatiri Baghpat U.P-250601. Her work has been excellent. We wish her all the best in his future endeavors.

(Medical SuperIntendent)

Sarvodaya Hospital & Institute of Medical Science Medical Superintendent Sarvodaya Hospital Aggarval Mand Talli (Baghpat)



INTERSHIP COMPLETION CERTIFICATE

This is to certify that MR. SHIV KUMAR VERMA of B. Pharm 3 rd year at DPMIT (UP) Rool no . 1910340500041 year 19-23.

His internship posting starting on 14 september 2021 to completed on 30 october 2021

Clinical work _first aid 9 would dressing artificial respirationetc.)

Different routes of injection , study of patient , observation chart , prescription and dispensing , simple diagnostic reports etc.

Satisfactory works done by him_

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Opporte much city order Metro states

(A unit of ALPS Hospital Ltd.) Opposite HUDA City Centre Metro Station & Block Sushant Lok 1 Gurugram 122 001 For medical service cuentes of a pointments, sall -91 124 6823

ALPS Hospital Ltd. Regd. Office: 401 4th Floor Man Excellenza

5 V Road. Viiii Parle (West). Mumbal. Mumbal City. Maharashara. India: 405056

T +91 32 2610 0461463 E. psontandoradoradora com (U74899MH1989PLC357940)





सिद्धार्थ पॉलीक्लीनिक एवं नर्सिंग ह

हस्तिनापुर रोड, मवाना (मेरठ) मो० 9634726465, 7417010

Reg. No. RMEE2118194 MCI Reg. No 44674

दिनांक ... [7] 11] 021

डा. सिद्धार्थ बंसल. MBBS, N

हृदय एवं छाती रोग विशेष

EXPERIENCE CERTIFICATE

This is to certify that Mr Shriyansh Kaushik, Age 18/ M , S/O: Mr Satish Kumar Sharma , R/O:Mawana,

Distt . Meerut , UP ,has done his 45 days training i.e from 1/Oct/2021 to 15/Nov/2021 here in Siddharth

Polyclinic and Nursing home , Mawana.

HIS WORK WAS SATISFACTORY AND I WISH HIM SUCCESS IN HIS FUTURE

AUTHORISED SIGNATURE

Dr. Siddharth Bansala MBBS, MD Regd. No. 44674

उपलब्ध सुविधायें :

- हृदयः, उदयः, वक्ष डायबिटीज की चिकित्सा।
 सभी प्रकार के ऑपरेशनों की सुविधा।
 स्त्री रोगों की चिकित्सा।
- डिलीवरी एवं M.T.P. की व्यवस्था '• परिवार नियोजन सम्बन्धी सलाह। बच्चों की सभी रोगों की विकित्सा।
- ICU की सुविधा। E.C.G. की सुविधा। एक्स-रे सुविधा।

नोट : पाँच दिन बाद दोबारा फीस लगेगी। पुराना पर्चा एवं रिपोर्ट साथ लाएँ। एक पर्चे पर कवेल दो बार देखा जाएगा। NOT VALID FOR MEDICO LEGAL PURPOSE 24 घंटे इमरनेन्सी सेवार्थे उपलब्ध

- सधीर क्लीनिक-

510 सुधीर सिंह M.B.B.S., M.I.M.A. फिजिशियन एण्ड सर्जन प्रकाश मार्किट, निकट रेलवे क्रोसिंग अग्रवाल मण्डी, टटीरी, जिला-बागपत Mob.: १९४३ १८४४ १४४१ १४४१ १४४१ १४४१

सुविधा उपलब्ध

- नेबुलाईजर (दमा अस्थमा रोगी के लिये)
- गुलुकोमीटर
 (मधुमेह रोगी की जाँच)
- ➤ हृदय रोग
- इमरजेन्सी में मरीज की भर्ती करने की सुविधा
- ➤ X-Ray and
- ➤ अल्ट्रासाउण्ड उपलब्ध है।
- on the Panel of:
 - Ministry of Steel Govt of India
 - 2. L.I.C. of India
 - 3. Law Ministry Govt of India

R_X विनांक 18-11-21

TO WHOM IT HAY CONLERAN

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NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P. विशोष चिकित्सा फिजिशिगनः

ंट रोग, डेंगू, टाईफाइट, शूगर, मानसिक तमाद, हवब रोग, खेकडे के छेग, बाईखड़ड, धर्म रोग, ब्लंड प्रेशर, जोडों का दर्द आदि

.... Date 1

Dr. Umang Gupta

M.B.B.S. (General Physician) Time: 4 PM to 7 PM

Dr. Mohd. Rizwan

D.U.M.S., M.I.M.S (जनरल फिजीशियन) RMO : Mishra N. Home

Ex. Rmo: G.I. Hospital Shutar Time: 10.30 AM to 2.30 PM

de or

Cla

O/E

P lise



INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr. SALIM student of B.Pharm 3rd year at DPMIT (U.P.) Roll No. 1910340500038 year 2019-23.

His internship posting started on 11 September 2021 to completed on 26 October 2021 date of issue 26 October 2021.

Clinical works - first aid (would dressing, artificial respiration etc.) different routes of injection study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc. Satisfactory woks done by him.

Temp.

E.P.

Spo2

B. Sug.

क्रमण । शान 4 वर्ज श बाह्य ५ करो १५३

26 out NEO MAX NURSING HOME Reg.No.RMEE2121899 Muzaffarnagar

प्रमेशको । क्ष्मी, प्री कुथिता, पूरार की जाँच, ECG, पेट से प्रामी निकालना, प्लेटलेट्स, स्लब सद्दाना सादि



Internship Completion Certificate

This is to certify that Mr. Shanu kumar student of B. Pharm 3rd year at DPMIT (U.P) Roll no. 1910340500040 year 19-23.

His internship posting started on 11 September 2021 to completed on 26 October 2021 Date of Issue 26 October 2021.

Clinical works - first aid (would dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory woks done by him.



Date: 16-11-2021

To whom it may concern

This is to certify that Mr. Sona Motla age-19Y/M S/o Mr. Arun Motla R/o Village-Dadri Distt- Meerut was done 45 days hospital training in Lakshya Health Care Center from 01/10/2021 to 15/11/2021.during this period his work was satisfactory.

We wish her every success in his future.

Lakshva Health Care Centte Sardhana Road, Kankerkhera Sieerut, Uttar Pradesh

Lakshya Health Care center





7

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr. Vaibhav Tomar of B. Pharma 3rd year at DPMIT (U.P.) Roll No. 1910340500045 year 19-23.

His internship posting started on 27 August 2021 to completed on 11th October 2021 date of issue 14th October 2021.

Clinical works - first aid (wound dressing, artifical respiration etc.) difference routes of injection, study of patient observaiton charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.

Max Hospital, Gurugram
(A unit of ALPS Hospital Ltd.)
Opposite HuOA city centre Metro station.

Mex Hospital, Gurugram

[A unit of ALPS Hospital Ltd.]

Opporite HUDA City Centre Metro Station:

B. Block, Sushant Lob. I. Gurugram, 127-001

for incident service queries or appointments, 1411-191, 174-6623,000

www.mashealthcare.in

ALPS Hospital Ltd.
Regd Office: 401,4th Floor, Man Excellenza,
S.V. Rood, Ville Parlie (West), Mumbal, Mumbal City,
Mahareshika, India, 400056
1 -91-27,7610,046062
E. secretarial omarhealthcare.com
(U74899MH1989PLC357940)







Experience Certificate

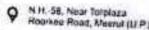
This is to certify that Mr. Vishur Saini S/o Mr. Vishwanath Saini R/o Vill. Piror, Tehsil Deoband, Dist. Saharan Pur had under gone 45 days Hospital training at this institute during 15/10/2021 to 30/11/2021, as a requisite of academic curriculum of B. Pharma degree.

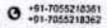
Aryavart Hospital

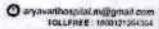
Meerut, Uttar Pradesh Dr. Malay Sharma MD DW (Gastroenterology) UPMCI-27103



आर्यावर्त हॉस्पिटल | 👂 N.H. St. Near Torplaza









THE TOUCH OF LIFE

Date. 15/11/21

CERTIFICATE

This is certified that Miss Aayushi Chaudhary D/o Mr. Praveen Kumar Student of B. Pharma, 3rd Year at Department of pharmacy Meerut Institute of Technology, Meerut (U.P.), Roll No-201340509001, Year 2020-2023, Done has Training as per defined syllabus during B. Pharma course from 1st October 2021 to 15th November 2021 in our Hospital.

Satisfactory works done by her.

Authorized Signatory

Chroning

A PARTITURE OF THE PART

Opp. Canara Bank Aurangabad Gadana Modinagar Ghaziabad U.P. 201204



THE TOUCH OF LIFE

Date 15/11/21

CERTIFICATE

This is certified that Miss Vaishali Rathi D/o Mr. Vinod Rathi Student of B. Pharma, 3rd Year at Department of pharmacy Meerut Institute of Technology, Meerut (U.P.), Roll No- 201340509004, Year 2020-2023, Done has Training as per defined syllabus during B. Pharma course from 1st October 2021 to 15th November 2021 in our Hospital.

Satisfactory works done by her.

Authorized Signatory

Chromonth

Opp. Canara Bank Aurangabad Gadana Modinagar Ghaziabad U.P. 201204

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



	00011011-1	9	The second of the	THE REAL PROPERTY.
This form has been issued to Sri/Si	mt Deepur	wher Ph	na ma	-
(Name of student pharmacist) son of / day	ughter of De	viewa-ch	Share	+
residing at 5/142 Gali room	F /mulah	Vin Lika	1-410	. (
who has produced evidence before me that	it he/she is enrist.	od to section i	Long Mia	(62)
out in the Education Regulations framed u	nder engliss 10 s	ed to receive i	ine Practical Trai	ning as set
10 W.	nucr section 10 o	i the Pharmac	y yot, 1948.	
Date: 06 09 2021		6	X _	
Naic. 118 104 18 041			Academic	
			Institution	
2.		Prin	of Pharmacy	
1	SECTION - II		Meerut	
1 St Desperse	HED DOOR	(Name (of the Student Pl	oremanier\
accept Stop Blanking		7/7	the Apprentice N	
Department of Disource V	duri t	_ (Name of	the Apprentice i	vaster) of
BALL ROOD HOSPITAL TIN	14-47	(Nume o	of the College / In	istitution)
Apprentice Master for the above training a period of my training.	nd agree to obey	and respect i	nim / her during	the entire
period of my training.		. 1	mhu manna	
	(a) (b) (c)	Dofan	Showing	
Date: 12 01 2032		Signature of	the Student Phar	macist
•				1000
SI	ECTION - III			
1. 342 BARRED		(Name of	the Apprentice	Master)
accept Sri T Smt. Decosta J	Kp 009	- Walking and S		
(Name of the student pharmacist) as a train-		give him /he	r training faciliti	es in my
organisation so that during his /her training h	ne /she may acqui	re: —	B ravilli	as an any
Working knowledge of keeping profession of pharmacy; and Practical experience in –	100		arious Acts affec	ting the

(a) the manipulation of pharmaceutical apparatus in common use;

in medicine

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(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: 8/1/22

Head of the Organization or Pharmaceutical Division

MIT, Meerut

SECTION - IV

500.1011	
I certify that 95 Dugoenger &	(Name of student
pharmacist) has undergone	hours training spread over from Date
24/8/2/ to 8/1/22 for a period of	08 months in accordance with the
details enumerated in SECTION III	1
Date: 8/1/22	Head of the Organization or Pharmaceutical Division
17	Balak Ram Post San
SECTION -	THE STATE OF THE PARTY OF THE P
1 certify that Deepanshy stras	(Name of student
pharmacist) has completed in all respect his practical tri	aining under regulation 20 of the Education
Regulations framed under section 10 of the Pharmacy A	
Institution approved the Pharmacy Council of India.	A
(1)	SA_
Date: 12 01/2022	Head of the Academic Training Institution Principal
	Department of Pharmacy

NOTE:

 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

3) The head of an academic training institution, on application, shall supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in triplicate "Practical Training Contract Form for qualification as a Physicist of the supply in the supply

Training Contract Form for qualification as a Pharmacist

1) After successful completion of the practical training. It shall be the

4) After successful completion of the practical training, It shall be the responsibility of the training 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

SECTION-1

This form has been issued	to Sri/Smt. Agay Gouldo
(Name of student pharmacist) sor	n of / daughter of Chatther Grufto
The second secon	Past madropali Dist Densya
	re 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.
	manied under section to of the Pharmacy Act, 1948.
Date: 06/09/21	
Date: 06/04/21	Head of the Academic
0 ~	Training Institution
0.000	
	SECTION - II
1 A- C	and des
- May Of	(Name of the Student Pharmacist)
accept Akha?	A principle of the opposition of the opposition of
	Mone of the College / Institution)
N.P.H.C Bay	ghir habod (Hospital or Pharmacy) as my
Apprentice Master for the above to	raining and agree to obey and respect him / her during the entire
period of my training.	
8 8 5	0.110
Date: 15/69/21	Aug 1
SantB. 184727	Signature of the Student Pharmacist
	A CONTRACTOR OF STREET
	SECTION - III
I. AKhanao	(Name of the Apprentice Master)
accept Sri / Smt.	Anox Caubto
	as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her	
	and the second
profession of pharmacy;	keeping of records required by the various Acts affecting the
Practical experience in —	6 graduit
(a) the manipulation of pl	harmaceutical apparatus in common use;
 (b) the recognition by ser in medicine 	nsors characters of chief crude drugs & chemical substance used
2 mg / 2	n and copying of prescriptions including the checking of doses;
	The second se
	Cont

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

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

Date: 15/09/2/

Head of the Organization or Pharmaceutical Division

SECTION - IV

I certify that Agay Grupta	(Name of student
pharmacist) has undergone 500	hours training spread over from Date
15/09/21 to 15/10/21 for a pe	riod of 3 months in accordance with the
details enumerated in SECTION III	6D2
Date: 15/12/21	प्रमार्था के कित्सा (अधिकानी on or प्राठ स्वर्धी केन्द्रान्थ्य स्थानिक विकास
	CONTROL MANAGED AND AND AND AND AND AND AND AND AND AN

SECTION - V

1 certify that Hay Grupta	(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 pre-	
Institution approved the Pharmacy Council of India	€-10.1

Date 04 03/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Mecrus

NOTE:

- 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 Pharmocist
- 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

SECTION -	1
This form has been issued to Sri/Smt And	in to Rham
(Name of student pharmacist) son of / daughter of	October Vice
residing at 23/645 Pathanket Bassa	ut 10 la 12 and
who has produced evidence before me that he/she is enti	(1-1 chagnpa+) 250611
out in the Education Regulations forward and an extension to	itted to receive the Practical Training as set
out in the Education Regulations framed under section 10	of the Pharmacy Act, 1948.
Dute: 24/09/11	MA .
Date: 21/01/11	Head of the Academic
	Traininginatitation Department of Pharmacy
	MIT, Meerut
SECTION - II	
1 Anwar Ichan	(Name of the Student Pharmacist)
accept Om vir Singl	(Name of the Apprentice Master) of
C. M.C. Barant	(Name of the College / Institution)
Distl- Bayl Pat	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to ob	(Flospital of Flarmacy) as my
period of my training. Date: 26-11-21	Anwer Rhan
Date. 11 21	Signature of the Student Pharmacist
SECTION - III	
Omvir Sing	(Name of the Assession Manage
accept Sri / Smt. Anwar khan	(Name of the Apprentice Master)
Name of the student pharmacist) as a trainee and I agree	to give him ther tesising Callida, to an
organisation so that during his /her training he /she may acc	to give that their training facilities in my
 Working knowledge of keeping of records req profession of pharmacy; and 	uired by the various Acts affecting the
2. Practical experience in –	X XX
 (a) the manipulation of pharmaceutical apparatus (b) the recognition by sensors characters of chief 	in common use;
in medicine	
(c) the reading, translation and copying of prescri	ptions including the checking of doses;
	Cont

		TOWARD THE VIEW PROPERTY OF THE PROPERTY OF TH
(d)	the dispensing of prescriptions illust medicaments; and	trating the commoner methods of administering
(e)	the storage of drugs and medicinal pre	eparations.
l also non		AND MARKET AND
Tanas aga	ee that a Registered Pharmacist shall be	assigned for his /her guidence.
2e-	11-21	2000
ite.	**************************************	Head of the Organization 1001

Disti. Baghpal (U.P.) R.No.-17685

SECTION - IV

Date:

9	I certify that	Anwar ks	an	(Name of student	~
	pharmacist) has undergone	500	hours training	spread over from Date	
	26-11-21 to 10-4-		Company Co.	nths in accordance with the	
	details enumerated in SECTIO	DN III			
	Date: 11-4-22		Head of the	Organization of	
	402		Pharma Mod	outreal Division ant	Lingue
	177	2227		Regd. No. 56201	
		SECTION - V		- WEST	ALC: U
	I certify that	Anwarkhar	1	(Name of student	
	pharmacist) has completed in	all respect his practical trai	ning under regu	lation 20 of the Education	
Š	Regulations framed under secti	ion 10 of the Pharmacy Act	1, 1948. He had	his practical training in an	2 -
9	Institution approved the Pharm	acy Council of India.	1	9	
	Date: 13/04/22		Head of the Training Ir	nstitution (= 02)	S and the same of
	Weeke		ocpartn	Principal Dent of Pharmacy	000
	NOTE:	WHAT WILLS I	141	IT, Meerut	Sout . No

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

SECTION - I

This form has been issued to Sri/S	imt Oavl	NO human	styl.
(Name of student pharmacist) son of / do		TOKHON GIN	64
residing at mundene mel	by Port	Phiniliprzen	Kuchneyes 274149
who has produced evidence before me the	at he/she is entitle	to receive the Practice	Training as en
out in the Education Regulations framed	under section 10 of	the Pharmacy Act. 104	a riuming as out
		()	
Date: 06/09/2021		Umd acid	
		Head of the Academic Training Institution	
20			
	SECTION - II	1 1 0 04	4.3300000
1 Opened H	umga sin	(Name of the Stud	ent Pharmacist)
accept Toy Shank	and the second s	Name of the Appren	
PSC bumgoik		19 Name of the Colle	A STATE OF THE STA
Magaz Gorakh	hee. 1	Hospital or Plan	damam mil incom
Apprentice Master for the above training	and serce to obey	Mary Committee of the C	The state of the s
period of my training.		and respect time? Mer u	uring the citate
		- Truing kui	man ant
Date: 27/09/2021			
2110112011		Signature of the Studen	it Pharmacist
85		- 3 - 1	
	SECTION - III		
1. Jay shank	98 mishr	? (Name of the Appr	entice Master)
	Kuman Si	sth.	
(Name of the student pharmacist) as a tra-		give him /her training	facilities in my
organisation so that during his /her training			
1. Working knowledge of keeping	The second secon		affecting that institute
profession of pharmacy; and	Name and Address of the Address of t		1 3 1 2 0 3
 Practical experience in – the manipulation of pharmac 	outical apparatus is	common way	A WYS
(b) the recognition by sensors of	aracters of chief er	ude drugs & chemical	substance used A800
in medicine			
(c) the reading, translation and c	opying of prescripti	ons including the check	ing 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: 27/09/202/

Head of the Organization or Pharmaceutical Division

SECTION - IV

	SECTION-1	
1 certify thatCpv	ines/compa	
pharmacist) has undergone	500	hours training spread over from Date
27/09/21. 10 27/12/21	for a period of _	3 months in accordance with the
details enumerated in SECTION III		
4.1		0
Date: 05/0//22		Head of the Organization or
		Pitterfia देवी स्थापित है भू vision
		- नेत्वपुर

SECTION - V

Date: 19/09/22

Head of the Academic
Training Institution
Principal
Department of Pharma

Department of Pharmacy MIT, Meerut

NOTE:

- Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- The practicul 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 (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTIO	N-1
This form has been issued to Sri/Smt. An	UL KUMAR KAUSHIL
(Name of student pharmacist) son of / daughter of_	HAD THOU LOS HOUSE
residing at 1411 + north trucks in	CONTRACTOR CONTRACTOR OF THE PROPERTY OF THE P
	TE ERUT
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	on 10 of the Pharmacy Act, 1948.
Med Selection Action Control of the	(I)
Date: 24/09/21	
2 1 1/1/	Head of the Academic
	Training Institution Principal
	Department of Pharmacu
SECTION	MIT, Meerut
	Tort - Modern
1 Atul Kumar Kaushit	(Name of the Student Pharmacist)
accept Ashwani Kumar	(Name of the Apprentice Master) of
0 1	(Name of the College / Institution) - (U.P) (Hospital or Pharmacy) as my
Date: 24/03/21	Signature of the Student Pharmacist
SECTION-	-III
000 9 4	2000
1. Blhwani Kumar sceeps Sri / Snft. Atul Kumar Kau	(Name of the Apprentice Master)
came or the student phaemacist) as a tenings and the	CALCOLO.
	gree to give him /her training facilities in my
rganisation so that during his /her training he /she may	gree to give him /her training facilities in my y acquire: —
rganisation so that during his /her training he /she may 1. Working knowledge of keeping of records	gree to give him /her training facilities in my y acquire: —
 Working knowledge of keeping of records profession of pharmacy; and Practical experience in — 	gree to give him /her training facilities in my y acquire: — s required by the various Acts affecting the
 Working knowledge of keeping of records profession of pharmacy; and Practical experience in — the manipulation of pharmaceutical appar 	gree to give him /her training facilities in my y acquire: — s required by the various Acts affecting the
1. Working knowledge of keeping of records profession of pharmacy; and 2. Practical experience in — (a) the manipulation of pharmaceutical apparation the recognition by sensors characters of the recognition of pharmaceutical apparation.	gree to give him /her training facilities in my y acquire: — s required by the various Acts affecting the
1. Working knowledge of keeping of records profession of pharmacy; and 2. Practical experience in — (a) the manipulation of pharmaceutical appar (b) the recognition by sensors characters of in medicine	gree to give him /her training facilities in my y acquire: — s required by the various Acts affecting the
1. Working knowledge of keeping of records profession of pharmacy; and 2. Practical experience in — (a) the manipulation of pharmaceutical appar (b) the recognition by sensors characters of in medicine	gree to give him /her training facilities in my y acquire: — s required by the various Acts affecting the ratus in common use; chief crude drugs & chemical substance used

- (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 gui

Date: 24/03/21

Head of the Organization or

	(Alacit da) aco		
SECTION	-IV		
I certify that Aful Kumas Kau	Shik Name of student		
pharmacist) has undergone 500	hours training spread over from Date	Ē	
24/09/21 to 24/12/21 for a period of			
details enumerated in SECTION III	- Our		
Date: 24 12 21	विकित्सा अधील Head of the Organization or Philipping out of the Charles of the C		
SECTION -	v		
I certify that _ATUL KUMAR KAUSH	il (Name of student		
pharmacist) has completed in all respect his practical to	raining under regulation 20 of the Education		
Regulations framed under section 10 of the Pharmacy	Act 1948 He had his practical tectal as to an		
Institution approved the Pharmacy Council of India.	C.	?	
Date: 31/01/22	Head of the Academic Training Institution	1	
	Department of Pharmocy	N. Ast	
NOTE:	MIT, Meerut	ı	
 Each & every Sections should be filled in with car, authorized person with mentioning the dates. 			
 The practical training shall be not less than five hund three months. Mention the period of training in DDMs. 	GM/YYYY Greenst only		
 The head of an academic training institution, on ap Training Contract Form for qualification as a Pharma 	polication shall supply in triplicate *Penetter?		

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 to 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



SECTION - I

This form has been issued to Sri/Smt.	TKANSHO
(Name of student pharmacist) son of / daughter of_	NARESH KUMAR
residing at will foot fauchli Kho	and Baghfat Road meanl
who has produced evidence before me that he/she is	entitled to receive the Practical Training as se
out in the Education Regulations framed under section	on 10 of the Pharmacy-Act. 1948.
	(X
Date: 6 9 2021	Head of lip Academic
	Training Institution
	Department of Pharmacy
SECTION	MIT, Meerus
	THE PARTY OF THE P
I_ IFAMENU.	(Name of the Student Pharmacist)
ccept STAT. BAGITA . KANT .	(Name of the Apprentice Master) of
MIT, PAMAPORT BARALI MEERUT	(Name of the College / Institution)
STATEST WOMEN HOSPITAL MEET	(Hospital or Phannacy) as my
eriod of my training.	Signature of the Student Pharmacist
SECTION -	-ш
SMT. BARTTA RANT .	(Name of the Apprentice Master)
coept Sri / Smt. TEANING.	
vame of the student pharmacist) as a trainee and I as	gree to give him /her training facilities in my
ganisation so that during his /her training he /she may	y acquire: —
Working knowledge of keeping of records profession of pharmacy; and Practical experience in – (a) the manipulation of pharmaceutical appar	required by the various Acts affecting the
	escriptions including the checking of doses;
rwww etuachaetaeetaeetaetaetaetaetaetaetaetaetaetae	y and distance of contracting of costs;
	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 | 5 | 22

Head of the Ohemacist
Phalasceurical Division

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - IV

	SECTION-IV		
certify that _ I KAN2 NO		(Name of stude	nt
pharmacist) has undergone	O hour	ars training spread over from Da	te
4/2/2012 10 31/5/2020 10	r a period of	months in accordance with the	ne
details enumerated in SECTION III		6	
Date: 31 5 22		Head of the Orner Miles Chief Phaguate High Hillsion Woman	
	SECTION - V		
I certify that I FAM SHI	· ·	(Name of studen	at
pharmacist) has completed in all respect	his practical training	under regulation 20 of the Education	in
Regulations framed under section 10 of the	he Pharmacy Act, 194	48. He had his practical training in a	n
Institution approved the Pharmacy Counc	il of India.	of May	

NOTE:

Date: 03 06 22

 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

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

SECTION - I

		SAKAL (RURAL) BAGHPAT
		entitled to receive the Practical Training as set
Out in the Edu	cation Regulations framed under section	Head of the Academic
	:06	Department of Pharmacy MIT, Meerut
	SECTION	I-II
1	Manish Kumar	(Name of the Student Pharmacist)
accept	M.k. Shukle	(Name of the Apprentice Master) of
	S.V.B.P. Awpital Mee	The state of the s
	E1	(Hospital or Pharmacy) as my
		o obey and respect him / her during the entire
period of my tr	2 2	Signature of the Student Pharmacist
Apprentice Mapperiod of my tr	aining.	Signature of the Student Pharmacist
period of my tr	2 2	Signature of the Student Pharmacist
period of my tr	section M.K. Shukla	Signature of the Student Pharmacist
Date 15-1-	SECTION Monish Kumar	Signature of the Student Pharmacist
Date: 1 s - 1 - L_ accept Sri / Si (Name of the sorganisation so	SECTION Monish kumay tudent pharmacist) as a trainee and I at that during his /her training he /she ma	Signature of the Student Pharmacist - III (Name of the Apprentice Master) gree to give him /her training facilities in my
I	SECTION SECTION MONISH JOURNAY Itudent pharmacist) as a trainee and I a that during his /her training he /she ma king knowledge of keeping of record easion of pharmacy; and tical experience in — the manipulation of pharmaceutical appa are recognition by sensors characters of medicine	Signature of the Student Pharmacist - III (Name of the Apprentice Master) agree to give him /her training facilities in my by acquire: — s required by the various Acts affecting the

(d)	the dispensing of prescriptions if	llustrating the con	mmoner methods of	administering
	medicaments; and	M. 22		
40.00	Appropriate Control of the Control o	4		

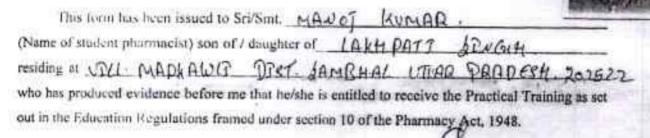
(c) the storage of drugs and medicinal preparations.

8		1547	The state of the s
I also agree that a Register	d Pharmacist sh	all be assi	igned for his /her guidance.
	8		Om/2
	भारी अधिकारी फा म्याप चिकित्सा मेरठ		Head of the Organization or Pharmaceutical Division Chief Pharmacist S.V.B.P. Hospital, Meerut
	SEC	CTION - I	IV 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
I certify that	Manish	Kuma	(Name of student
pharmacist) has undergone	1	00	hours training spread over from Date
10-1-22 10 25-4	22 for a p	eriod of	Smonth months in accordance with the
details enumerated in SECTIO		0.0	- V C Harly - 1 - 1
Date: 25/04/22	SEC	CTION - V	Head of the Organization or Pharmaceutical Division Superintendent-In-Chief S.V.B.P. Hospital, Meerut
l certify that	Manish	leum	(Name of student
*DOMESTIMATION -		-	ining under regulation 20 of the Education
Commerce Space Bulleting and	and the second second		ct, 1948. He had his practical training in an
nstitution approved the Pharm			Low
Date: 10 0622			Head of the Academic Truining Institution Principal Department of Pharmacy
OTE:			MIT, Meerut
Each & every Sections sh authorized person with me. The practical training shall	ntioning the dates I be not less than	i. Jive hundre	ection information, signed & sealed with the
Training Contract Form fo	training instituti r qualification as	on, on app a Pharmac	olication, shall supply in triplicate "Practical cist
4) After successful completion	of the practical	training, I	It shall be the responsibility of the trainer 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

SECTION - I



Date: 06/09/2021

Head of the Academic Training Institution Principal Department of Pharmacy MIT, Meerut

SECTION - II

Manay Kumau.	(Name of the Student Pharmacist)
occept 40g andra Singh Adrikari	(Name of the Apprentice Master) of
Department of Phonemary MIT Moonat	(Nume of the College / Institution)
birt Male Mospital Badawn	(Hospital or Pharmacy) as my
Apprentice Muster for the above training and agree to obey	
period of my training.	

Date: 27 - 12 - 21

अनो ज कुमार Signature of the Student Pharmacist

SECTION - III -

Name of the Apprentice Master)

accept Sri / Smt. Mohaj KumaH

(Name of the student pharmacist) as a trainee and I agree to give him ther training facilities in my organisation so that during his ther training he take 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;

Cont ...

ing

Lecrity that Mahai	Kymay	(Name of stud	dent
pharmacist) has undergone	200	hours training spread over from I	
12-921 - 22-12-2	for a period of	3 months in accordance with	
details enumerated in SECTION II	00 2	CON 1000 &	Za
		Chief Medical Superintendent Dist. Waspital. Eudaun	119
Date: 27-12-21	l	Pharmaceutical Division	
	17	The second second	-
	SECTION - V	v *	
t certify mat Mo	noi Kuman	(Name of stud	ent
pharmacist) has completed in all re-	spect his practical tra	sining under regulation 20 of the Educati	ion
		ct, 1948. He had his practical training in	Mark on
Institution approved the Pharmacy (
n. 11/18/15.		Mulolin	
Date: 14/09/2	× 2 × 1	Head of the Academic Training Institution	
	St. a	Principal	
	The same	Department of Pharmacy	
NOTE:	14	MIT, Meerut	180
1) Each if every Sections should	be filled in with coree	ection information, signed & realed with t	ne /

Date:

anthorized 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 manifes. Mentium the period of training in DD/MM/YYYY format only

3) The head of on accidence training institution, on application, shall supply in triplicate Practical Training Consenct Form for qualification as a Pharmacist

4) After successful completion of the practical training, it shall be the responsibility of the trainee to course that one carry thereinafter referred to as the first copy of the Contract Form) so filled is submitted to the thead of the academic training institution and the other two copies (hereinafter referred to as in. Second copy and the third copys shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

the state of the s	
This form has been issued to Sri/Smt	UDASHIR
(Name of student pharmacist) son of / daughter of	MOHD ARRAS
residing at TOWN AREA SIWAL KHAS	DIST (MEERUT) U.P
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	
	R
Date: IS/m/2021	Head of the Academic
	Training Institution
	Department of Pharmacy
11 2000 2000 2000	MIT, Meerut
SECTION	-11
MUDASHIER.	(Name of the Student Pharmacist)
OCCEPT DEEPALE TYALIT	(Name of the Apprentice Master) of
MIT, MEERUT	(Name of the College / Institution)
DISTRICT WOMEN HOSPITHE	
SICTRICT WONEN HORPITHE Apprentice Master for the above training and agree to period of my training.	o obey and respect him / her during the entire
Apprentice Master for the above training and agree to period of my training.	
Apprentice Master for the above training and agree to	o obey and respect him / her during the entire
Apprentice Master for the above training and agree to period of my training.	o obey and respect him / her during the entire
Apprentice Master for the above training and agree to period of my training.	Signature of the Student Pharmacist
Apprentice Master for the above training and agree to period of my training. Date: 18 9 22	Signature of the Student Pharmacist
Apprentice Master for the above training and agree to period of my training. Date: 18 9 21 SECTION-	Signature of the Student Pharmacist
SECTION- SECTIO	Signature of the Student Pharmacist (Name of the Apprentice Master)
SECTION- I. SEE PAGE TYAUT ccept Sri / Smt. MUDA SHIR. Name of the student pharmacist) as a traince and I as	Signature of the Student Pharmacist (Name of the Apprentice Master) gree to give him /her training facilities in my
SECTION- SECTION- LEE PAGE TYAUT SECTION- LOCAL TRACE Coccept Sri / Smt. MUDALHTR. Name of the student pharmacist) as a traince and I appropriate the student grants at the student grants at training he /she may	Signature of the Student Pharmacist [Name of the Apprentice Master] gree to give him /her training facilities in my y acquire: —
SECTION- SECTIO	Signature of the Student Pharmacist (Name of the Apprentice Master) gree to give him /her training facilities in my
SECTION- SECTIO	Signature of the Student Pharmacist - III (Name of the Apprentice Master) gree to give him /her training facilities in my y acquire: — required by the various Acts affecting the
SECTION- SECTIO	Signature of the Student Pharmacist
SECTION- SECTIO	Signature of the Student Pharmacist

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: 189 11

Head of the Organization or Pharmacoution Division

SECTION - IV

pharmacist) has undergone 500	hours training spread over from Date
details enumerated in SECTION III Date: 25 22	Head of the Organization or Planting of the Division

SECTION - V

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: 25/01/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIS'



Cont...

SECT	TON-I
This form has been issued to Sri/Smt.	Prince Kashyap
(Name of student pharmacist) son of / daughter of	
residing at 79, Hamman Mandin wali	
	ne is entitled to receive the Practical Training as set
out in the Education Regulations framed under se	ection 10 of the Pharmacy Ast, 1948.
708748	CK .
Date: 06 9 3001	Head of the Academic
	Training Institution Principal
	Department of Pharmucy
SECT	ION - II MIT, Meerut
0	
1 Brince Kashyap	(Name of the Student Pharmacist)
accept Satish Curi	(Name of the Apprentice Master) of
Department of phormocy MITCH	(Name of the College / Institution)
Community HOODER CONTRO BPT COHE	GOT) (Hospital or Pharmacy) as my
AND AND DEPTHEN STATES OF THE THE STATES OF	ree to obey and respect him / her during the entire
period of my training.	Notes and the state of the stat
THE PROPERTY OF THE PROPERTY O	O 11.00 -1
Date: 31/10/31	Signature of the Student Pharmacist
	organizate of the Stoneth Finditiment
CECTI	ON III
SAFE-EVIL	ON – III
1. Satur eini	(Name of the Apprentice Master)
accept Sri / Smt Brime Hoskyo	b
(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	
Para and the same of the same	cords required by the various Acts affecting the
profession of pharmacy; and	R Gall
 Practical experience in – the manipulation of pharmaceutical a 	constitus in common user
(b) the recognition by sensors characters	s of chief crude drugs & chemical substance used
in medicine	
(c) the reading, translation and copying	of prescriptions including the checking of doses;

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

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

Date: 31/10/21

Head of the Organization or Pharmaceutical Division

Multe

SECTION -	IV
pharmacist) has undergone 500 Stillo 21 to 26 2 22 for a period of details enumerated in SECTION III	hours training spread over from Date Description of student and the student and the student are student as a secondarie with the student are student as a s
Date: 36 3 32	Head of the Organization or Pharmacolineal Division had an Community Health
SECTION - 1	/
phermacist) has completed in all respect his practical tra	(Nume of student ining under regulation 20 of the Education
Regulations framed under section 10 of the Pharmacy Ac	t, 1948. He had his practical training in an
Institution approved the Pharmacy Council of India. Date: 28/01/22	Head of the Academic Training Institution , Principal Department of Pharmacy MIT, Meerut

NOTE:

 Each & every Sections should be filled in with correction information, xigned & 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/MMYYYYY 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 (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/SmtS	ANJU
(Name of student pharmacist) son of / daughter of	RAMREER
residing at SHIVPURAM MOHKAMPUR	DELHI ROAD MEERUTINSO 18
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	
Date: 06/09/21	Head of the Academic Training Institution Department of Pharmacy MIT, Meerut
SECTION - II	MII, Meerut
accept Karandel.	(Name of the Student Phermacist)(Name of the Apprentice Master) of(Name of the College / Institution)
Apprentice Master for the above training and agree to obe period of my training. Date: 05/02/22	(Hospital or Pharmacy) as my y and respect him / her during the entire Sanju Signature of the Student Pharmacist
accept Sri / Smt. Sanyy	(Name of the Apprentice Master)
(Name of the student pharmacist) as a trainee and I agree	to give him ther training facilities in my
organisation so that during his Afer training he /she may acq	uire:
Working knowledge of keeping of records required profession of pharmacy; and Practical experience in — (a) the manipulation of pharmaceutical apparatus (b) the recognition by sensors characters of chief in medicine (c) the reading, translation and copying of prescri	in common use; crude drugs & chemical substance used
	Cont

(e) the storage of drugs and medicinal preparations.

 (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and

	I also agree that a Registered Pharmacist shall be assig	aned for his ther guidance 1		a .
	A IN ACCOUNT OF THE CONTRACT OF THE STATE OF	J. J.		
	Date: 05/02/22	11-1-11-2		
	Date 197	Head of the Organization or Pharmaceutical Division	123	
		C.H.C Modinegur		
		GZ B.		
į	SECTION-I	V		1
1	I certify that Samily	(Name of student	_	0
	pharmacist) has undergone 550	hours training spread over from Date		5
c	- 1 A	The months in accordance with the		14
	details enumerated in SECTION III	My Bounds in accordance with the		
	PARTON STATE OF PARTON STATE OF THE PARTON STA	M		30
	Date: 07/05/2022	Head of the Organization or		
		Pharmaceutical Division Medical Suprintendent		
		C.H.C. Modi Nagar	S COM	100
	the same of the sa	Ghaziabad (U.P.)		
	SECTION - V	- A Continue of the		5
	I certify that Sangu	(Name of student		
	pharmacist) has completed in all respect his practical tra	ining under regulation 20 of the Education	1	2
	Regulations framed under section 10 of the Pharmacy Ad	25	~	
	Institution approved the Pharmacy Council of India.	A.	100	
		Water		98
	Date: 09 05/22	Head of the Academic		1
		Training Institution	1	
		Department of Pharmacy		
	NOTE:	MIT, Meerut	go, or	Test !
	1) Each & every Sections should be filled in with curre	ection information, signed & sealed with the	1	18
	authorized person with mentioning the dates. 2) The practical training shall be not less than five hundr	ed hours spread over a period of not less than	P. W.	18
	three months. Mention the period of training in DD/Mi	M/YYYY format only	3	
	 The head of an academic training institution, on app Training Contract Form for qualification as a Pharma 		THE STATE OF THE S	1
	4) After successful completion of the practical training.	It shall be the responsibility of the trainee to		100
	ensure that one copy (hereinafter referred to us the			557

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form				VI UDIT	KUMAN	C	
(Name of student	pharmacist) so	n of / daughter	rof Mo	OHAR S	iVhH		
residing at ViLI	+ POST	DAHA	BAGHE	AT	Pin	250	122
who has produced	l evidence befo	ore me that he/s	she is entitle	d to receiv	e the Prac	tical Train	ing as set
out in the Educati		framed under	section 10 of	the Pharm	nacy Act, I	948.	
Date: 6/09/2	21				the Acade		
					partment	of Pharm	acy
		SEC	TION - II		MIT,	Meerut	
25	2.12-1			24	200.00	1	-
emerce:	Saure	DEC DIE			ne of the S		
iccept		Shuley	The same and the same of	- Control of the second	of the Ap	2011 24 25 25	
	3.4.6	. P. Hupha	Meenu	(Nan	ne of the C	ollege / In	stitution)
				(Hospita	d or Pi	armacy)	as my
Apprentice Master	5- 572	training and a	gree to obey	and respe	ect him / h	er during t	he entire
seriod of my train	5- 572	training and a	gree to obey				
seriod of my train	5- 572	training and a	gree to obey	Signatur	e of the Str	ident Phan	macist
seriod of my train	5- 572		gree to obey	Signatur	e of the Str	ident Phan	macist
seriod of my train	5- 572	SECT	* 10	Signatur	e of the Str Scursor bh	ident Phar Nomas	macist
period of my train Date: <u> 8 1 22</u>	ing. M.Κ.	SECT	TION – III	Signatur	e of the Str	ident Phar Nomas	macist
period of my train Date: 18/1/22 1 sceept Sri / Smt.	ing. Γη. Κ. : 	SECT Shukis rebh Kuma	TION - III	Signatur S (Name	e of the Str Scursorbh	dent Phan Homas	macist Master)
Date: 18 11 22 I ccept Sri / Smt. Name of the stud	M.K.	SECT Shukis rebh Kume) as a trainec a	TON - III	Signatur S (Name	e of the Str Scursorbh	dent Phan Homas	macist Master)
I	ent pharmacist) t during his /he knowledge o on of pharmacy	SECT Shukts rebh kurne as a trainee a r training he/s f keeping of r ; and	TION - III and I agree to the may acquirecords requi	Signatur Signatur (Name o give him ire: —	e of the Str cusous A	odent Phan Homas Apprentice	Master)
I	ent pharmacist) t during his /he knowledge of on of pharmacy experience in nanipulation of ecognition by sedicine	SECT Shukis rebh kurne as a trainee a r training he/s f keeping of r ; and pharmaceutica ensors characte	TON - III and I agree to the may acquirecords requi	Signatur Signatur (Name o give him ire: — ired by the crude drug	e of the Street of the A	odent Phan Fromas Apprentice ing facilitie Acts affect	Master) es in my
I	ent pharmacist) I during his /he Is knowledge of the pharmacy experience in manipulation of ecognition by s	SECT Shukis rebh kurne as a trainee a r training he/s f keeping of r ; and pharmaceutica ensors characte	TON - III and I agree to the may acquirecords requi	Signatur Signatur (Name o give him ire: — ired by the crude drug	e of the Street of the A	odent Phan Fromas Apprentice ing facilitie Acts affect	Master) es in my

- 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: 18/01/22

प्रभारी अधिकारी फार्नेसी स.व.मा.प चिकित्सालय

Head of the Organization or Pharmaceutical Division Chief Pharmaceutical S.V.B.P. Hospital, Meerut

			Southern the state of the state
	SECTION - I	v .	-10/40 500
I certify that	ayrebh kum	97	(Name of student
pharmacist) has undergone	200	hours training	spread over from Date
10-1-22 10 6-5-22	for a period of	9 14 1	hs in accordance with the
details enumerated in SECTION III		dec.	
Date: 6/05/22		Pharmaceu Superinter S.V.B.F	Organization or tical Divisioner tical Divisioner Organization Hospital, Secret
	SECTION - V	NI 7	The same of
l certify that	squresh ku	YMSY'	(Name of student
pharmacist) has completed in all res	pect his practical trai	ning under regula	tion 20 of the Education
Regulations framed under section 10			
Institution approved the Pharmacy C		a	8 - m
		X	509/05/

Date. S/OS/PE

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt.	SHADAB KHAN
(Name of student pharmacist) son of / daughter of	ISTKAR KHAN
residing at VIN- Calabour Post	-Banam Meerly Pin-250502
who has produced evidence before me that he/she	The state of the s
out in the Education Regulations framed under sect	
	()
Date: 06/09/2021	Head of the Academic
	Training Institution
K .	Principal Department of Pharmacy
FFOR	MIT, Meerut
SECTIO	IN-II
1 Shadeb Khan	(Name of the Student Pharmacist)
accept Jawed	(Name of the Apprentice Master) of
M.I.T. Collage Mechint	(Name of the College / Institution)
> D 1	to decrease on an analysis of
Apprentice Master for the above training and agree	
period of my training.	to obey and respect mm / ner during the entire
period of my daining.	01 11
- mlals	Shadas
Date: 08/9/21	Signature of the Student Pharmacist
SECTION	V-III
1 Charles Khan Ti	led (Nume of the Assession Moster)
accept Sri / Smt. Shadah Khasa	(Name of the Apprentice Master)
	and the second s
(Name of the student pharmacist) as a trainee and I	
organisation so that during his /her training he /she n	
 Working knowledge of keeping of recor profession of pharmacy; and 	ds required by the various Acts affecting the
 Practical experience in – 	
(a) the manipulation of pharmaceutical app	paratus in common use;
(b) the recognition by sensors characters of in medicine	of chief crude drugs & chemical substance used
	CWHILD /
(1) me reading, management and copying of	prescriptions including the checking of doses;

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

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

Dr. Parveen Pharmacy Date: 8/9/21

50 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Pharmaceutical Division
SECTION -	IV .
1 certify that Shadah Khan	(Name of student
pharmacist) has undergoneSoo	hours training spread over from Date
08/9/21 10 08/12/21 for a period of	2. 4
details enumerated in SECTION III	SMARINE TO accordance with the
Date 07/	ANUL TOP TIES
Date: 08/12 /21	Head of the Grenning For or
	Phasmachinos Division
	A CONTRACT MADE AND A SECOND
SECTION -	V
1 certify thatShadab Kh	Am (Name of student
pharmacist) has completed in all respect his practical tri	
Regulations framed under section 10 of the Pharmacy A	ct. 1948. He had his practical training in an
Institution approved the Pharmacy Council of India.	
	(C) (0) 2022
Date: 02/02/2022	Head of the Academic
	Training Institution
	Department of Pharmacy
NOTE:	MII, Meerut
1) Each & every Sections should be filled in with corn	ection information, signed & sealed with the
authorized person with mentioning the dates. 2) The practical training shall be not less than five hundr	ed hours suread over a period of not less that
three months. Mention the period of training in DD/M	WYYYY format culs
 The head of an academic training institution, on app Training Contract Form for qualification as a Pharma. 	miel
4) After successful completion of the practical training	It shall be the suspensibility, Fit and
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

SECTION - I

This form has been issued to Sri/Smt. Shah	oukh khan	
(Name of student pharmacist) son of / daughter of	M AKhah	
residing at bruhana Rand galino 6 Bo		
who has produced evidence before me that he/she is		
	THE SPACE OF THE STATE OF THE S	
out in the Education Regulations framed under section	10 of the Pharmacy Act, 1948.	
HATE-W	100	
Date: 24 09 21	Head of the Academic	
	Training Institution Principal	
	Department of Pharmacy	
SECTION	MIT, Meerut	
SECTION	-11	
1. Shahrukh khan.	(Name of the Student Pharmacist)	
accept Om vir Sins	(Name of the Apprentice Master) of	
CHC Barant	(Name of the College / Institution)	
Dist Barn Pat	(Hospital or Pharmacy) as my	
Apprentice Master for the above training and agree to		
- Marie	ovey and respect min r ner during the came	
period of my training.	201 No.	
W. C. B. V.	Shahrands Ihan	
Date: 26-/1-2/	Signature of the Student Pharmacist	
SECTION -	-m	
Manyor So de	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. Omvir Sings	(Name of the Apprentice Master)	
accept Sri / Smt. Shahrukh Kha	h	
(Name of the student pharmacist) as a trainee and I ap	gree to give him /her training facilities in my	
organisation so that during his /her training he /she may	y acquire: —	
1. Working knowledge of keeping of records	required by the various Acts affecting the	15
profession of pharmacy; and	a skar	7/3
Practical experience in –	- OXELIVI	1 13
 (a) the manipulation of pharmaceutical appar (b) the recognition by sensors characters of 	chief crude drugs & chemical substance used	We /
in medicine	cinci cidae diags de cilciment adostante disco	
(c) the reading, translation and copying of pr	rescriptions including the checking of doses;	The same
	Cont	
	Commission	

- (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: 26-11-21

Head of the Organization or Singh Pharmaceutical Division of Dist. Bay 1 (U.P.

SECTION - IV

	one i.o.,	1.0-10	
I certify that	Shahruth bi	an	(Name of student
pharmacist) has undergone			read over from Date
26-11-21 to 10-4.	2 2 for a period of	months	in accordance with the
details enumerated in SECTIO	N III		
Date://- 4-2 2		Head of the Or Pharmaceuric Madical C.H.O., Garan Rogd, No.	al Division infendent ghpat)
	SECTION -	· V	
I certify that	Shahrukh	khan	_ (Name of student
pharmacist) has completed in a	all respect his practical t	raining under regulation	on 20 of the Education
Regulations framed under secti	ion 10 of the Pharmacy	Act, 1948. He had his	practical training in an
Institution approved the Pharm	acy Council of India.	Head of the Aca Training position	ution
		MIT, N	

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt.	Transa Himper Paul
(Name of student pharmacist) son of / daughter	
residing at Dumou Khas; Sagro	,
The state of the s	he is entitled to receive the Practical Training as set
out in the Education Regulations framed under s	ection 10 of the Pharmacy Act, 1948.
Frank in the second	CK .
Date: 06/09/21	Head of the Academic
	Training Institution
	Department of Pharmacy MIT, Meerut
SEC	ΠΟN - II
1 Tanun Kuman Roy	(Name of the Student Pharmacist)
accept Sugresh Kuman Por	(Name of the Apprentice Master) of
Depostment at Pharmacy 1	M.I.T. memulNume of the College / Institution)
PHIC Sandannagan	(Hospital or Pharmacy) as my
	gree to obey and respect him / her during the entire
period of my training.	
	-
Date: 22/09/21	Signature of the Student Pharmacist
SECT	ION – III
1 Sugarch Human A	Perosod (Name of the Apprentice Master)
accept Sri / Smt. Tanua Kumas	
	nd I agree to give him /her training facilities in my
organisation so that during his /her training he /s	
	ecords required by the various Acts affecting the of
profession of pharmacy; and	ectords required by the various Acts affecting metallor
Practical experience in –	(DETIVIT)
 (a) the manipulation of pharmaceutical (b) the recognition by sensors character 	ers of chief crude drugs & chemical substance used
in medicine	Menorus .
(c) the reading, translation and copying	g of prescriptions including the checking of doses;
	Cont

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

Date 22/09/21			Head of the	Organization or shirabilitivision Sarriamagar
		SECTION -	IV (
I certify that	Tanun	Kuman	Roy	(Name of student
pharmacist) has under	gone5	40/45	hours training	spread over from Date
details enumerated in St	CT	for a period of _	three mont	ths in accordance with the

Dute: 11/01/22

Head of the Organization or Pharmaceutical Division

SECTION - V

Tonun Kuman Roy (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: 04/03/22

Head of the Academic Training Institution Principal Department of Pharmacy MIT, Meerut

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 ocademic 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

SECTION - 1



		-
This form has been issued to Sri/Smt.	ARSIF	
(Name of student pharmacist) son of / daught	er of MoHD- ABBAS	
residing at H.No. 229 - KHADAUL-	I BHOLA ROAD MEERUT	
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	r section 10 of the Pharmacy Act, 1948.	
27	α	
Date: 06/09/2021	Head of the Academic	
^	Training Institution	1
	Principal	Н
SEC	CTION - II Niet Meet M	
1_ RASIF		
accept marche Crother	(Name of the Student Pharmacist)	
	(Name of the Apprentice Master) of	
DECHRIPENT OF PHIRITING LP T	T] MEERUT (Name of the College / Institution)	3
CHCJa-i khind	(Hospital or Pharmacy) as my	
Apprentice Master for the above training and a period of my training.	agree to obey and respect him / her during the entire	
7.7	Aasif	
Date: 07/09/2021	Signature of the Student Pharmacist	
5		
SECT	TION-III	
1. madhu Sodhu	(Name of the Apprentice Master)	
accept Sri / SmtARSIF		
(Name of the student pharmacist) as a trainee a	and I agree to give him ther training facilities in my	
organisation so that during his /her training he /s		
1. Working knowledge of keeping of r	records required by the various Acts affecting the	1
profession of pharmacy; and 2. Practical experience in -	1 STALL	情
 (a) the manipulation of pharmaceutica 	I apparatus in common use;	190
 (b) the recognition by sensors characteristic in medicine 	ers of chief crude drugs & chemical substance used	1
	g of prescriptions including the checking of doses;	
	The same of the sa	
100	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: 07/09/2021



Head of the Organization or Pharmaceutical Divisionary tical Officer inclines. hearty Health Center pool (Meerut)

I certify that	ASIF .		(Name of student
pharmacist) has undergone _	500	_ hours training spread	l over from Date
07/09/21 10 10/12/21	for a period of	f 3 months in a	ecordance with the
details enumerated in SECTION	III	THE RESERVE	
Date: 10 121	SECTION	Head of the Organi Pharmaceutical I dical Office Primary Head	Division ' or Inchargo th Center
t certify that	ASI F		(Name of student
pharmacist) has completed in all	respect his practical	training under regulation 2	0 of the Education
Regulations framed under section	n 10 of the Pharmacy	Act, 1948. He had his pra-	ctical training in an
Institution approved the Pharmac	cy Council of India.	(A)	22
Date: 17/01/22		Hend of the Acades Training Institution	nic
NOTE:	10 Co. 1442	Principal Department of Phor MIT, Mecrut	macy

 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

 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 filled with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has be	en issued to Sri/S	imt. Ayays	hanna		1770
(Name of student pharm	nacist) son of / dr	ughter of	Junhil Sha	чила	
residing at	Vohori	Barout	Bagwhat)	
who has produced evide	ence before me th	at he/she is entiti	7	1 677	ning as set
out in the Education Rep	gulations framed	under section 10	of the Pharmac	Act, 1948.	
TO THE STREET OF BUILDINGS			0	8	
Date: 09-09-9041			Head of the	Academie	
WWW.				mountion	1
				of Pharmacy Meerut	1
		SECTION - II	Sant		
Azery	Sharma	1	(Name)	of the Student Pl	narmacist)
ccent Varum	Kumar			the Apprentice I	CANDESCHOOL
	hanner Mer	a lockded		3.0	The second second
	era . DIMI			or Pharmacy)	
apprentice Master for the	ne above training	and agree to obe	y and respect i	nim / her during	the entire
eriod of my training.		CONTRACTOR OF STREET	KARNA SALUMBAYAN	TO A CONTROL OF THE STREET,	Anti-Street St.
3 3	10		1	Amel Louis	
Pate: 05/01/2022			Signature of	the Student Pha	rmacist
410.			Signature of	the Guatar i na	imaciat
		SECTION - III			
W1000000	Western Was	SECTION-III			
r Noven	Knuas		(Name o	the Apprentice	Master)
coept Sri / Smt	Array Sho	nemia	4 7		
Name of the student ph	armacist) as a tra	ince and I agree	to give him /he	er training facilit	ies in my
ganisation so that durin	ng his /her trainin	g he /she may acc	uire: —		
	wledge of keepin			arious Acts affe	ecting the ac
profession of p	oharmacy; and				X
2. Practical exper		and and an arrange	The semantic way as a	1	GF (W
	lation of pharmac tion by sensors o				ince used
in medicino	3		2 10 10		- MA
(c) the reading	, translation and o	copying of prescri	ptions includin	g the checking o	l'doses;
					Cont

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

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

Date: 05/01/2022

Head of the Organization or Pharmaceptical Division PHC Kanders (Baghpat) U.P. Reg. No. 22289

SECTION - IV

1 certify that Azery Sharma	(Name of student
pharmacist) has undergone 500	hours training spread over from Date
19-9-2021 to 05-01-2022 for a period of	Sweetted months in accordance with the
details enumerated in SECTION III	
Date: 05-01-9e22-	Head of the Greenian Andrews Pharmaceuticul friviers PHG Kendera Diet. Bachput (UP)
SECTION -	v
I certify that Ajay Shalma	(Name of student
pharmacist) has completed in all respect his practical tr	aining under regulation 20 of the Education
Regulations framed under section 10 of the Pharmacy A	act, 1948. He had his practical training in an
Institution approved the Pharmacy Council of India.	
Date: [2 61] 2-	Head of the Academic Training Institution Principal
AVOTE:	MIT, Meerut

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This for	m has been issued to Sri/Smt. Acr	on Ahlawat
	ent pharmacist) son of / daughter of	^
esiding at	Bachan Singh col	Atyqueer singh
		ony Muzi Fron nagon titled to receive the Practical Training as set
	ation Regulations framed under section 1	
	and regulations trained under section 1	of the Pharmacy Act, 1948.
Date: 08/0	9/21	NE
Date. OBJ	11-21	Head of the Academic Training Institution
	The state of the s	Principal
		Department of Pharmacy MIT, Meerut
	SECTION - I	II Meerut
1	AMAN AHLAWAT	(Name of the Student Pharmacist)
ccept	MANISH GAUTAM.	(Name of the Apprentice Master) of
Departmen	t of Phasmary Messel in shirt	Name of the College / Institution)
PHO		(Hospital or Pharmacy) as my
581 m	2024	Pare .
Date: 28 12	2021	Signature of the Student Pharmacist
	SPREME OF A	A STATE OF THE STA
	SECTION - II	
1.	MANISH GAUTAM	(Name of the Apprentice Master)
ccept Sri / Spr	L AMAN AHLAWA	T.
Name of the stu	ident pharmacist) as a trainee and I agre	e to give him /her training facilities in my
rganisation so tl	hat during his /her training he /she may a	cquire: —
1. Worki	ng knowledge of keeping of records re	equired by the various Acts affecting the
	sion of pharmacy; and ral experience in -	
	munipulation of phannaceutical apparatu	is in common use:
(b) the	recognition by sensors characters of chi-	of crude drugs & chemical substance used
11.00	reading, translation and copying of presc	riptions including the checking of doses;
		Cont

 (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and

(c) the storage of drugs and medicinal preparations.	
I also agree that a Registered Pharmacist shall be assigned for his /her guidance.	
Date: 28 12 2021 Head of the Organization or Pharmaceutical Manual HERA Pharmaceutical Manual HERA Physica - n.a.) Eg. No.1-26 800.	
SECTION - IV	
I certify thatAMAN AHLAWA7 (Name of student	1
pharmacist) has undergone hours training spread over from Date	
25 09 2021 to 35 12 2021 for a period of 03 months in accordance with the	
details enumerated in SECTION III	
Date: 26 12 2021 Head of the cash Supplier Pharmaccus Thomas on PHC US T	+
SECTION - V	
I certify that	
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.	100
Date: 28/12 2021 Head of the Academic Training Institution Principal Department of Pharmacy	
NOTE: MIT, Meerut	
 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 	Nur.

3) The head of an academic training institution, on application, shall supply in triplicate Fractical

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. AMARDEEP	
(Name of student pharmacist) son of / daughter of RHAGWATI PRAJAD	170
residing at P-140 Ganga Nagar Mawana Road Meesut	
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.	
Œ	
Date: 06/09/2 Head of the Academic	
Training Lastitution	
Department of Pharmacy	
SECTION - II	
	4871
1 Amardech (Name of the Student Pharm	nacist)
	er) of
CHe modiningar (Name of the College / Institu	ution)
(Hospital or Pharmacy) as	my
Apprentice Master for the above training and agree to obey and respect him / bef during the	entire
Date: 8/091202/ Signature of the Student Pharmac	cist
SECTION – III	
Yazzuen.	
1. Name of the Apprentice Ma	aster)
ccept Sri / Smt 10maracep	
Name of the student pharmacist) as a traince and I agree to give him /har training facilities in	n my
rganisation so that during his /hor training he /site may acquire: —	Costitu
	77.
1. Working knowledge of keeping of records required by the various Acts affecting	161 24/23
 Working knowledge of keeping of records required by the various Acts affecting profession of pharmacy; and 	W.
Working knowledge of keeping of records required by the various Acts affecting profession of pharmacy; and Practical experience in – (a) the manipulation of pharmaceutical apparatus in common use;	
Working knowledge of keeping of records required by the various Acts affecting 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
Working knowledge of keeping of records required by the various Acts affecting profession of pharmacy; and Practical experience in – (a) the manipulation of pharmaceutical apparatus in common use;	The Control of the Co

(d)	the dispensing of prescriptions a medicaments; and	illustrating the commoner methods of administering
(c)	the storage of drugs and medicina	al preparations.
	16	all be assigned for his /her guidance.
Date: <u>08</u>	109/2007	Head of the Organization or Pharmaceutical Division
	6300	ST. B.

I certify that Dmardees	IV (Name of student
pharmacist) has undergone	hours training spread over from Date
Date: 12/12/2027	Head of the Organization of Assur Pharmaceutical Division

SECTION - V

1 certify that AMAROCEP	(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	oractical training in an
Institution approved the Pharmacy Council of India.	

Date: 23 177

Head of the Academic Training Institution Principal Department of Pharmacy MIT, Meerut

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 ocademic 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 filled with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMA

SECTION - I

21	CHON-1
This form has been issued to Sri/Smt.	ANTIC YADAV
(Name of student pharmacist) son of / daught	ter of YOGHEN DRA YADAV.
residing at JTH SUKRAVLT . POST &	CNAULT DIET MAHARAI MONT U.P. 27310
who has produced evidence before me that he	e/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under	er section 10 of the Pharmacy Act, 1948.
NY 15	(X)
Date: 06/09/2011	Head of the Academic Training Institution
	Principal
	Department of Pharmacy
SE	CTION - II MIT, Meerut
accept 4. M. Tripoli	(Name of the Student Pharmacist)
accept 4. M. THONE	(Name of the Apprentice Master) of
	(Name of the College / Institution)
S. R. H. Hospital Rrux	(Hospital or Pharmacy) as my
01	pared a above and respect him / her during the entire

Date: 11/09/21

period of my training.

Signature of the Student Pharmacist

SECTION - III

Name of the Apprentice Master)

accept Sri / Smt. And Godav

(Name of the student pharmacist) as a trainee and I agree to give him ther training facilities in my

(Name of the student pharmacist) as a trainer and I agree to give him ther training facilities in my organisation so that during his ther training he the 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 ...

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

Date: 11/09/21

Head of the Organization or Pharmac cuticablishion Chief Physical Alid. S.R.N. Hospital, Alid.

SECTION - IV

I certify that PnU ya	dav (Name of student
pharmacist) has undergone	hours training spread over from Date
11/09/21 10 11/12/21 1	or a period of Hoce months in accordance with the
details emmerated in SECTION III	
3 2	The second secon
Date: 12/12/21	Head of the Organization or
	Pharmaceutical Division
	प्रमुख अधीक्षक
	स्वरूप रानी हेहन विकित्सालय
	SECTION - V Manual
Leenly and Anil you	(Name of student
	ms practical training under regulation 20 of the Education
	the Pharmacy Act, 1948. He had his practical training in an
Institution approved the Pharmacy Coun-	al of India.
Date: 13/05/21	- PS180522
Date: 10/03/2	Head of the Academic Training Institution
	rincipat
	Department of Pharmacy MIT, Mecrut
NOTE:	Access to the second se
If the last the second second should be to	It is with investellar information strengt & earlied with the

 Early & very vectors should be filled in with currection information, signed & sealed with the uniform Operation with mentioning the dates.

2) The processive training shall be not less than five hundred hours spread over a period of not less than three measures Assured the period of terming in DD/MM/YYYY format only

 The head of an academic training notification, on application, shall supply in triplicate Proctical Seatons Content Form for qualification as a Pharmacist

4) Store source what completion of the practical training, it shall be the responsibility of the training of course and one copy (hereingher reterred to us the first copy of the Contract Form) so filled is submitted to the life 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

SECTION - I



This form has been issued to Sri/Srit. ANKI	T SINGH
(Name of student pharmacist) son of / daughter of	NARVADESHVAR SINGH
residing at VILL-BARWAN JUNGEL, WARD-NO	JO. BALMIKI NAGAR. KASIA. KUSHINAG
who has produced evidence before me that he/she is e	
out in the Education Regulations framed under section	10 of the Pharmacy Act, 1948.
	(of
Date: 06/09/21	Head of the Academic
	Training Institution Principal
	Department of Pharmacy
SECTION	- II MIT, Meerut
0.11611	Oleman State Contract Management of
HUKH SIMA	(Name of the Student Pharmacist)
accept S. P. Gupta	(Name of the Apprentice Master) of
	(Name of the College / Institution)
CHC Kasia Kushinggar	(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.	
	A Sugar
Date: 17/03/21	Signature of the Student Pharmacist
SECTION-	-m
1. S.P. Gupta	(Name of the Apprentice Master)
accept Sri / Smt. Ankit Singh	The fall of the first of the fi
(Name of the student pharmacist) as a trainee and I as	gree to give him /her training facilities in my
organisation so that during his /her training he /she may	y acquire: —
1. Working knowledge of keeping of records	required by the various Acts affecting the
profession of pharmacy; and	Z BKM
 Practical experience in – 	1 2/3/33

(a) the manipulation of pharmaceutical apparatus in common use;
(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

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 ass	igned for his /her guidance.
Date: 18 17 21	Head of the Organization or Phismaceurical Division Kustingo
SECTION -	IV
1 certify that Ankit Single	(Name of student
pharmacist) has undergone	hours training spread over from Date
17-09-21 to 18-12- 21 for a period of	3 months in accordance with the
details enumerated in SECTION III	
Date: 18/12/21	Head of the Organization or Pharmaceutical Division CH.C. Kacha
SECTION -	·v
I certify that Ankit Singh	(Name of student
pharmacist) has completed in all respect his practical t	
Regulations framed under section 10 of the Pharmacy	Act, 1948. He had his practical training in an
Institution approved the Pharmacy Council of India.	\$570122
Date: 17/01/22	Head of the Academic

NOTE:

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

Head of the Academic Training Institution Department of Pharmacy MIT, Meerut

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

					22 300	
This form has	heen issued	to Sri/Smt	ARYA	W VI	ERMA	-
(Name of student phu					NAND	VERM
residing at VILL	POST - E	ANSDIH	DIST	- BALLIA	. U.P. 2	77202
who has produced ev	dence befor	e me that he	she is enti	tled to receive	the Practical T	raining as set
out in the Education R	egulations (framed under	section 10	of the Pharma	cy Acq., 1948.	- 2
					X	
Date: 06-09-20	21			Head of the	Academic	-
DAY AND THE OWNER OF THE OWNER OW				Training	Institution	
				THE RESIDENCE AND THE RESIDENCE AND ADDRESS.	t of Pharmacy	1
		000			Meerut	
785		SEC	TION - II		1.5	100
1 Arx	in Vern	19		(Name	of the Student	Pharmacist)
accept Yofendra	Nath	Pandry		(Name of	the Apprentic	e Master) of
0	51	0		(Name	of the College	/ Institution)
D. H. Ball	6			(Hospital	or Pharmac	y) as my
Apprentice Master for		raining and a	gree to ob	ey and respect	him / her duri	ng the entire
period of my training.				S 198		
					Dispersion - Car	
Date: 09/03/2	021			Cimanton	Server to	The management of
Date:				aignature (of the Student P	narmacist
						1 FASSEL

SECTION - III

1. Young Nak Panday (Name of the Apprentice Master)
accept Sri / Smt. Ayyan Verma
(Name of the student pharmacist) as a trainer 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;
- (h) 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.

Date: 09/09/2021

Head of the Organization or Pharmaceutical Division

SECTION - IV

	SECTION-	1 4	The second second
pharmacist) has undergone 5 9 9 21 to 25-12-21		The state of the s	(Name of student ad over from Date accordance with the
details enumerated in SECTION III			
Date: 25 - 12 - 21		Head of the organical Pharmaceutical	Division erlatendare
	SECTION -	v	
I certify that ARYAN	VERMA		(Name of student
pharmacist) has completed in all resp	ect his practical tr	aining under regulation	20 of the Education
Regulations framed under section 10	of the Pharmacy A	Act, 1948. He had his pr	ractical training in an
Institution approved the Pharmacy Co	ouncil of India.	W.	
Date: 2 01 22		Head of the Acad Training Institu Principal Department of Phar	tion /
		MIT, Meerut	macy

NOTE:

- 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 butitution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmaelus
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to at 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 filled with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

	5	SECTION - I		1
This for	m has been issued to Sri/Smi	ACTUCH LUMON		
	ent pharmacist) son of / daug			1
	MANYLA QAW		ALD AND DOLL	Coulmo
who has produ	ced evidence before me that	te/she is entitled to recei	in the Provided Total	EHITOP]
out in the Educ	ation Regulations framed unc	ice section 10 of the Phys		g as set
	Transfer and Transfer and	er section to of the Phar	macy Att 1948.	
Date: 6/9/			DO .	
Date: 0/4/	F4.		f the Academio	
		Train	ing Institution	
		Dener	Principal ment of Pharmacy	
	7725	The second secon	AIT, Meerut	
	SI	CTION-II		Action to the
1	ASHISH IYUMAR	(Na	me of the Student Phan	macist)
accept	SANJEEV YAR		of the Apprentice Mar	CONTRACTOR OF THE PARTY OF THE
out at plan		A 100 CO		
A sympto	-	of Took Months		
		ANARA (Bash) Hospit		s my
Apprentice Mas	ter for the above training and	agree to obey and respond	ect him / her during the	entire
period of my tra	ining		V 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE PARTY OF THE PAR
		211		
2004/08/07/08/09			adelish time	
Date: 10/10/2		Signatur	e of the Student Pharms	icist
		05970/00000	545 54124 (1881) 1152 (1881)	200
	SEC	CTION - III		
*	00.175.11.00			
(te	SANJEGY YA	CIESVA CONTRACTOR	of the Apprentice M	faster)
eccept Sri / Sm	- Partis it has			
Name of the stu	dent pharmacist) as a traince	and I agree to give him	/her training facilities	in my
organisation so th	nat during his /her training he	/she may acquire: —		0
1. Workis	ng knowledge of keeping of		e various Acts affectin	g the she of
profess	sion of pharmacy; and al experience in -		16	
	manipulation of pharmaceutic	of annualty to accomm	120	TIME
(b) the	recognition by sensors chara- nedicine	eters of chief crude drug	s & chemical substance	used
11) 13	reading, translation and copy			100000
356 555		ng or prescriptions inclu	ding the checking of de-	es;
			C	unt

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

Date: 10/10/21

Head of the Organization or Piniffic Education San Tollands anora

SECTION - IV

certify that	SHISH KUMBI	R	(Name of student	
pharmacist) has undergone	500	hours training sp	read over from Date	
10/10/2/ 10 20/1/22	for a period of	3 months	in accordance with the	
details enumerated in SECTION III				
Date: 20/1/22		Head of the Do Pharmaceutic Dr. Amil Kun	al Division	A. W
	SECTION - 1	v P.H.C. I V Bagii,	ones one	
l certify that	ASHISHAU	MAR	_ (Name of student	
pharmacist) has completed in all re	spect his practical tra	sining under regulation	on 20 of the Education	
Regulations framed under section 1	0 of the Pharmacy A	ct, 1948. He had his	practical training in an	i
Institution approved the Pharmacy (Council of India.	A.	6/6/12	
Date: 20 0 1 22		Head of the Act	adémic tution , ai	
	25	MIT, Med		_

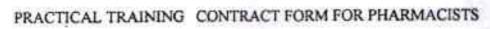
NOTE:

 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/MMYYYY 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 (hareinafter 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.





SECT	1014-1
This form has been issued to Sri/Smt P	SHWANI SISODIA
Name of student pharmacist) son of / daughter o	RAJ KUMAR SISODIA
esiding at B-374 Gauge Nagaz Ma	
ho has produced evidence before me that he/she	is entitled to receive the Practical Training as set
ut in the Education Regulations framed under sec	ction 10 of the Pharmacy Acf, 1948.
₩.	
Date: 06/09/21	Head of the Academic
	Training Institution Principal
	Department of Pharmacy
SECTI	ON - II
I ASHWANI SISODIA	(Name of the Student Pharmacist)
cept Ashish Sharma	(Name of the Apprentice Master) of
CHE Class Coolse Programacy MIT N	neexut (Name of the College / Institution)
CHC Alana Baglipation	(Hospital or Pharmacy) as my to obey and respect him / her during the entire
riod of my training.	Signature of the Student Pharmacist
The state of the s	
SECTIO	DN - III
1 Aghigh ghazma	Vertical and the state of the s
"	(Name of the Apprentice Master)
ept Sri / Sprit. ASHWANI SISODIA	
	I agree to give him /her training facilities in my
anisation so that during his /her training he /she	
 Working knowledge of keeping of rec profession of pharmacy; and 	ords required by the various Acts affecting the
 Practical experience in – 	2
 (a) the manipulation of pharmaceutical a (b) the recognition by sensors characters in medicine 	pparatus in common use; of chief crude drugs & chemical substance used
	f prescriptions including the checking of doses;
	Cont
EC.	

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

Date: 7/10/21

Head of the Organization or Charmaceutical Division AT

SECTION - IV

l certify thatl pharmacist) has undergon		SISODIA	hours training		Name of student over from Date
7/15/21 to 19/1/		r a period of	There mon		
details enumerated in SECT	III NOL		275	A	100
Date: 1/01/22	ν,		Head of the Pharmage सामुद्राधि		lision केन्द्र
		SECTION -			1 192

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: 150/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE:

 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 (hereinafter referred to as the Second copy and the third copy) shall be filled with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt.	DEEPANSHO
(Name of student pharmacist) son of / daughter of	F MUI DI PAT
	762. LAKSHMAN RURI MEERUT
	is entitled to receive the Practical Training as set
out in the Education Regulations framed under sec	
2012 St.	Ø
Date: d/09/21	Head of the Academic
	Training Institution
3	Department of Pharmacy MIT, Meerut
SECTION	
1 DEEPANSHU.	(Name of the Student Pharmacist)
accept SMT. BABITA RANT .	
MIT COLLEGE OF PHARMAC	
PISTRICT MONEH HOSPITECT	## (F #ANT/Hospital or Dhamasa) as any
Apprentice Master for the above training and agree	to obey and personal him / has during the artist
period of my training.	to obey and respect min / her during the entire
	Dechangen
Date: 22/12/21	The state of the s
Paritifal .	Signature of the Student Pharmacist
eromo	N
SECTIO	
L SMIT BABITA RAN	
accept Sri / Spit. DEEDAN SHU.	
(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 reco	ords required by the various Acts affecting the
profession of pharmacy; and 2. Practical experience in -	/ 05
(a) the manipulation of pharmaceutical ap	paratus in common use;
 (b) the recognition by sensors characters in medicine 	of chief crude drugs & chemical substance used
	f prescriptions including the checking of doses;
	Cont

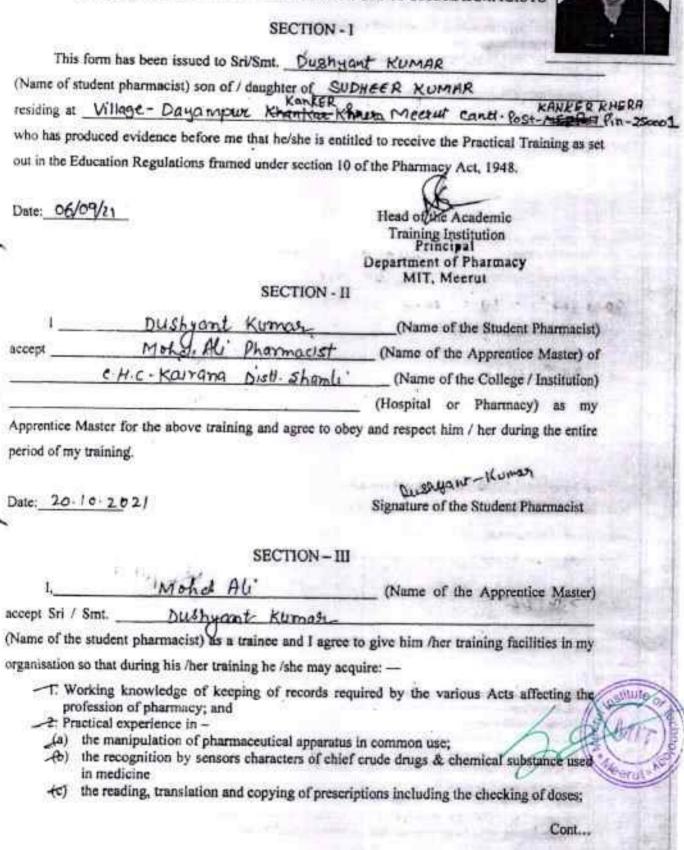
- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

Date: 12 4 2012

Head Striffe Organization of Plotestacking Division

SECTION -	1V
1 certify that DEEDAMENU	(Name of student A
pharmacist) has undergone	hours training spread over from Date
28 12/2021 to 12/4/32 for a period of	
details enumerated in SECTION III	0
The Parity of the Control of the Con	Chiel.
Date: 12 4 2022	Head of the Ozganization or
	Pharmacellicat Theisian
	Woman Barren
SECTION -	V
I certify that DEEDAUSHU.	
	(Name of student
pharmacist) has completed in all respect his practical tre	ining under regulation 20 of the Education
Regulations framed under section 10 of the Pharmacy A	ct, 1948. He had his practical training in an
Institution approved the Pharmacy Council of India.	0
Date: 12/0H/ 22	1201/202
Date. 12/04/12	Head of the Academic Training Institution
	Principal
	Department of Pharmney
NOTE:	MIT, Meerut
 Each & every Sections should be filled in with corre- authorized person with mentioning the dates. 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 The practical training shall be not less than five hundred 	ed hours spread over a period of not less than
three months. Mention the period of training in DD/MM. 3) The head of an academic training institution, on app	lication shall summly in retallante (Pennilea)
Franking Compact Form for eligification as a Phareman	riet .
 After successful completion of the practical training I ensure that one copy (hereinafter referred to as the j submitted to the Head of the second successful to the second su	i shall be the responsibility of the trainee to
the field of the academic training institu	lution and the other has menter the A
referred to as the Second copy and the third copy) shall	bę filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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

Date: 20-10-21

Head of the Organization or Pharmaceutical Division

SECTION -	IV
I certify that Dushyant Ku	mak— (Name of student
pharmacist) has undergone Suo Hrs	hours training spread over from Date
20 10 -2021 to 19.01 - 2022 for a period of _	months in accordance with the
details enumerated in SECTION III Date: 20.0/.2022 SECTION -	Head of the Organization or Pharmaceutical Division विकित्सा अधीक्षक सामुक्त येक स्वास्थ्य केन्द्र V
I certify that Dustiyant - Kuman	(Name of student
pharmacist) has completed in all respect his practical tr	aining under regulation 20 of the Education
Regulations framed under section 10 of the Pharmacy A	Act, 1948. He had his practical training in an
Institution approved the Pharmacy Council of India.	Q 10122

Date: 2/01/22

Head of the Academic Training Institution Principal Department of Pharmacy MIT, Meerus

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

	Note that the same of the same
This form has been issued to Sri/Sn	mt. Graway Sahi
(Name of student pharmacist) son of / dau	septer of Di and the C' 1
residing at uill - Nava F	ost manswepux (M. Moorn)
who has produced evidence before me that	t he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed ur	nder section 10 of the Pharmacy oct, 1948.
WIND SECRET TO CONSERVE CONTROL TO CONTROL T	To di die i marriacy sect, 1948.
Date: 8-8-201	Hand of the
23-25-3-14:44	Head of the Academic Training in the Ion
	Department of Pharmacy
	MIT, Mearut
	SECTION - II
1_ Gauxan Saini accept Ravi Kumas	(Name of the Student Pharmacist)
accept Kavi Kumas	(Name of the Apprentice Master) of
HE MANSUrpus, 818H-MUZI	Name of the College / Institution)
Department of Phononey M. T. T	Meenut (Hospital or Pharmacy) as my
Apprentice Master for the above training an	nd agree to obey and respect him / her during the entire
period of my training.	
n S	Grave Soini
Date: 15/09/2021	Signature of the Student Pharmacist
V	organizate of the Student Pharmaicist
SE	CTION - III
1. Ravi Kennas Iccepi Sri / Snal Cacusar Cai	ki
Name of the student pharmacist) as a traine	e and I agree to give him /her training facilities in my
rganisation so that during his /her training he	
	Service was report that the following and the first transfer of th
profession of pharmacy; and	of records required by the various Acts affecting the
 Practical experience in – the manipulation of pharmaceut 	ical apparatus in common use
(b) the recognition by sensors chara- in medicine	acters of chief crude drugs & chemical substance used
	ying of prescriptions including the checking of doses;
.22	
	Comp

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

Date: 15 09 2021	کام کمر کام کمرون SECTION -	Head of the Organization or All Pharmaceutical Division	
I certify that Gauss	wsassi	(Name of student	
t totally time		hours training spread over from Date	0
	17.	Huee months in accordance with the	
details enumerated in SECTION II			
Date: 16/12/2021		Head of the Organization of Pharmaceutical Division	
	SECTION -		
I certify that _ Gausan	Saini	(Name of student	
pharmacist) has completed in all re	espect his practical to	raining under regulation 20 of the Education	
Regulations framed under section 1	0 of the Pharmacy	Act, 1948. He had his practical training in an	20
Institution approved the Pharmacy Date: 18/12/702/		Head of the Academic Training Institution Principal Department of Pharmocy	- Common
NOTE:		MIT, Meerut	13)
authorized person with mention 2) The practical training shall be three months. Mention the perio 3) The head of an academic trait Training Contract Form for qui 4) After successful completion of ensure that one copy (hereina)	ning the dates. not less than five hunco od of training in DD/M ning institution, on aj alification as a Pharm the practical training, fler referred to as the	oplication, shall supply in triplicate 'Practical	HUL

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.	arish sharma
(Name of student pharmacist) son of / daughter of	6 - 7
residing at Thari Baraut (Bo	
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	n 10 of the Pharmace Act, 1948.
0.4.5	KIL.
Date: 2-9-21	Head of the Academic
	Training Institution Principal
	Department of Pharmacy
SECTION	I - II MIT, Meerut
1 Harsh Sharme	(Name of the Student Pharmacist)
occept Vineet Rati	(Name of the Apprentice Master) of
	(Nume of the College / Institution)
Pite-Kishanfle Basal	(Hospital or Pharmacy) as my
period of my training.	हर्प श्रामी
Date: 38/14 2011	Signature of the Student Pharmacist
SECTION -	-m
1. Vineet Rate	(Name of the Apprentice Master)
ccept Sri / Smil. Hardl Sharpe	(value of the Appendice Manaly
회사를 하면하게 되었었다. 살으로 보다 보고 있다. 그는 사람들은 그 그 그 모든 그	
Name of the student pharmacist) as a trainee and I as	
rganisation so that during his /her training he /she ma	y acquire: —
 Working knowledge of keeping of records profession of pharmacy; and 	s required by the various Acts affecting the
Practical experience in —	- LANT
(a) the manipulation of pharmaceutical appar	ratus in common use; chief crude drugs & chemical substance used
(c) the reading, translation and copying of pr	rescriptions including the checking of doses;
	Comp
2 N	Cont

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

Date: 28/1/1

Head of the Organization or Pharmacutical Division macist) Primary Health Centre Kishanpur Barat (Haghpat)

Head of the Academic Training Institution Principal Department of Pharmacy MIT, Meerut

Reg. No.: 39167

SECTION - IV

pharmacist)	has u	indergone	26.	hours training sprea	_ (Name of student ad over from Date
2/9/4	to_	24/12/21	for a period of	three months in	accordance with the
details enum	crated	in SECTION III	A LINE OF THE STATE OF THE STAT	He	Ale-
Date: sel	শুস	, si	SECTION - V	at- tate	
1 certify	that	HUST	stamou		(Name of student
pharmacist) t	as con	apleted in all re	spect his practical trai	ining under regulation	20 of the Education
				t, 1948. He had his pra	
					0

NOTE:

Date: 15/11/21

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. NIMPHSHU VISHWAKARMA

(Name of student pharmacist) son of / daughter of RAMESH VISHWAKARMA

residing at WII - SONDINA BUZURG Ref : KISHUNDEVPUR 301 KUSHURY-AR

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: 06 | 09 | 2 1

in medicine

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Mecrut

Cont...

SECTION - II

CATALOG CALCO CALCO	CITOIT II
1 Hemanshy Vishwaka	hma (Name of the Student Pharmacist)
accept Sozi D.K. Ra.	(Name of the Apprentice Master) of
CHI fazilnegar-kyl	unagar (Name of the College / Institution)
3 7	(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.	
1/ 0 0-01	Nimonalu Vizhuntumo
Date: 16-9-2021	Signature of the Student Pharmacist
SEC	TION - III
1. D.K. Rai	(Name of the Apprentice Master)
accept Sri / Smt. Himanshu Vis	hunkarma
	and I agree to give him /her training facilities in my
organisation so that during his /her training he	
Working knowledge of keeping of profession of pharmacy; and	records required by the various Acts affecting the
2. Practical experience in –	
(a) the manipulation of pharmaceutic	eal apparatus in common use;

(c) the reading, translation and copying of prescriptions including the checking of doses;

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

Date: 03/01/2022

Head of the Organization or Pharmar enlight Vivision C.H.C. Faminagar Kushinagar (U.P)

SECTION - IV

raining spread over from Date 3 months in accordance with the
amonus in accordance with the
2000
State Organization or

SECTION - V

1 certify that Hemanyhu Vishwakarna	(Name of student
pharmacist) has completed in all respect his practical training under regulat	
Regulations framed under section 10 of the Pharmacy Act, 1948. He had his	practical training in an
Institution approved the Pharmany Council of the	7

Date: 17/01/22

Head of the Academic
Training Institution
Department of Pharmacy

MIT, Meerut

NOTE:

- 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 (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. Hait h		AA AV
(Name of student pharmacist) sor	of / daughter of Ball	and final	
residing at Larupen Khier	Larlena [Ma	and)	
who has produced evidence befor	e me that he/she is enti	tled to receive the Penatical Text	
out in the Education Regulations	ramed under section 10	of the Dhamman A of 1040	ning qs set
		of the Pharmacy Art, 1948.	
Date:08/09/2021		SR	
010 11202 1		Head of the Academic Training Institution	
		Principal	
		Department of Pharmacy	
	SECTION - II	A Carried Control of the Control of	
12		Aca .	3430
1_ Henrik		(Name of the Student Ph	armacist)
accept Vingy Kun	nan	(Name of the Apprentice N	The state of the s
Department of Phones Mee	1 Kulika aldert	Name of the Calless / La	anthropius à
(HI Companion Vivo	1 C 11 /4	/1.	stitution)
CHC, Scoruspun Khum	L, Janeskana (Rock	27 [Hospital or Pharmacy)	as my
Apprentice Master for the above to	aining and agree to obe	ey and respect him / her during t	he entire
period of my training.			
		Unitih	
Date: 08/09 /2021		Signature of the Student Phan	
100 07		Signature of the Student Phan	macist
	SECTION III		
	SECTION - III		
I. Vingy	Kuman	(Name of the Apprentice	Master)
accept Sn / Smt. Horis	A		ATTENDED !
(Name of the student pharmacist) a	s a traince and I some	to give him Ass testatos fortist	
organisation so that during his /her t	minima to fet	to give min ther training facilitie	s in my
			- 1
profession of pharmacy;	records required	uired by the various Acts affect	ting the
2. Practical experience in -	ENG.		
(a) the manipulation of ph	armaceutical apparatus	în common use:	2 GAVIT
(b) the recognition by sen	sors characters of chief	crude drugs & chemical substan	ce used
in medicine			1000
The reading, translation	and copying of present	ptions including the checking of	loses;
			Cont
			Taranta and the same of the sa

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

Date: 08/01/2022

Regino . 24743 Phermacest Head of the Organization or Pharmaceutical Division

SECTION - IV

1 certify that Horilik	(Name of student
pharmacist) has undergone 500 01/10/2021 to 08/01/2022 for a period of	hours training spread over from Date
details enumerated in SECTION III	months in accordance with the
Date: 08/01/2022	Head of the Organization or Pharmaceutical Division

SECTION - V

certify that Houlth	(Name	of	etudant
pharmacist) has completed in all respect his practical training under regulation	20 of th	o E	bant's a
Regulations framed under section 10 of the Pharmacy Act, 1948. He had his pro-	actical te	o mu	nomina
Institution approved the Pharmacy Council of India.	actival ti	*****	ig in an

Date: 11/01/2022

Head of the Academic
Training Institution
Principal
Department of Pharmocy
MIT, Meerut

NOTE:

 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 (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/Sr	me Jatin Ruman
(Name of student pharmacist) son of / day	ighter of Mr. Regiondra Turman Pharma
residing at Gali No. \ Chun	no bhathi modinagar.
who has produced evidence before me the	it he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed u	nder section 10 of the Pharmacy, Act, 1948.
	18
Date: 03/09/2021	
	Head of the Academic
)_	Training Institution
	Department of Pharmacy
	MIT. Meeru
	SECTION - II
7 40 4	100 100 100 100 100 100 100 100 100 100
1_ saprafian	(Name of the Student Pharmacist)
accept KARAN PAY	(Name of the Apprentice Master) of
cher modi	ALL MADE AND CONTROL OF THE PROPERTY OF THE PR
Tiwa	(Name of the College / Institution)
Survivoring and St.	(Hospital or Pharmacy) as my
Apprentice Master for the above training a	nd agree to obey and respect him / her during the entire
period of my training	7
F	1/timbural
Date: 10/12/2021	Later
	Signature of the Student Pharmacist
	The second secon
12	ECTION - III
1, 2	SCHON-III
1. KARANYA	No. Co. A.
10	(Name of the Apprentice Master)
accept Sri / Smt	fuming.
(Name of the student pharmacist) as a traine	ee and I agree to give him ther training facilities in my
organisation so that during his /her training h	e /shé may acquire: —
	of records required by the various Acts affecting the
profession of pharmacy; and	of records required by the various Acts affecting the
2. Practical experience in -	6 GME
(a) the manipulation of pharmaceur	tical apparatus in common use
(b) the recognition by sensors char	acters of chief crude drugs & chemical substance used
in medicine	
(c) the reading, translation and cop	ying of prescriptions including the checking of doses;
CHEST TO THE PARTY OF THE PARTY	o the state of the
13	The state of the s

medicaments; and

(e) the storage of drugs and medicinal preparations.

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

(d) the dispensing of prescriptions illustrating the commoner methods of administering

	Larent	
Date: 10/12/2029	Head of the Organization or Pharmaceutical Division	
SECTION-IT		•
pharmacist) has undergone 5550	hours training spread over from Date	4
details enumerated in SECTION III Date: 12/03/2022 SECTION - V	Head of the Organization or Pharmaceutical Division Medical Suprintendent C.H.C. Modi Nagar	Three Party Committee of the Committee o
1 certify that Tothe kumay	(Name of student	
pharmacist) has completed in all respect his practical trai	ning under regulation 20 of the Education	
Regulations framed under section 10 of the Pharmacy Ac	t, 1948. He had his practical training in an	0
Institution approved the Pharmacy Council of India,	Moulson	
Date: 12/04/22	Training Institution Principal Department of Pharmacy	
NOTE:	MIT, Meerut	_

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

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

3) The head of an academic training institution, on application, 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 (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

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.

authorized person with mentioning the dates.

Training Contract Form for qualification as a Pharmacist

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION -1



This form has been issued to Sri/Smt. KESHAV PRATAP SINGH

(Name of student pharmacist) son of / daughter of DIGVIJAY PRATAP SINGH

residing at VIII-BASANTPUR POST-RAMPURGADH, OTSIT-DEORTA, 274400

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: 06/09/2021

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I KESHAY PRATAP SINGH.	(Name of the Student Pharmacist)
SCOOPS WALTULLAN KHAN	(Name of the Apprentice Master) of
Dopt of phormacy Heart Institute of Tech Mer	yu+ (Name of the College / Institution)
CHC fipra Docula Icadam Desalvalian	(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.	4.5
Party United	le des
Date, 10 09 2	Signature of the Student Pharmacist

SECTION-III

I, WALTUUMH KHAN (Name of the Apprentice Master)
accept Sri / Smt. KESMAN PRATAP SINGH:

(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
- 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 medicanteents; and
- (e) the storme of it rgs and medicinal preparations.

Date 10 09 2

Head of the Organization on Pharmaceutical Division as vada

SECTION - IV

I certify the KECHAV	DRATAP SIN	CH (Name of student
pharmacist) has undergone	MOOT	hours training spread over from Date
10/19/21 10/12/21	for a period of _	months in accordance with the
details enumerated in SECTION III		
Date 10/12/21		Head of the Organization of Pharmaceutical Division as Assault

SECTION-V

pharmacust) has completed it 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 17/4/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

NOTE

- to Each it every sections should be filled in with correction information, signed & sealed with the
- 2. The process is the second of not less than five hundred hours spread over a period of not less than three matrix of house we had at training in DEXMM/YYYY format only
- in the heart to an account to stating institution, on application, shall supply in triplicate "Practical training Countries for a few qualification as a Pharmacist
- Where successed some is seen of the practical training. It shall be the responsibility of the trainee to ensure must one copy of exemptive referred to as the first copy of the Contract Form) so filled is entimited to the blocal of the secondamic training institution and the other two copies (hereinafter a effected to as the blocal copy and the third copy) shall be filled with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt	Manish
(Name of student pharmacist) son of / daughter of	Kamal
residing at Mehrouli, parta	pur, (murut)
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 see	tion 10 of the Pharmacy Act, 1948.
Date 15/sp/2021	Head of the Academic Training Institution Department of Pharmacy MIT, Meerus
SECTIO	
1_ Manish	(Name of the Student Pharmacist)
iccept M.K. Shukis	(Name of the Apprentice Master) of
S.V. B. P. Hespital Mea	
W. W.	(Hospital or Pharmacy) as my
ate: 15 - Seb- 4621	manish- Singh
ate. 13 - Atp. 4641	Signature of the Student Pharmacist
SECTION	V-III
1. M.K. Shulds	(Name of the Apprentice Master)
cept Sri / Smt. Manish	
ame of the student pharmacist) as a trainee and I	agree to give him /her training facilities in my
anisation so that during his /her training he /she m	my acquire; —
Working knowledge of keeping of recomprofession of pharmacy; and Practical experience in — (a) the manipulation of pharmaceutical appropriate the pharmaceutical appropriate in —	ds required by the various Acts affecting the
in incascine	f chief crude drugs & chemical substance used
in incarcine	aratus in common use; If chief crude drugs & chemical substance used prescriptions including the checking of doses;
in incarctife	f chief crude drugs & chemical substance used

(d)	the dispensing of	prescriptions	illustrating	the	commoner	methods	of	administering
	medicaments; and	A Designation of the Property	Search Marie 192					LICENSIA MOST CALLED

(e) the storage of drugs and medicinal preparations.

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

Date: 0-11-2021

प्रमारी अधिकारी फार्मेंसी स.व.मा.प. चिकित्सालय मेरठ

Head of the Organization or Pharmaceutical Division

Chief Pharmacist S.V.B.P. Hospital, Meerut

SECTION-IV

I certify that	anish	(Name of student
pharmacist) has undergone	200	hours training spread over from Date
0[-1]-21 to 0-2-21	for a period of	
details enumerated in SECTION III	Security Control of the Control of t	The state of the s
in s	7.1	A set lander in the se
Date: 8-2-2022		Head of the Organization or
		Pharmaceutical Division
		Superintendent-In-Chief
	Order LOSSING CO. All Land	S.V.B.P. Hospital, Meerut
	SECTION - 1	/ meerut
I certify that	rich .	(Name of student
pharmacist) has completed in all re-	spect his practical tea	ining under regulation 20 of the Education
		et, 1948. He had his practical training in an
Institution approved the Pharmacy C	council of India.	Q
		Majoria
Date: Moy22		Head of the Academic
		Training Institution
		Department of Pharmacy
warr.		MIT, Meery

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/MMYYYY 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.

wate.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



This form has been issued to Sri/Smt. MANI	SH KUMAR
Name of student pharmacist) son of / daughter of Ma	RAJENDRA KUMAR
siding at DESHRAJ OLD TOWN -	- BAGIHPAT
ho has produced evidence before me that he/she is enti-	tled to receive the Practical Training as set
at in the Education Regulations framed under section 10	of the Pharmany Act, 1948.
950	OV -
ate: 20/09/2021	Head of the Academic
	Training Institution
	Department of Pharmacy MIT, Meerul
SECTION - II	Control of the Contro
Manish Kuman	(Name of the Student Pharmacist)
cept Virila Kaual if	(Name of the Apprentice Master) of
C.W.C. Bookhat	(Name of the College / Institution)
and the same of th	(Hospital or Pharmacy) as my
	- AND CALLERY OF THE PROPERTY
oprentice Master for the above training and agree to ob	ney and respect him / her during the entire
riod of my training.	.0 -
47 / h.	Mounty Co
sic: 27/11/21	Signature of the Student Pharmacist
SECTION - III	
1. Vinite Kaushik	(Name of the Apprentice Master)
cept Sri / Smt. Manish Kumas	WO SE SE
ame of the student pharmacist) as a trainee and I agree	
regisation so that during his ther training he take may se	ander.
Working knowledge of keeping of records re- profession of pharmacy; and	quired by the various Acts affecting the
	Z/EQ
 Practical experience in – the manipulation of pharmaceutical apparatu 	s in common user
(b) the recognition by sensors characters of chie	of crude drugs & chemical substance used
in medicine (c) the reading, translation and copying of prescr	rintings including the charleing of dozen
and topying of present	
	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: 27/11/21

Head of the Organization on of

Community Spings

	SE	CTION - I	v	Co. Po		
pharmacist) has undergone 27/11/21 to 2/3/ details enumerated in SECTIO		0	hours tra	months in ac	(Name of stu over from in coordance with andent	Date
	SEC	CTION - V	10			
I certify that		Kuman		0	Name of stud	ent
	respect ms pr	actical trail	ning nunct	regulation 20	of the Educat	noi

Date: 04/03/22

Institution approved the Pharmacy Council of India.

Head of the Academic
Training Institution

NOTE:

 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

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

SECTION - I



SEC	non-1
This form has been issued to Sri/Smt. M	ANISH KUMAR DHARIWAL
(Name of student pharmacist) son of / daughter	
residing at vill 9 Alumus dann	muzadd ornes an UP
	ne is entitled to receive the Practical Training as set
out in the Education Regulations framed under se	
Date: 6/9/21	Head of the Academic
	Training Institution
8 3 3	Department of Pharmacy MIT, Meerut
SECT	ION - II
I MANISH KOMBRIDHARIWA	(Name of the Student Pharmacist)
accept SHASHI KANT	(Name of the Apprentice Master) of
MIT megant	(Name of the College / Institution)
Apprentice Master for the above training and agreeriod of my training.	ce to obey and respect him / her during the entire
Date: 28. 9.21	Signature of the Student Pharmacist
SECTION	ON-III
L SHARHI KANT	(Name of the Apprentice Master)
accept Sri / Sphr. 107ANI.CH KUM BR - D	HARIWA L
(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	
profession of pharmacy; and 2. Practical experience in — (a) the manipulation of pharmaceutical a	pparatus in common use,

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

Cont ...

A-MM. mileural -

 (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: 28.9.21

Head of the Organization omecial Pharmaceutical Diversimas News

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

			Mutaffari	
*	SECTION - IV	E.	- 1 1 1/200	
I certify that TANICI	KUMAR DHAN	2141AL	(Name of student	5
pharmacist) has undergone _	500	hours training sp	pread over from Date	
28.9.21 to 28.12. 2	2) for a period of	3 . months	in accordance with the	
details enumerated in SECTION			पिकित्सा कीर्याभक	
Date: 3/1/22			rganizमध्य हमा० केन्द्र मखि cal Div(डीसावेबी) मुजफकरन	
	SECTION - V		The state of the s	
I certify that Manish F pharmacist) has completed in all			(Name of student	
Regulations framed under section Institution approved the Pharmac	10 of the Pharmacy Act,			0

NOTE:

Date: (0/0/1) 2

 Each & every Sections should be filled in with carrection 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

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

SECTION - I

This form has been issued to Sri/Smt. MO HAMMAD TAFAR KHAN
(Name of student pharmacist) son of / daughter of MUINUDDIN
residing at VILL- BHITNI PO DOHARIYA BAZAR DIST-GORAKHPUR 273015
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 24/09/21

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I MOHAMMAD JAPAR MHAN (Name of the Student Pharmacist)
accept AVA BHESH RUMAR AGRAHARI (Name of the Apprentice Master) of
MEERUT INSTITUTE OF TECHNOLOGY MEERUT (Name of the College / Institution)
NEW Alte SARHARI, JUNGIERAUDIA GORAMHROROSPITAL 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: 01/12/2021

Mold. Taylar. Kagur. Signature of the Student Pharmacist

SECTION - III

I. AVAOHESH NUMAR AGRAHAR! (Name of the Apprentice Master)
accept Sri / Syht. 1904A to man JAFAR KHAN
(Name of the student pharmacist) as a trained and I agree to give him ther training facilities in my
organisation so that during his ther training he take 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 ...

(d) the dispensing of prescri- medicaments; and	ptions illustrating	g the commoner	methods of ac	Intinistering
(e) the storage of drugs and n	edicinal prepara	tions.		
I also agree that a Registered Pharma	cist shall be assi	gned for his /her	gu dance.	
		M		
Date: 01/12/02/		Pharmac	e Organization eutical Division में जिल्ह्स् में जिल्ह्स् मार्केन्द्र, संगल की	ર્શ
	SECTION - I		गोरखपुर	
certify that MOHAMMAD	JAFAR H	(JIAN	(Name	of student
pharmacist) has undergone5	00	hours training	spread over	from Date
01.12.2021 10 09.03.2022	for a period of _	3 mo	nths in accordar	nce with the
details enumerated in SECTION III		83	20 (01	
Date: 09.03. 2022		Head of Pharmac	diratom Organization culled Division	
	SECTION -	v		
I certify that _MoHAMI pharmacist) has completed in all respec	To the second second	STREET, STREET	Con Stranger Color Carren	
Regulations framed under section 10 of				1,000
Institution approved the Pharmacy Cour		4	Link	
Date: 14 03 22			Academic Institution neipal	5

NOTE:

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

Department of Pharmacy MIT, Meerut

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

i) 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 at the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



Cont ...

SECTION -	
Sri/Smt. Mobel	Amilad
et in the second	Mangta
	idhana, Distt & Muzaffornaga
	itled to receive the Practical Training as set
STATE OF THE PARTY	0 of the Pharmacy Act, 1948.
	(I
	Head of the Academic
	Trainipgingsitution
	Department of Pharmacy
SECTION I	MIT, Meerut
SECTION-1	1 1 2 2
tad	(Name of the Student Pharmacist)
Gin	(Name of the Apprentice Master) of
Budhana	(Name of the College / Institution)
	(Hospital or Pharmacy) as my
ining and agree to o	bey and respect him / her during the entire
	Louisal
	Signature of the Student Pharmacist
SECTION - II	
• • • • • • • • • • • • • • • • • • • •	
GITO	(Name of the Apprentice Master)
Amjad	100
a trainee and I agre	e to give him /her training facilities in my
raining he /she may a	cquire: —
	equired by the various Acts affecting the
nd	
armaceutical apparatu	us in common use:
	ef crude drugs & chemical substance used
and copying of preso	criptions including the checking of doses;
	SECTION - I SECTION - I SECTION - I SECTION - I SECTION - II SECTIO

- (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: 09/09/21

Pharmacist
PHC Kuralsi
3udhana (M.Nager)

Head of the Organization or Pharmacenticatil सामान प्रावस्थावनेन्द्र, करालसी, (मुक्नगर)

certify that	Mond	· Amiad		(Name of student
pharmacist) has under	gone	500	hours training	spread over from Date
9-9-21 10 5	-1- 22	for a period of _		ths in accordance with the
details enumerated in SE	ECTION III		J. Francis	- mark 2
Date: 5-1-2 9	Pharm PHC K Sudhana		Pharmace 'चि	Organization or cutical Division किल्लाधिकारी कल्लाधिकारी कल्लाधिकारी कल्लाधिकारी

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: 27/01/22

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. MOHD SANAULI AH

(Name of student pharmacist) son of / daughter of MD WASLUR RAHMAN

residing at S-10/15-A JoSA BAT BATLA HOUSE N.O -25

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: 21/69/2021

Practical experience in –

in medicine

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

Cont ...

SECTION - II

MOHO SAN	HALLJURI	(Name of the Student Pharmacist)
accept _ Jitandra	*	(Name of the Apprentice Master) of
DEPARTHENT OF	PHARMACY M	TI (Name of the College / Institution)
M X CIN KHIZ	RAGAD CENT	RE (Hospital or Pharmacy) as my
Apprentice Master for the above to	training and agree to of	bey and respect him / her during the entire
period of my training.		- 111
- William		hellnen
Date: 4/10/2021		Signature of the Student Pharmacist
(A)		
	SECTION - II	1 43
1. Jitendra	CPharmagis	(Name of the Apprentice Master)
accept Sri / Smt. Nobd	The second secon	
(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: —
Working knowledge of profession of pharmacu-		quired by the various Acts affecting the

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

(a) the manipulation of pharmaceutical apparatus in common use;

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

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

Date: 4/10/2021

Head of the Organization or Pharmaceutical Division O

SECTION - IV

I certify that Mohd Sanguillah	(Name of s	tudent
pharmacist) has undergone	hours training spread over from	Date
4 10 2021to 18 1 2020 for a period of	Zanada months in accordance w	ith the
details enumerated in SECTION III	O della distriction	60)
Date: 24/01/2022	Head of the Organization of the Pharmaceutical Division	n'

SECTION - V

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: 02/02/2022

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meers

- 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 traines 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

SECTION - I

This form has been issued to Sri/Smt. MOUD: ANAS KHAN

(Name of student pharmacist) son of / daughter of SAKEEL AHMAD

residing at H.NO 142, SIWAL KHAS, MEERUT, 250-50 1

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: 06-09-21

Head of the Academic Training Institution Principal Department of Pharmacy MIT, Meerut

SECTION - II

1 MOHD ANAS KHAN.	(Name of the Student Pharmacist)
accept BEERAL TVALLE	(Name of the Apprentice Master) of
MIT PHARMARY MEERUT	(Name of the College / Institution)
TURBEN JATTARON TOIL	(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 9 21

Signature of the Student Pharmacist

SECTION - III

I. DEEP NOTIFICE (Name of the Apprentice Master)
accept Sri / Smt. HOMO. ANTE DHAM.

(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
- 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 ...

ALC: NOW

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

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

Date: 18 9 21

Hend on the Organization or Flatnaceofficial Division

SECTION - IV

l certify that MOHE pharmacist) has undergone	540 540	hours training spread over from Date
18/9/4 to 24/1/22 details enumerated in SECTION		3 months in accordance with the
Date: 24 22	188	Head of the Oreign Zations
W		Suprimaceuted Division

SECTION - V

I certify that NONO. AND EATHY (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: 25 01/22

Head of the Academic Training Institution Principal

Department of Pharmasy MIT, Meerut

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This f	orm has b	een issued to Sri/Sn	MOH. MOH	IT JAIS	SWAL	
(Name of stu	dent phar	macist) son of / dau	ghter of	SHAMBHU	JAIS	WAL
residing at _	UILL:	ASNAHAR A	DIST	BASTI	UTTAR	PRADESH
who has proc	duced evid	ience before me that	he/she is e	entitled to receive	the Practical	Training as set
out in the Ed	ucation R	egulations framed un	der section	10 of the Pharma	ecyAct. 1948.	

Date: 15/09/2021

Head of the Academic Training Institution Principal Department of Pharmacy MIT, Meanut

SECTION - II

1 Mahit Ja	uswal	(Name of the Student Pharmacist)
accept Rajest Kumar Ch	handhary Christ Phar	(Name of the Apprentice Master) of (Name of the College / Institution)
CH.C. Bhanfu		(Hospital or Pharmacy) as my o obey and respect him / her during the entire
period of my training.		nohit
Date: 05 - 19-2021	n 10 20	Signature of the Student Pharmacist

SECTION - III

1. Rajesh Kunrav Chaudhery (Name of the Apprentice Master)
accept Sri / Smt. Mohrt Jackwal

(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 ...

(d)	the dispensing of prescriptions i medicaments; and	llustrating the commoner methods of administering	-
(c)	the storage of drugs and medicina	il preparations.	
I also agre	ce that a Registered Pharmacist she	all be assigned for his /her guidance.	
Date: 15-1-	2.22	Head of the Organization or Pharmaceutical DA Side Plices	

SECTION - IV

	DEC HOIT-	***	27124
I certify that Mohit	Jaiswa	9	(Name of student
pharmacist) has undergone	500	hours training spread	l over from Date
06-/c-2021 to 15- 1- 2022	for a period of	Three months in a	ccordance with the
details enumerated in SECTION III		+63	16
Date: 15-1. 2. 12		Head of the Organi Pharmaccuties। है साम्दायिक	
	SECTION -	10.	y A

I certify that MOHIT JAISWAL (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: 70

Head of the Academic Training Institution Department of Pharmacy MIT, Meerut

NOTE:

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

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION-1

This form has been issued to Sri	i/Smt N	ared	Hasan	Economic Control of the Control of t
(Name of student pharmacist) son of /	70.2-0.11-1	Frida	1.00	adur
residing at Village kalyanbur				Muzaffarnages (UP)
		030.540		00 0
who has produced evidence before me	that he/she is e	ntitled to	receive the P	ractical Training as set
out in the Education Regulations frame	d under section	10 of the	Pharmacy	et, 1948.
			OF	
Date 08 Sep 2021		36	lead of the Ap	ademic
		17	Training Trai	
s		D	cpartment of	
			MIT, M	
	SECTION -	- II		
1 Nahid Hasan			_(Name of the	ne Student Pharmacist)
accept			Name of the	Apprentice Master) of
bartment of Phonomary MIT, M	yerut			e College / Institution)
remunity realth centre, Bud	hana Ninaga	er (up)	transfert as	Pharmacy) as my
	0	The state of the s	nacommune_nac	CONTROL OF THE CONTRO
Apprentice Master for the above training	ng and agree to	obey an	d respect him	/ her during the entire
period of my training.				
**************************************			Dalud	Hadan
Date: 18 9 21		Si		Student Pharmacist
100005		:508		
	CHARLON	Carrent C	8	
	SECTION -	111	<u>***</u>	
- Predeep kur	rar		(Name of th	e Apprentice Master)
accept Sri / Smt. Nahi	d Hadan		. •	
(Name of the student pharmacist) as a	trainee and I ag	ree to gi	ve him /her tr	aining facilities in my
organisation so that during his /her train				
1. Working knowledge of keep	and the same of th	and and		us Acts affecting the
profession of pharmacy; and	or receids	required		
2. Practical experience in -		Vision And Codes	50025420745071020111	1
 (a) the manipulation of pharm (b) the recognition by sensors 				nesioni substance used
in medicine	CHARACTERS OF C	mer cruc	ie urugs de en	difficult substance used
(c) the reading, translation and	d copying of pre	escription	s including th	e checking of doses;
				Cont
				t one

(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 09 21

Pharmaceutical Division (40 40)

SECTION - IV

certify that Nahid Hadan	(Name of	student
pharmacist) has undergone 500 18/09/21 to 02/01/2022 for a period of	hours training spread over from	Date
Date: 05/01/2022 Phi	Budhana Heritus Para Septem (1)	

SECTION - V

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: 67/03/22

Head of the Academic
Training Institution
Department of Pharmacy
MIT, Meerus

NOTE:

 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

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 cassare 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 filled with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This for	m has been issued to Sri/Smt. N	ASIR
Name of stude	ent pharmacist) son of / daughter of	MY SILSHAD
residing at V	ILL PEEPLIKHERA - POST	- BIJOULI MEERUT
who has produc	ced evidence before me that he/she is enti	tled to receive the Practical Training as set
	ation Regulations framed under section 10	
2.0	The second secon	. a
Date: 06 0	9/2021	Head of the Academic
		Training Institution
		Department of Pharmacy
	SECTION - II	MIT, Meerut
94	The art of the second s	TO WASTER TO THE REAL PROPERTY.
1	Nasir	(Name of the Student Pharmacist)
iccept	M. K. Shukb	(Name of the Apprentice Master) of
	S.V. 6. P. SHOPIAL MEETA	(Name of the College / Institution)
War and the second state of	Seminar Semina	_ (Hospital or Pharmacy) as my
Apprentice Mas	ter for the above training and agree to ob	
Apprentice Mas		
eriod of my tra	ining	
eriod of my tra	ining	oy and respect him / her during the entire
	ining	Signature of the Student Pharmacist
eriod of my tra	ining. LL SECTION – III	Signature of the Student Pharmacist
eriod of my tra Date: O 11 2	SECTION - III	Signature of the Student Pharmacist
eriod of my tra Date: O 11 2 L Decept Sri / Sm	SECTION - III M·K· Shuku N - Shuku	Signature of the Student Pharmacist (Name of the Apprentice Master)
eriod of my tra Date: O 11 2 L Scept Sri / Sm. Name of the stu	SECTION - III 「ハ・ド・シャルシ L _ へるア Ident pharmacist) as a trainee and I agree	Signature of the Student Pharmacist (Name of the Apprentice Master)
I	SECTION - III MAN Make Make	Signature of the Student Pharmacist (Name of the Apprentice Master) to give him /her training facilities in my
I	SECTION - III M.K. Shukt Mask Ident pharmacist) as a trainee and I agree that during his /her training he /she may accord to the showledge of keeping of records required to the showledge of keeping of the showle	Signature of the Student Pharmacist (Name of the Apprentice Master) to give him /her training facilities in my
I	SECTION - III M.K. Shuku L. Mask Ident pharmacist) as a trainee and I agree that during his /her training he /she may accord to the state of the	Signature of the Student Pharmacist (Name of the Apprentice Master) to give him /her training facilities in my
I	SECTION - III M.K. Shuku L. Mask Ident pharmacist) as a trainee and I agree that during his /her training he /she may accord a knowledge of keeping of records required sion of pharmacy; and the sal experience in - manipulation of pharmaceutical apparatus	Signature of the Student Pharmacist (Name of the Apprentice Master) to give him /her training facilities in my quire: puired by the various Acts affecting the in common use;
I	SECTION - III M.K. Shukt Make the strained and I agree that during his /her training he /she may accome knowledge of keeping of records requision of pharmacy; and the straining he strained apparatus recognition by sensors characters of chief	Signature of the Student Pharmacist (Name of the Apprentice Master) to give him /her training facilities in my quire: puired by the various Acts affecting the in common use;
I	SECTION - III M.K. Shukt A color A c	Signature of the Student Pharmacist (Name of the Apprentice Master) to give him /her training facilities in my quire: uired by the various Acts affecting the in common use; forude drugs & chemical substance used
I	SECTION - III M.K. Shukt Make the strained and I agree that during his /her training he /she may accome knowledge of keeping of records requision of pharmacy; and the straining he strained apparatus recognition by sensors characters of chief	Signature of the Student Pharmacist (Name of the Apprentice Master) to give him /her training facilities in my quire: uired by the various Acts affecting the in common use; forude drugs & chemical substance used

- (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: 01/11/21

प्रभारी अधिकारी फा**र्मेशी** स.य.भा.प. चिकित्सालय मेरठ Head of the Organization or Pharmaceutical Division Chlef Pharmacist

SECTION - IV

certify that (Name of student pharmacist) has undergone 500 hours training spread over from Date 01-11-21 N.2.22 for a period of months in accordance with the details enumerated in SECTION III Date: 08/02/99 Head of the Organization or Pharmaceutical Division Superintendent-In-Chief S.V.B.P. Hospital, Meerut SECTION - V NHSTR 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 Institution approved the Pharmacy Council of India. Date: 14/02/2022 Training Institution Department of Pharmacy MIT, Meerut

NOTE:

 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 (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee. No or

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This can be be a second to select the selection of the se	mer .
This form has been issued to Sri/Smt. NT	
(Name of student pharmacist) son of / daughter of_	
residing at NEW MALI YANA, MEERL)T
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	on 10 of the Pharmacy, Act, 1948.
	at -
Date: 06-09-21	Head of the Academic
7	Train Perdospitation
	Department of Pharmacy MIT, Meerut
SECTION	
1_NIKHIL	(Name of the Student Pharmacist)
accept Satish Kuman	(Name of the Apprentice Master) of
Dist Commind Haspital Sanjay	Name of the College / Institution)
(N.2.B.	(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.	
V FUNCION	Niklul
Duta: 49 / 9/21	
Dute: 09/09/2/	Signature of the Student Pharmacist
	1 Per 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SECTION	-111
. Sodish Kuman	(Name of the Apprentice Master)
accept Sri / Smt. NIKHII_	
(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 m	ay acquire: —
	ds required by the various Acts affecting the

(a) the manipulation of pharmaceutical apparatus in common use;

in medicine

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

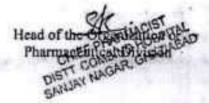
(c) the reading, translation and copying of prescriptions including the checking of doses;

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: 22/12/21



SECTION - IV

	occ mon	714	
I certify thatNIKHI	L -		(Name of student
pharmacist) has undergone	Sono	hours training	spread over from Date
09/09/21 10 22/12/21	for a period of _		ths in accordance with the
details enumerated in SECTION III			Taket.
Date: 22/12/21			CARLON GAR. GHA GEORG
	SECTION -	V	The same of the same
I certify thatN/KHI			(Name of student
pharmacist) has completed in all re	spect his practical tr	aining under regul	ation 20 of the Education
Regulations framed under section 1	0 of the Pharmacy A	ct, 1948. He had l	nis practical training in an
Institution approved the Pharmacy C	Council of India.	NOT	
Date: 10/01/22		Head of the Training Ir	
		Department	of Pharmacy

NOTE.

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



- AMAINING CONTRA	CT FORM FOR PHARMACISTS
SECTIO	N-1
This form has been issued to Sri/Smt.	WAL KI SHORE SINGH
(Name of student pharmacist) son of / daughter of 2	ATE-DAUMANCOL CHELL
residing at VICC- BHALVHA POS	T-BHALUHI NO. 2 DIET LUCIUM
has produced evidence before me that he/she is	entitled to receive the Practical Training as and
out in the Education Regulations framed under section	a 10 of the Pharmacy Act, 1948
Date: 14/09/2021	Head of the Academic Training Institution
No.	Principal Department of Pharmacy
SECTION	MIT, Meerut
V001352040V00	CANAL CONTRACTOR OF THE CONTRA
NAWAL KISHORE SINGH	(Name of the Student Pharmacist)
accept Adan a Schigh	(Name of the Apprentice Master) of
DE PARTMENT OF PHARMACY MIT, MI	EERUT (Name of the College / Institution)
CHIC. KAPTANGANU, KUSHINAGAR ((U.P.) (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to	o obey and respect him / her during the entire
period of my training.	New York Lab
	Newallishone Single
Date: 17 4/1 20	Signature of the Student Pharmacist
STATE AND ADDRESS OF THE PROPERTY OF THE PROPE	
, SECTION -	-111
1. Atma Char	(Name of the Apprentice Master)
accept Sri Smt. NAWALKISHORE SIL	
(Name of the student pharmacist) as a trainee and I as	
organisation so that during his /her training he /she may	
Working knowledge of keeping of records profession of pharmacy; and Practical experience in –	required by the various Acts affecting the
 (a) the manipulation of pharmaceutical appar 	atus in common use,

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

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

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

Date: 12/0//2022

Abrasciple Tilead of the Organization or Pharmaceutical Division

CALL THE STATE OF

SECTION - IV

pharmacist) has undergone 500 hours training spread over from Date

12/10/2021 to 11/01/2022 for a period of 3 months in accordance with the details enumerated in SECTION III

Date 17/11/2022 Head of the Organization or Pharmaceutical Division

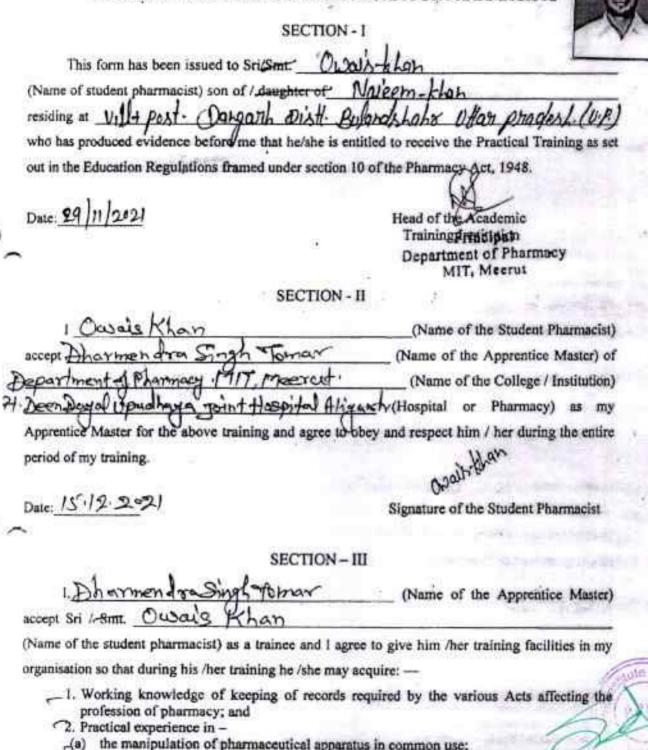
SECTION - V

Date: 14/0/21

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

- 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/MMYYYY format only
- The head of an ocademic 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



(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

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 /ber guidance

Date 11:03.2022

- d(Pharma Company Signature
SECTION	-1V
1 certify that Owais Khan	(Name of student
pharmacist) has undergone	hours training spread over from Date
15:12:202to 20:03.2022 for a period of	f 03 months in accordance with the
details enumerated in SECTION III	Lat
Date: 22 03 2022	Head of the Organization of Pharmaceutical Division P.
SECTION	I-V
1 certify that Owal's - 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.	A
Date: 29/03/21	Head of the Academic Training Institution Principal Department of Pharmacy MIT. Meerut

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 at the Second copy and the third copy) shall be filed with the trained.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION-1

	fore me that he/she is entitl	ed to receive the Practical Training as set
it in the Education Regulation	ns framed under section 10 (of the Pharmacy Act, 1948.
، باهار،		(NK_
ate: 14/07/21		Head of the Academic
		Training Institution
70		Principal Department of Pharmacy
^	SECTION - II	MIT, Megrut
(/	SECTION - II	
1 your wat	i ogu	(Name of the Student Pharmacist)
cept Bonge	of Lum	(Name of the Apprentice Master) of
plant men of D	or mach mit men	∨u + (Name of the College / Institution)
Delvel	Hornstel are even	0
	6.	(Hospital or Pharmacy) as my
prentice Master for the above	e training and agree to obe	y and respect him / her during the entire
riod of my training.		
		MASIN
te: 15 9 2/		CONTROL OF THE CONTRO
ic. 15 1 21		Signature of the Student Pharmacist
8		
0	SECTION - III	
ia.	worken been	27 27 21 2 22 2
0		(Name of the Apprentice Master)
ept Sri / Smt	municia gra	
sme of the student pharmaci:	st) as a traince and I agree t	to give him /her training facilities in my
anisation so that during his /		
		The state of the s
profession of pharma	or keeping or records requ	ired by the various Acts affecting the
2. Practical experience i		2 AM (DA
(a) the manipulation of	f pharmaceutical apparatus	
(b) the recognition by	Commence of the same of the case of the same of	crude drugs & chemical substance used

	as illustrating the commoner methods of administering
medicaments; and (e) the storage of drugs and medic	inal preparations.
(e) are storings of strips and	LEGINO
I also agree that a Registered Pharmacist	shall be assigned for his /her guidance. 14703
Date: 15-09-21	Head of the Organization or Pharmaceutical Division
V	ECTION - IV (Name of student
marmacisty das andergone	
13'4'21 to 15'12'21 for a	period of months in accordance with the
details enumerated in SECTION III	
Date: 15-12-21	Head of the Organization or Pharmacoutical Divisions Olan. 1514
S	ECTION - V
I certify that Rabbu NOTA	OILS (Name of student
pharmacist) has completed in all respect his	practical training under regulation 20 of the Education
	Pharmacy Act, 1948. He had his practical training in an
Institution approved the Pharmacy Council of	
Date: 15'-17 27	Head of the Academic Training Institution Principal
	Department of Pharmacy
10000	MIT, Meerut
authorized person with mentioning the de	
three months. Mention the period of train	han five hundred hours spread over a period of not less than ung in DD/MM/YYYY format only tution, on application, shall supply in triplicate 'Practical
Training Contract Form for qualification	as a Pharmacist
ensure that one copy (hereinafter refun	ical training, It shall be the responsibility of the trainee to red to as the first copy of the Contract Form) so filled is training institution and the other two copies (hereinafter ird copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - 1

					-
This	form has been issued	to Sri/Smt. SALD	2 HOSWA	MIL	SEE HELD
Name of s	tudent pharmacist) so	n of / daughter of R	ATIU KU	MAR GOSW	AMI_
residing at	BINAULI	CAGHPAT	UTTAR PA	EDESH '	
who has pro	oduced evidence befo	re me that he/she is er	titled to receive	the Practical T	raining as set
ut in the E	ducation Regulations	framed under section	0 of the Pharm	acy Act, 1948.	
112	Little	UI II	6	V	
Date: 06/0	9/2021		Head of	ine Academic	
			Trainin	g Institution	
			Departme	incipal at of Pharmacy	
		PECTION.	MIT	Meerut	
	727 2	SECTION -	11		46 35
1	Saluil gas	want-	(Nam	e of the Student	Pharmacist)
occept	Sanjew -e	munt - 1	(Name of	of the Apprentic	o Master) of
Mi	T Callege	meduat .	(Num	e of the College	/ Institution)
Sa	mien them	Che Primar	Là (Hospital	or Pharmac	y) as my
	Circle with the 12 is was not	training and agree to	obey and respec	t him / her duri	ng the entire
period of my		ANTONIO POR TORNO		we	Section Services
or in	Talling.		59	-172	
	14 (Bort) 0.	lack 21		50.	
ate:	A H (YOUTH)	10-1-1	Signature	of the Student I	harmacist
17	100 100				
		SECTION -	Ш		
1.	Sanje	w tome.	(Name	of the Appren	ice Master)
ccept Sri /	Smt. Calu	1 gazueani -	100000000000000000000000000000000000000	ASS 0 AS	**************************************
		as a trainee and I agr	ce to give him	her training fac	ilities in my
		r training he /she may			
		f keeping of records		ameliana Auto a	Charles Mar
	ofession of pharmacy		required by the	various Acts a	recting the
	actical experience in				/ARI
		pharmaceutical appara			
(p)	the recognition by s in medicine	ensors characters of ch	ief crude drags	& chemical sub	stance used
(c)		on and copying of pre-	criptions includ	ling the checking	of doses;
					Cont
					THE RESIDENCE OF THE PARTY OF T

- (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: 07 09 21

Head of the Superintendent NASH Hangs Wauth (1999)

SECTION - IV

1 cen	ify tha	a	2	abil galwa	mo		(Name of student
pharmacist)	has u	mderg	one	cookame.	- Carlotte Committee	the second second second	over from Date
details enum	Water Company	in SE	CTION II	for a period of _			cordance with the
Date: 2111	714	6			Phy	H.C. Sinal	elipsandent (Ki(Baghpet)

SECTION - V

l certify that SMIL GOWNI (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: 17/01/22

Head of the Academic Training Institution Principal

Department of Pharmacy MIT, Meerut

- Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- The practicul 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/MMYYYY 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 (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

	Salar	100
This form has been issued to Sri/Si	m SAIFI KHAN	
(Name of student pharmacist) son of / day		
residing at VILL DILOCHPURA- F	Past AMINGARSARAI-Pis	+ BAGHPATJUP - 250101
who has produced evidence before me the		THE CONTRACT OF THE PROPERTY O
out in the Education Regulations framed a	inder section 10 of the Pharmacy Act	, 1948.
P. 9	N.C.	
Date: 06/09/21	Head of the Aca	demic

Training Institution Principal Department of Pharmacy MIT. Meerut

SECTION - II

accepi Saxish Kr	25	(Name of the Student Pl	narmacist)
accept SOAISH KX	- GIN	(Name of the Apprentice)	Master) of
Department of P	someof MITME	Name of the College / In (Hospital or Pharmacy)	nstitution) as my
Apprentice Master for the above tra period of my training.	ining and agree to obey a	nd respect him / her during	the entire
Marketine Market with		Saifi RAAN	
Date: 00/09/21		Signature of the Student Pha	rmacist
	SECTION - III	2	
. 01.1	0.		

(Name of the Apprentice Master) accept Sri / Smt. (Name of the student pharmacist) as a trainee and I agree to give him ther 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
- 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
- (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (d) the dopening of prescriptions illustrating the commoner methods of administering medicarterits; and
- (c) the storage of drugs and medicinal preparations,

Laiso agree that a Registered Pharmacist shall be assigned for his /her guidance/and

Date 08 04 2.21

Head of the Organization in Center Pharmaceutical Displaced

SECTION - IV

	38459-104969-55	(K.W.)	
I certify thatSo	ifi Khar		Name of student
pharmacist) has undergone	002	hours training sprea	d over from Date
B19/2021 10 31/12/202	1 for a period of	There months in	accordance with the
details enumerated in SECTION III		Chi	
entre turn programme on the state		/Hs	
Date: 3 01 2022		Processory of	Rindsiner
	5	Baghp	30
	SECTION -	V	

pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations trained in aer section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date 17/01/22

Head of the Academic Traiping designation Department of Pharmacy MIT, Meerut

- each & creek 8, their should be filled in with correction information, signed & sealed with the auditorities proved a constraint in the dates.
- 2) The print of the Sec of the western than five hundred hours spread over a period of not less than three printing. Mr. cannot proched of training in DD/MM/YYYY format only
- The heart of an academic training institution, an application, shall supply in triplicate Practical featings training Form to qualification as a Pharmacist
- 4) After some some control and of the progressed training, it shall be the responsibility of the trainer to consider that one copy theremather referred to us the first copy of the Contract Form) so filled is submitted to the Head of the accelerate training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filled with the trainer.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

Name of student pharmacist) son of / daughter of	
who has produced evidence before me that he/she	
out in the Education Regulations framed under section	
Date: 06-09-2021	Head of the Academic Training Institution Principal
	Department of Pharmacy MIT, Meerut
SECTIO	N-II
Shivan	(Name of the Student Pharmacist)
accept V. P. Yndav.	(Name of the Apprentice Master) of
MIT MEDILE	(Name of the College / Institution)
Inputation - decease (Newson Interchases alternosposition	Transport was a service of the country was a country was
Apprentice Master for the above training and agree period of my training.	
Apprentice Master for the above training and agree period of my training.	Signature of the Student Pharmacist
Apprentice Master for the above training and agree period of my training. Date: 1-h-10-4	Signature of the Student Pharmacist
Apprentice Master for the above training and agree period of my training. Date: 1-11-15-4 SECTIO	Signature of the Student Pharmacist
Apprentice Master for the above training and agree period of my training. Date: 1-11-15-4 SECTION 1. V. P. Vodav accept Sri / Smt	Signature of the Student Pharmacist N-III (Name of the Apprentice Master)
Apprentice Master for the above training and agree period of my training. Date: 1-11-15-4 SECTION 1. V. P. Vodav accept Sri / Smt	Signature of the Student Pharmacist N-III (Name of the Apprentice Master)
Apprentice Master for the above training and agree period of my training. Date: J-h-1994 SECTION 1. V. P. Voda accept Sri / Smt	Signature of the Student Pharmacist N-III (Name of the Apprentice Master) I agree to give him /her training facilities in my may acquire: ords required by the various Acts affecting the
Apprentice Master for the above training and agree period of my training. Date: 1-1	Signature of the Student Pharmacist N-III (Name of the Apprentice Master) I agree to give him /her training facilities in my may acquire: ords required by the various Acts affecting the

- (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: 16/2/25~

Henry The Organization or Pharemical Division

Training Institution
Principal
Department of Pharmacy
MIT, Mecrut

SECTION - IV

1 certify thatSA	i vacu		(Name of student
pharmacist) has undergone	500	hours to	aining spread over from Date
1.11.2021 10 15-2-2022	for a period of _	3	months in accordance with the
details enumerated in SECTION II	ı		M.
Date: ISD/MY	water and		of the Organization or armacoutical Division (%)
(6) 18	SECTION -	v	
I certify that Shivoni			(Name of student
pharmacist) has completed in all re	espect his practical tra	ining unde	r regulation 20 of the Education
Regulations framed under section 1	10 of the Pharmacy A	ct, 1948. H	e had his practical training in an
Institution approved the Pharmacy			D
Date: 17 08 2		Head	of the Academic

NOTE:

 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 'Proctical 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

SECTION - I

PPLIC		n .m Y.	C ASSESSED ON A	************	
	s form has been issued to	20000000		KUSHWA	7
(Name of	student pharmacist) son o			M BHOOL	SINGHH
residing at	K219211 SH	ASTRI	NACHAR	MEERUT	
who has pr	roduced evidence before	me that he/sh	e is entitled to rec	eive the Practic	al_Training as set
out in the F	Education Regulations fra	med under se	ction 10 of the Ph	armacy Act, 194	18.
	- ye, 1	41	-	08	(4)
Date: P 6	109/2021		Head	of the Academ	ic
AND AND ASSESSED.	TOWNS CONTROL OF THE PARTY OF T		Tre	ining Institution	2401
				ment of Pharm	nacy
		SECT	ON - II	MIT, Meerut	
	17200 25 00	SECT	ON-II		The John State
1	Shweta 10	ushwa	lig n	Name of the Stu	dent Pharmacist)
accept	M.K. Shully		(Nar	ne of the Appre	entice Master) of
Dept	of Pharmacy	MIT	Meento	lame of the Coll	ege / Institution)
C.v. 6	S. P. Motortage	Meen	The statement profile the		macy) as my
Apprentice	Master for the above train	ining and agr		7	during the entire
period of m					<i>.</i>
PATROLESSON	*OTOTOTO PO			Lace de la lace	
Date: 26/	9191	14	Stone	# 60	Dhamaile
Date. 201	1141		Signii	ture of the Stude	nt Pharmacist
23		economics	2002 main		1000
		SECTIO	ON – III	1.5	
1,	M.14. SE	milela	(Na	me of the App	rentice Master)
accept Sri	Smt. Queta	Luchus	ahg		
(Name of th	ne student pharmacist) as			im /her training	facilities in my
	so that during his /her tr			17.00	
	Vorking knowledge of ke	om Carrier replication	A STATE OF THE PARTY OF THE PAR	the melane A	to affection the
	rofession of pharmacy; an		oras required by	the various At	a affecting the
	ractical experience in -	1100	- 0		The state of the s
(a) (b)					Substance mead
(0)	in medicine	ors characters	or emer crude di	ugs & enemical	substance used
(c)	the reading, translation	and copying o	of prescriptions in	cluding the chec	king 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. Head of the Organization or प्रभारी अधिकारी व्यामेशी

Date: /0-01-27

स.व.भा.प. चिकिस्सालय मेरत

S.V.B.P. Hospital, Meerut

SECTION-IV

pharmacist) has undergone	20	hours training spread over from Date
		03 months in accordance with the
details enumerated in SECTION III		W
Date: /6-01-22	SECTION - V	Head of the Organization or Pharmaceutical Division Superintendent-In-Chief 5.V.B.P. Hospital, Meerut

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: 20 012L

Head of the Academic Training Institution Department of Pharmacy MIT, Meerut

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 he filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1



Cont...

And the second s	
This form has been issued to Sri/SmtSTI	OTI PAL
(Name of student pharmacist) son of / daughter of_	RAJ KUMAR PAL
residing at TOI, VILL NAGILA TASHI,	The state of the s
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	
	G/
Date: 06-09-21	Head of the Academic
	Training Institution
	Principal
	Department of Pharmacy MIT, Meerut
SECTION	(-11)
LTUTE PAC	(Name of the Student Pharmacist)
accept DEEP HO TYAUT	(Name of the Apprentice Master) of
MIT, MEERUT	(Name of the College / Institution)
DIST WOMEN HOSIITHE MEERL	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree t	o obey and respect him / her during the entire
period of my training.	
team-sumon unita	Ottub
Date: 09 9 21	Signature of the Student Pharmacist
	mg made of the model (manual)
SECTION	THE
0.000 No. 1755	-111
1. DEEPORE TY OUT	(Name of the Apprentice Master)
accept Sri / Smt	3 3 4
(Name of the student pharmacist) as a trainee and I a	gree to give him /her training facilities in my
organisation so that during his /her training he /she ma	y acquire: —
	s required by the various Acts affecting the
profession of pharmacy; and 2. Practical experience in -	
(a) the manipulation of pharmaceutical appa	unitus in common use;

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

(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: 09 9 21

Training Institution Principal Department of Pharmacy MIT, Meera

	SECTION	1-IV	- 14
I certify that	TUT I PA	e	(Name of student
pharmacist) has undergone	tuo	hours training s	pread over from Date
9921 10 25 1 22	for a period o	of 3 month	s in accordance with the
details enumerated in SECTION I	ш	*	THE PARTY OF
Date: 25 1 22		Head of thin (
	SECTION	1 - V	The second second
certify that	TIPAC		(Name of student
pharmacist) has completed in all	respect his practica	training under regulat	tion 20 of the Education
Regulations framed under section	10 of the Pharmac	y Act, 1948. He had hi	s practical training in an
Institution approved the Pharmacy	Council of India.		स्राग्य
Date: 25 01/22		Head of the A	cademic

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 trainer.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt.	Sudhanshy Kumar
(Name of student pharmacist) son of / daughter of_	No. Guangudua Kumar.
residing at whive nagar, Modif	
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	The state of the s
	8
Date: 1 2 2 2 2	Head of the Academic
197 14	~ Training Institution
	Department of Pharmacy MIT, Meerut
SECTION	(-II a or
Sudhanshy Tumers	(Name of the Student Pharmacist)
accept CARALLAY	(Name of the Apprentice Master) of
CHI - modivers	(Name of the College / Institution)
	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree t	and the state of t
period of my training.	
The state of the s	Sud hansho Keman
Date: 24/12/2037	Signature of the Student Pharmacist
5	
SECTION	- III
PAGA O. Da	a way a service of the service of
- generalis	(Name of the Apprentice Master)
accept Sri / Smt Suchanthuft	imo-/
(Name of the student pharmacist) as a trainee and I a	
organisation so that during his /her training he /she ma	
 Working knowledge of keeping of record profession of pharmacy; and 	s required by the various Acts affecting the
Practical experience in –	
(a) the manipulation of pharmaceutical appa	A PLANTING TO A POST OF THE PARTY OF THE PAR
(b) the recognition by sensors characters of	chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

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 /hof guidance.

Date: 24/12/2027

Head of the Organization or Pharmaccutical Division

SECTION - IV

SECTION - IV

(Name of student pharmacist) has undergone SSO hours training spread over from Date (12/12/22) to 25/23/2222 for a period of 7/12/22 months in accordance with the details enumerated in SECTION III

SECTION - V

I certify that Sochan Sho Kuman (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: 25/03/22

Date: 26/03/20

Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

Head of the Urganization or Pharmaceutical Division

> C.H.C. Modi Nagar Ghaziabad (U.P.)

NOTE:

 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 (hereinofter 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



SECTION - I

3DC11014-1	
This form has been issued to Sri/Smt. SUH	ATL AHMAD
Name of student pharmacist) son of / daughter of CA	CAMHA MAG
esiding at MoH. CHOODHARYAH. C	
the has produced evidence before me that he/she is entit	led to receive the Practical Training as set
ut in the Education Regulations framed under section 10	of the Pharmacy Act, 1948.
	Ø.
Date: 15/00/21	Head of the Academic
-10-11-4	Training Institution
	Principal Department of Pharmacy
SECTION - II	MIT, Meanst
SECTION - II	The state of the s
I SUHAIL AHMAD	(Name of the Student Pharmacist)
CCEPT BHAGWAN SINGH	(Name of the Apprentice Master) of
MIT COLLEGE MEERUT	(Name of the College / Institution)
CHC KANTH	(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.	
	and Ahr
Date: 04-10-21	Signature of the Student Pharmacist
Date: (74-10-2)	Digitative of the District Charles
SECTION - III	
1 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. BHAGWAN SINGH	(Name of the Apprentice Master)
ccept Sri / Smt. SUHAIL AHMAD	
Name of the student pharmacist) as a trainee and I agree	to give him /her training facilities in my
rganisation so that during his /her training he /she may ac	quire:
Working knowledge of keeping of records re- profession of pharmacy; and Practical experience in -	quired by the various Acts affecting the

(a) the manipulation of pharmaceutical apparatus in common use;
 (b) the recognition by sensors characters of chief crude drugs & chemical substance used

(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: 4-10-21

Head of the Organization drl 1.2.02

Pharmaceutical Division

SECTION - IV

Phermedist CHC-Karith

	7,4+13.3
I certify that SUHAIL At	Name of student
A-lo: 21 to 11.01-2022 for a period	hours training spread over from Date
details enumerated in SECTION III	of 03 months in accordance with the
Dute: 11:01:2	Head of the Organization or Pharmaceutical Division
**	fightern softens

SECTION - V

Date: 18/01/22

Head of the Academic Training Institution Department of Pharmacy MIT, Meerut

- 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 (hereinafter referred to as the Second copy and the third copy) shall be filled with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

SECTION-	
This form has been issued to Sri/Smt.	SUNEEL KUMAR
(Name of student pharmacist) son of / daughter of	RAM KHILSOHAR
residing at VIII-C. AHAR PUR, DHORAHA, HA	NIA. BST-PRAYACRATILIPPIN-22150
who has produced evidence before me that he/she is en	
out in the Education Regulations framed under section 1	
	Ø
Date: 06/09/21	Head of the Academic
	Training Institution Principal
`	Department of Pharmacy
	MIT, Mcerut
SECTION -	
1 Suncel Kumer	(Name of the Student Pharmacist)
accept R. N. CHAGH	(Name of the Apprentice Master) of
	(Name of the College / Institution)
S.R.N. Hospital, Brayagge	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to o	
period of my training,	
period of my duming.	Suncalkanas
Date: 14/09/2021	Signature of the Student Pharmacist
SECTION - I	III
· R.N. SINGH	(Name of the Apprentice Master)
accept Sri / Smt Suncel Kum	ar
(Name of the student pharmacist) as a trainee and I agre	ee to give him /her training facilities in my
organisation so that during his /her training he /she may a	
1. Working knowledge of keeping of records r	
profession of pharmacy; and	COSKIA!
 Practical experience in – the manipulation of pharmaceutical apparat 	the in common user
(b) the recognition by sensors characters of ch	
in medicine	
(c) the reading, translation and copying of pres	

- (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: 14/09/21

Head of the Organization or Pharmaceutical Division स्थार पानी के विकासकारण प्रयानपान

Traiping Institution
Department of Pharmacy
MIT, Meerut

SECTION - IV

		SECTION-	Y	
I certify that	Lu	neel K	umar	(Name of student
pharmacist) has undergone		925	hours training	spread over from Date
14.09.21 10 16.12.	2/fo	r a period of _	Greemont	hs in accordance with the
details enumerated in SECTIO	III NO		544 2	- 17 M
Date: [6/12/2]			Head of the or	
		SECTION -	32-01-0120-01	11000
I certify thatS	UNEEL	KUMAR	V 0	(Name of student
pharmacist) has completed in	all respect	his practical tr	aining under regula	ation 20 of the Education
Regulations framed under sect	tion 10 of th	he Pharmacy A	ct, 1948. He had h	is practical training in an
Institution approved the Pharm	necy Counc	il of India.	a	/ .
Date: 17/01/22			Head of the	New York

NOTE:

 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 manths. Mention the period of training in DD/MMYYYY 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 (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

Cont...

SECTION - 1

	form has been issued to Sri/Smt. SWA	
	dent pharmacist) son of / daughter of	
esiding at 1	FATEHPUR AMINAGAR SAR	AI (RURAL) BAGHPAT
who has proc	fuced evidence before me that he/she is e	ntitled to receive the Practical Training as set
out in the Edi	ucation Regulations framed under section	10 of the Pharmacy Ot. 1948.
	Transfer Temporary	.0/
Date: 20/0	9/2021	Head of the scademic
		Training hestitution
		MIT, Meerut
	SECTION -	
1	Zwot Gaulom	(Name of the Student Pharmacist)
ccept	Mr. Shukla	(Name of the Apprentice Master) of
	S.V.B.P. 2100pHel Meen	(Name of the College / Institution)
	The second secon	(Hospital or Pharmacy) as my
eriod of my	training.	
	141	A STATE OF THE STA
10-1-	-12	Swati Gawtan
ate: [0-]-	-12	Signature of the Student Pharmacist
Date: 10-1-	SECTION -	Signature of the Student Pharmacist
Date: 10-1-	SECTION -	Signature of the Student Pharmacist
i	SECTION-	Signature of the Student Pharmacist
l coept Sri / S	SECTION- M.K. Shukla Smr. Swell Gardsm	Signature of the Student Pharmacist III (Name of the Apprentice Master)
i coept Sri / S Name of the	SECTION - M.K. Shukls Sint. Swell Galulow student pharmacist) as a trainee and I agr	Signature of the Student Pharmacist III (Name of the Apprentice Master) ree to give him /her training facilities in my
i coept Sri / S Name of the rganisation so	SECTION - M.K. Shukls Smt. Swell Galdew student pharmacist) as a trainee and I agr to that during his /her training he /she may	Signature of the Student Pharmacist III (Name of the Apprentice Master) ree to give him /her training facilities in my acquire:
i coept Sri / S Name of the organisation so granisation so I. Wor	SECTION - M.K. Shukls Smt. Swell Gardem student pharmacist) as a trainee and I agr to that during his /her training he /she may rking knowledge of keeping of records ression of pharmacy; and	Signature of the Student Pharmacist III (Name of the Apprentice Master) ree to give him /her training facilities in my
I coept Sri / S Name of the rganisation so 1. Wor prof 2. Prac	SECTION - Smt. Swell Squid5w student pharmacist) as a trainee and I agr to that during his /her training he /she may rking knowledge of keeping of records fession of pharmacy; and tical experience in -	Signature of the Student Pharmacist III
1. Wor prof 2. Prac (a) t (b) t	SECTION - M.K. Shukls Smt. Swell Galdew student pharmacist) as a trainee and I agr to that during his /her training he /she may rking knowledge of keeping of records ression of pharmacy; and rtical experience in - the manipulation of pharmaceutical appara	Signature of the Student Pharmacist III

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

West Discourage and American	mosternar proparation	Olds.	1
I also agree that a Registered Pharm	ncist shall be assign	ned for his /her guidance.	100
	2	~ ()	
Date: 10-1-22		Head of the Organization or	
प्रभारा -	अधिकारी फार्मसी .प. चिकित्सालय	Pharmaceutical Division	-
स.द.भ	.प. ।चाकस्सालय मेरठ	Chief Pharmacist	The same
	410	S.V.B.P. Hospital; Meerut	5 1 20
	SECTION - IV	744 P. F.	
I certify that &wal	t Gaylam	(Name of student	~
pharmacist) has undergone	500	hours training spread over from Date	
_10.1.22 to 25.4.22		3 months in accordance with the	AL D
details enumerated in SECTION III		Teles of the Mark San	STELL OF
		1 - 4 - 4	Wast-
Date: 25-4-22		Mand afth Ossanianian	
23.1.22		Head of the Organization or Pharmaceutical Division	
	50	Superintendent-In-Chief	
	77	S.V.B.P. Hospital	
	SECTION - V	Meenut	
0 1	the state of the s		
I certify that wat	gaulom	(Name of student	
pharmacist) has completed in all respect	his practical traini	ing under regulation 20 of the Education	eth nemt
		1948. He had his practical training in an	0
Institution approved the Pharmacy Coun		A)	
	on or more.	W will	
Date: 10 06 22		19 06	
bate.	14	Head of the Academic	
	129	Training Institution Principal	
		Department of Pharmacy	Me of
NOTE:		MIT, Meerut	
	lled in with correct	ion information, signed & sealed with the	ELWIT)
authorized person with mentioning th	e dates.	William STORAGE MATERIAL PROPERTY OF THE PROPE	
The practical training shall be not le.	ss than five hundred	hours spread over a period of not less than	Ween's
three months. Mention the period of t		YYY format only ation, shall supply in triplicate 'Practical	
Training Contract Form for qualifica	tion as a Phormacist		W 4
4) After successful completion of the pr	actical training, It s	hall be the responsibility of the trainee to	
ensure that one copy (hereinafter re	ferred to as the firs	it copy of the Contract Form) so filled is	
referred to as the Second copy and the	nic training instituti e third copy) shall be	ion and the other two copies (hereinafter	039 11
The state of the s	a never of waters \$1 product (A)	COLUMN TO CALL ALLE AT ANALOGUE.	

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt.	-Punti Yaday
(Name of student pharmacist) son of / daughter	of the Hudher of had
	olda Road Meent.
who has produced evidence before me that he/sh	ne is entitled to receive the Practical Training as set
out in the Education Regulations framed under se	ection 10 of the Pharmacy-Act, 1948.
	(X /
Date: 0/09/21	Head of the Academic
5 J 1	Training Institution
	Department of Pharmacy
SECTI	ION - II
A SECURIOR DE LA CONTRACTOR DE LA CONTRA	100
- VACAY ITAW2	(Name of the Student Pharmacist)
accept LECOALO TVALLT .	(Name of the Apprentice Master) of
HIT MEERUT	(Name of the College / Institution)
The state of the s	
DICTRICT WOMEN HOSPITHE	TEE OUT (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree	ee to obey and respect him / her during the entire
Apprentice Master for the above training and agree	te to obey and respect him / her during the entire
Apprentice Master for the above training and agreeperiod of my training.	tee to obey and respect him / her during the entire
Apprentice Master for the above training and agre period of my training.	ee to obey and respect him / her during the entire
Apprentice Master for the above training and agree	ee to obey and respect him / her during the entire Signature of the Student Pharmacist
Apprentice Master for the above training and agree period of my training. Date: 1691	Signature of the Student Pharmacist
Apprentice Master for the above training and agree period of my training. Date: 169111	Signature of the Student Pharmacist
Apprentice Master for the above training and agree period of my training. Date: 1691	Signature of the Student Pharmacist
Apprentice Master for the above training and agree period of my training. Date: 169111	Signature of the Student Pharmacist (Name of the Apprentice Master)
Apprentice Master for the above training and agree period of my training. Date: 169111 SECTION 1. LEEPAR TYANK	Signature of the Student Pharmacist ON - III (Name of the Apprentice Master)
Apprentice Master for the above training and agree period of my training. Date: 169111 SECTION I. LE EPAR TYANT accept Sri / Smt. QWATI YAO AV (Name of the student pharmacist) as a trainee and	Signature of the Student Pharmacist ON - III (Name of the Apprentice Master)
Apprentice Master for the above training and agree period of my training. Date: 189111 SECTION LEFPAR TYANT accept Sri / Smt. QWATI YANAY (Name of the student pharmacist) as a trainee and organisation so that during his /her training he /she 1. Working knowledge of keeping of reco	Signature of the Student Pharmacist ON - III (Name of the Apprentice Master)
Apprentice Master for the above training and agree period of my training. Date: 1891.1 SECTION LEFA & TYANT accept Sri / Smt. CWATI YAOAY (Name of the student pharmacist) as a trainee and organisation so that during his /her training he /she level working knowledge of keeping of recorprofession of pharmacy; and	Signature of the Student Pharmacist ON - III (Name of the Apprentice Master) I agree to give him /her training facilities in my may acquire: — ords required by the various Acts affecting the
Apprentice Master for the above training and agree period of my training. Date: 1891-1 SECTION LEFA TANT accept Sri / Smt. QWATI YATA AV (Name of the student pharmacist) as a trainee and organisation so that during his /her training he /she 1. Working knowledge of keeping of record profession of pharmacy; and 2. Practical experience in — (a) the manipulation of pharmaceutical are	Signature of the Student Pharmacist ON - III (Name of the Apprentice Master) I agree to give him /her training facilities in my may acquire: — ords required by the various Acts affecting the
Apprentice Master for the above training and agree period of my training. Date: 1891.1 SECTION LEFPAR TYANT accept Sri / Smt. QWATI YANA (Name of the student pharmacist) as a trainee and organisation so that during his /her training he /she Working knowledge of keeping of recorprofession of pharmacy; and Practical experience in— (a) the manipulation of pharmaceutical ap (b) the recognition by sensors characters	Signature of the Student Pharmacist ON - III (Name of the Apprentice Master) I agree to give him /her training facilities in my may acquire: — ords required by the various Acts affecting the
Apprentice Master for the above training and agreeperiod of my training. Date: 189111 SECTION LEFAND TYAND accept Sri / Smt. CWAYI YAOAY (Name of the student pharmacist) as a trainee and organisation so that during his /her training he /she 1. Working knowledge of keeping of recorprofession of pharmacy; and 2. Practical experience in — (a) the manipulation of pharmaceutical ap (b) the recognition by sensors characters in medicine	Signature of the Student Pharmacist ON - III (Name of the Apprentice Master) I agree to give him /her training facilities in my may acquire: — ords required by the various Acts affecting the operatus in common use; of chief crude drugs & chemical substance used
Apprentice Master for the above training and agreeperiod of my training. Date: 189111 SECTION LEFAND TYAND accept Sri / Smt. CWAYI YAOAY (Name of the student pharmacist) as a trainee and organisation so that during his /her training he /she 1. Working knowledge of keeping of recorprofession of pharmacy; and 2. Practical experience in — (a) the manipulation of pharmaceutical ap (b) the recognition by sensors characters in medicine	Signature of the Student Pharmacist ON - III (Name of the Apprentice Master) I agree to give him /her training facilities in my may acquire: — ords required by the various Acts affecting the operatus in common use:

- (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 9 21

Head goile Continuenting the Pharmaceutique to the Pharmaceutique to the tion

SECTION - IV

SWATE YAS	> • V ·	(Name of student
540	hours training spread	over from Date
for a period of _	3 months in a	ccordance with the
Ш	0	de la companya della companya della companya de la companya della
	A mintenden	-in-Chiel
	Ruamacedical D	zistion or
	I Waltimeconneal D	AVISION
	FUO for a period of	for a period of months in a

SECTION - V

I certify that ______ \(\sum_{ATI} \forall A \omega \omega

Date: 25/01/22

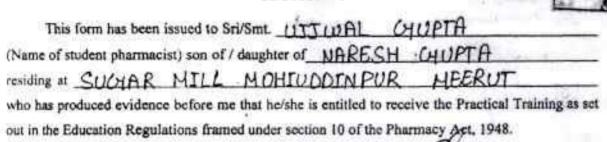
Head of the Academic
Training Institution
Principal
Department of Pharmacy
MIT, Moerns

NOTE:

- 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 acudemic 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

SECTION - 1



Date: 06 |09 |2 1

Head of the Academic Training Institution Principal Department of Pharmacy MIT, Meerut

SECTION - II

I VIS Was Gubta. (Name of the Student Pharmacist)

accept (Name of the Apprentice Master) of

Cree wood Nagar (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: 100924

Signature of the Student Pharmacist

SECTION - III

(Name of the Apprentice Master)

(Name of the student pharmacist) as a trainec and I agree to give him /her training facilities in my organisation so that during his /her training he /sle 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 ...

(d) the dispensing of prescriptions illustrating the commoner methods of administering

	ments; and				
(c) the stor	rage of drugs and medi-	cinal preparation	s.	- Tally	
l also agree that a	Registered Pharmacist	shall be assigned	d for his /her guidan	ce.	
45000000000000000000000000000000000000	7.	(200)	A want 1	
Date: 10 0 0	u		Head of the Organ	ization or	
111	7		Pharmaceutical	Division of GLB	
				C. G.	
	S	ECTION - IV		4 4 4	100
	UJJWa	l Cups	277	Olema of student	125
I certify that		. /	a	(Name of student	
pharmacist) has un			ours training sprea		
0/07/24 10-	20/12/27 for 1	period of	44CC months in	accordance with the	
details enumerated in	SECTION III		14	4.4	
- 21.21	2021		W.	Decetories	
Date:	1/		Head of the Organ Pharmacettical	Division dent	
			C.H.C.	Modi Nagar	
			Ghezia	ibad (U.P.)	
	S	ECTION - V		-	
I certify that _	UJJWAL	GNIPTA		(Name of student	
pharmacist) has comp	pleted in all respect his	practical training	ng under regulation	20 of the Education	di i
Regulations framed u	inder section 10 of the	Pharmacy Act,	1948. He had his pro	ectical training in an	0
Institution approved t	the Pharmacy Council	of India.	18		-
10		E)	(X)		+
Date: 23/12/21		X	Head of the Acade	mic _	THIE !
E-0-14-12-12-12-12-12-12-12-12-12-12-12-12-12-			Training Instituti		Fac
		D	epartment of Pharm MIT, Meerut	nacy	San.
NOTE:			mit, meerat		1 1 1 m
1) Each & every	Sections should be filled		ion information, signe	d & sealed with the	
	on with mentioning the d		house spread over a p	arind of not loss than	

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 filled with the trainee.

Training Contract Form for qualification as a Pharmacist

3) The head of an ocademic training institution, on application, 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 (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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. VAIBHAV (Name of student pharmacist) son of / daughter of JOGE residing at SUGAR MTU MOHTUDDTNPUR 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: 06 Seb 2021.

Head of the Academic Training Institution Department of Pharmacy MIT, Meerut

Cont ...

	SECTION	ON-II
1_ Vai	May Xaday	(Name of the Student Pharmacist)
accept	KARANTAL	(Name of the Apprentice Master) of
	Hemod'Hag	(Nume of the College / Institution)
		(Hospital or Pharmacy) as my
Apprentice Master f	for the above training and agre	e to obey and respect him / her during the entire
period of my training	g	Oyadau.
Date: 10/09/2	1	Signature of the Student Pharmacist
h-	SECTIO	
1	searlar	(Name of the Apprentice Master)
accept Sri / Smt	40.0	y Xaday
(Name of the studen		I agree to give him /ber training facilities in my
organisation so that o	during his /her training he /ske	may acquire: —
profession	of pharmacy; and	ords required by the various Acts affecting the
	xperience in – nipulation of pharmaceutical ap	normalis in common user
(b) the reco	ognition by sensors characters	of chief crude drugs & chemical substance used
in medi (c) the read	MOTING.	f prescriptions including the checking of doses;
		NAME AND ADDRESS OF THE PROPERTY OF THE PROPER

(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. Date: 10 0 1/2 Head of the Organization or 10000 Pharmaceutical Division corregat GZ B SECTION - IV Vaibhar Yadar I certify that (Name of student pharmacist) has undergone hours training spread over from Date for a period of 10/08/21 10 20/12/21 74717 months in accordance with the Date: 4/12/2021 Head of the Organization or Pharmaceutical Division dent C.H.C. Modi Nagar Ghaziabad (U.P.)

SECTION - V

VAIBHAV YADAV 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 Institution approved the Pharmacy Council of India.

Date: 23 12/21

Head of the Academic Training Institution Department of Pharmacy MIT, Meerut

NOTE:

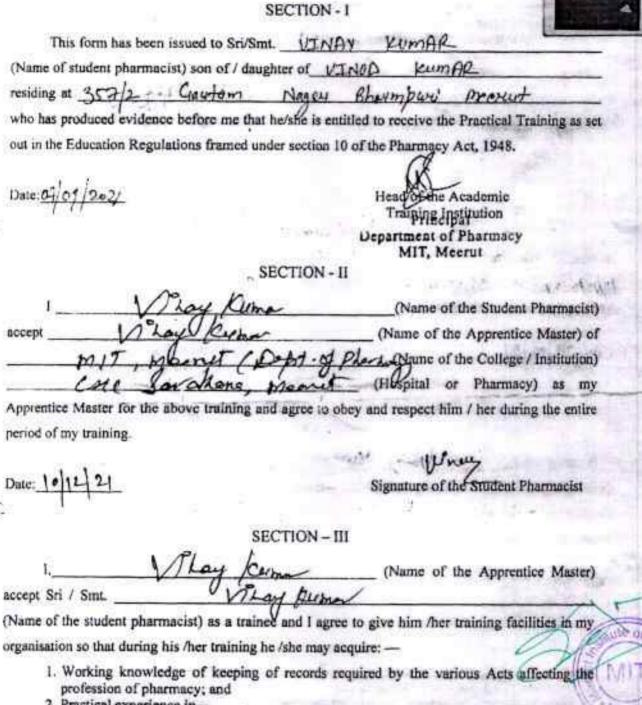
1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

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 thereinafter referred to as the Second copy and the third copy) shall be filled with the trainer.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



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 cheeking 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 guldance.

Date:	09/	23,	ho	22

Head of the Organization or Pharmaceutical Division

Training Institution

			Pnarma	ceutical Division	d) E
57 (525-5)		SECTION - IV		Pharmacist 1. C. Sardhana (Muaral)	7
I certify that	64	V Pray &	Uhon	(Name of student	9.
pharmacist) has undergon	e	5000	hours trainin	g spread over from Date	110
10/12/2021 10 09/0	3/2020	for a period of	3_ mc	onths in accordance with the	
details enumerated in SECT	III NOI		149		
1		14		8	
Date: 09 03 21				Organization or	
F			Pharmac	ceutical Division	Sea
	-	-		विक्सा अधिएक	
		SECTION - V	राम्मुत क्	मध् कन्द संस्थाना (मेरल)	
1 certify that	Vivoy	Cumay		(Name of student	
pharmacist) has completed	in all respec	t his practical train	ning under reg	ulation 20 of the Education	2
Regulations framed under se	ection 10 of	the Pharmacy Act	. 1948. He had	d his practical training in an	S
Institution approved the Pha			6	8	
Date: 14/62/24		1000	Mand and	SM 13 7	

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

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ul

- (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.

Date: 15/01/2021

Head of the Organization or Pharmaceutical Division Sushil kumar Shulla

CHE Pali Gorakhlow.

SECTION - IV

certify that	Viday Kun	uar	(Name of student
pharmacist) has undergone	00.5	hours training spre	A STATE OF THE PARTY OF THE PAR
to the second se	for a period of _	03 months in	accordance with the
details enumerated in SECTION III		Hand of the Ole	ب

SECTION - V

VITAY KUMAY 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 Institution approved the Pharmacy Council of India.

Date: UV

Head of the Academic Training Institution Department of Pharmacy MIT, Meerut

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the mahorized 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/MMVYYYY 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.



महालक्ष्मी हॉस्पिटल एण्ड ट्रॉमा सेन्टर

Add:- 1.5km, Bulandshahr Road, Near Naya Bans, Bus Stand, Siyana Bulandshahr

9568009988. 8457612971

S.No.

Date					
Date	*****	 		 	

10/08/2022

EXPERIENCE CERTIFICATE

This is certified to that Mr. Aashish Kumar Age 18y/m S/O Mr. Brijpal Singh R/O
Vill+post jamalpur jakhera Rahamatpur Dist. Hapur (U.P)his 45 days of training
Done from 25/06/2022 TO 10/08/2022 In Mahalaxmi Hospital And Trauma Center
Siyana (B.S.R)

HE WORK IS SATISFECTORY I WISH GOOD & SUCCESS FUTURE.

Authorized Signature

Trauma Center

Near Neyspensh Rus Stend

Durandshahr Road Iyans (JL 1)





Training Completion Certificate

This is to Certify that Mr. Adeeb Student of B. Pharm 4th year at Department of Pharmacy Meerut Institute of Technology (UP) Roll No 1910340500003 Year 2019-23.

His training started on 02 July, 2022 to completed on 16 Aug, 2022 Date of issue 16 Aug, 2022.

Clinical work first aid (wound dressing, artificial respiration etc).

different routes of injection, study of patient observation charts, prescriptions and dispensing, Simple diagnostics report etc.

Satisfactory work done by him.



१ लक्य हेल्थ केयर सैन

निकट कैनरा बैंक, सरधना रोड, कंकरखेड़ा, मेरठ । फोन : 8193063050, 9639550570, 0121

Date

To whom it may concern

This is to certify that Ms. Akansha Singh age – 22Y/F S/o Mr. Ranjeet Singh 302/5 Nahru Nagar Meerut was done 45 days hospital training Lakshya Health Care Center from 01/10/2022 to 15/11/2022. During the period her work was satisfactory.

We wish her every success in his future

Lakshya Health Care Centre Serdhana Road, Kankeshhera, Meerut.

Ph.: 0121-2630632, #193063050, 9639550570

कार्यालय- प्रमुख अधीक्षक, स॰व॰भा॰प॰चिकित्सालय,मेरठ।

प्रमाणित किया जाता है कि Akshirk Agermal पुत्रपुत्री श्री सिल्या Kuman Agermal निवासी । अवकारकारी शिक्ष Meeral जिला Meeral से हैं जो कि अपूर्ण अने रिक्ष कि का अपूर्ण कि अपूर्ण कि कि अपूर्ण के अपूर्ण कि स्वार विकास माई पटेल चिकित्सालय, मेरठ से 45 दिन का व्यवहारिक प्रशिक्षण डी॰ फार्मा की भाति दिनाक: 8 7 22 से दिनाक: 8 2 2 तक सफलता पूर्वक प्राप्त कर लिया है। हम इनके उज्जवन भविष्य की कामना करते है।

दिनेश वन्द प्रभारी अधिकारी फार्मेसी स०व०भा०प०विकित्सालय मेरठ। प्रमारी अधिकारी फार्मेसी स.व.भा.प. चिकित्सालय मेरठ एम०के०शुक्ता चीफ फार्मीसस्ट सं०व०भा०प०चिकित्सालय मेरठ। Chief Phempacist S.V.B.P. Hospital, Meerul

विकित्सी अधीक्षक सञ्चन्धान्य-चिकित्सालय मेरतः।

Medical Succontender
S. V. B. P. Hospitel
Metrot.





Experience Certificate

This is to certify that Mr. Aman Sharma S/o Mr. Arun Sharma R/o 1796,
Indira Nagar 1st, Braham Puri, Meerut had under gone 45 days Hospital
training at this institute during 15/09/2022 to 30/10/2022, as a requisite of
academic curriculum of B. Pharma degree.

Aryavart Hospital

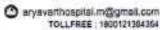
Meerut, Uttar Pradesh ARYAVART HOSPital (A Unit of Showar Medicina Oct. 1861) NH-58, Near Tell Phase Roockse Room, Meerus (U.P.)





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TO WHOM SO EVER IT MAY CONCERN

This is certified that MR. AMARJEET KUMAR YADAV S/O RAM UDGAR YADAV R/o WARD 03, GRAM BIRHKA, POST — DARBHANGA, BIHAR - 847337 Student of B.Pharma 4th year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500007 year 2019-23

His training started on 30th October 2022 to 15 December 2022.

Clinical work first aid (wound dressing, artificial respiration etc.).
Different routes, of injection, study of patients, observation chart,
prescriptions, dispensing, simple and diagnostics report.

Satisfactory work done by him







9 011-48-555-555

Sector 18A, Dwarks, New Delhi-110075

☐ info@venkates nwarnosp tals.com

⊕ www.venkatestswarhospitals.com

TO WHOM SO EVER IT MAY CONCERN

This is certified that MR. ANKIT KUMAR MISHRA S/O MR. ANAND KUMAR MISHRA R/o RZ-159/2, DURGA PARK, STREET NO. 7A, NEW DELHI - 110045
Student of B.Pharma 4th year at Department of pharmacy Meerut institute of technology
(U.P.) Roll No. 1910340500008 year 2019-23

His training started on 20th October 2022 to 05 December 2022.

injection, study of patients, observation chart, prescriptions, dispensing, simple and diagnostics report.

Satisfactory work done by him





श्री नारायण होति

24 घण्टे इमरजैन्सी सुविधा उप नब्ध है।

पता : माता वाला मीहल्ला, मेरठ रोड, किला परीक्षितगढ़।

States afron

- सन्दर्भी स्वर कन्द्रीरान्त
- मस्टीप्रेशित्ये ओ.चे.डी.
- डोलका र मुत्तरीसका कन्त
- प्राईवेट सम व संगीताईवेट सन एव प्रमाण कर्ब, इन्याउन कार्यनी
- कार्ड केल्प्डिंग ऐतम्बर, इं.सी.ची.
 बाई ती.पी.च्. इलोकार्डियोग्राकी
- मुक्तिक्षेत्र (इं.सी., एन की वी.,
 स्त्री का अंत्रीतान, प्राप्त वे एक्सी का अंत्रीतान, प्राप्त वे वे एक्सी का अंत्रीतान का विकास की विकास विता विकास वि
- मृदशस ट्रांच मैनेजरेट-क्रिटीकत वेदर, शायापुनिक शर्व,शी.मृ.
- अव्यविक्रक सर्वति- पूरण व कृष्ण शृंकार्यट एवं इक्क्री के सभी अधियान कृष्णकी— आर.आई.आर.शा. (शेवन) लियोट्सियो
- नेडांक्टीची डायशिक्ति र पूर्व के सभी क्रीपरेशन
- चित्रकांट्रक- नर्तते व वी.कार्ड मी.यू., गीविकाट्टिक्स कवति, वेक्ट्रोक्डर्सक,
 केर्डास्कर्णि, लेड्डिस्कारिक कर्वते
- क्षेत्रकार्यक्षेत्रे- केन्स्स की वर्ष वर्षाते र क्षित्रक्षिति
- ई.एन.टी.कर्वदे-च्छाको र एन्डोल्डबेपेक सर्वेष्टे
- मृक्ष्यिकोती-गर्गत विजेवरी, तंत्रोतकोतिक र प्रमस्त सर्वरी
- कंटल-टेक्ने-चंद्र दांत र टूटे जबके की मजीत, नेक्लोकीतिका गर्वति
- किविद्यविश्वी
- गेरहालकी-पेट के देवों का समस्त इताज, एन्डोस्कोपी व क्रोसेस्कोपी

Ref.	No.	***************************************
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Date

EXPERIENCE CERTIFICATE

This is certify that MR. ASHUTOSH DIXIT S\O SHRI
HARANDRA MOHAN DIXIT has successfully complete her 45
days training FROM 1 JULY 2022 TO 15 AUGUST 2022 as
B.pharm student at SHRI NARAYAN HOSPITAL, kila
parikshitgarh, meerut.

His work is satisfactory I wish good and bright future.



Not For Medico Legal Purpose

311C9



रिपाटल डॉ श्रीमती कंचन माला

राज भूषण चौघरी

RAJ BHUSHAN CHOUDHARY

B.S. (P.M.C.H.) M.D. (L.N.M.U.) MEMBER OF INDIAN MEDICAL ASSOCIATION No. 33469 SICIAN

: drraj1995@gmail.com

दिनों के बाद द्वारा फीस लगेगा।

प्रमुठाकर मोहल्ला रोसड़ा (समस्तीपर)

Ph.: 62899-38276, 62899-38376 www.adarshhospitai.co.in

प्रत्येक जनिवार बन्द

DR. (MRS.) KANCHAN MALA

M.B.B.S. (P.M.C.H.)

M.D. (Obs & Gynae, B.M.C.H.)

Ex. Senior Resident Deptt. of Ohs & Gynae (D.M.C.) LIFE MEMBER OF INDIAN MEDICAL ASSOCIATION

LIFE MEMBER OF FOGSI

Basic Endoscopic Training K.H. Hydrabad Regd. No. 38096

स्त्री एवं प्रस्ति रोग विकेशन

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		Abd.					

Internship Completion Certificate

This is to certify that Mr.Chandan Kumar student of B.Pharm final year at DPMIT (U.P)Roll no. 1910340500011 year 2019-23

His internship posting started on O1 july 2022 to completed on 14 agust 2022

Clinical works -first aid (dressing), BP , ECG Monitoring, different routes of injection , study of patient Observation charts, prescriptions and dispensing simple diagnostic reports etc.

Satisfactory works done by him.

भारतीय सेना के परिवार का ईलाज डिस्काउन्ट रेट पर उपलब्ध



EXPERIENCE CERTIFICATE

This is to certify that Mr. Chandrasen Age 22 S/o Mr. Natthu Singh R/o 1552, Indra Nagar-I, Brahampuri, Meerut at worked in Apoory Medical Centre, Meerut as a Trainer from 1st July to 15th Aug 2022. His worked and conduct was satisfactory.

We wish him all soccess i mas future life.

Authorised Signature
Apport Medical Centre L-65, Sharpe Mayer, Mercut Reg. No. 192 (CMO) MRT

Apport Medical Centre

L-65, Shastri Nagar, Meerut-250004, U.P. (India Phone: +91-121-2708859/6536786 Mob.: +91-9637083577

P. L. SHARMA DISTRICT HOSPITAL MEERUT AHMAD ROAD MEERUT

Training Certificate

Chief Pharmacist

Meerut

P.L. Sharma District Plespital

NG+BO.	Dated	21.1.0
It is certified that Mr/Km/Mr LLA 19. B-Pharma Sharma District Hospital Me	rs Del hamshi sio Dio Wio student has completed 45 days hos erut from 5 7 2022 to 19	Sh. Pawan pital training at P. L. 0 - 20.28
SHe has gained full knowledge injection, study of patient of diagnostic reports etc.	ge of wound dressing, artificial respiration observation charts, prescription and dis	on, administration of pensing and simple
His/her behavior and characte	er to his senior and junior was good.	
	3	- N - 737
Sirish K	umar Rawat	2
111 cirish	Phonist in	Dir. & SXXXX. Jackies

DW. Addi. Dir. & Supri. Meend.
P.L.Sharma District Hospital
Meerut





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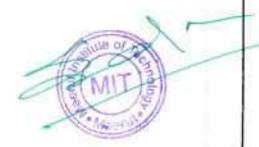
o mail anenduropdhumgggman.com Website www.lin.mshospital.com

EXPERIENCE CERTIFICATE

3.7

This is certified to that Mr. Divyank Pundir S/O Manoj Pundir . 19 A Rampuram , Muzaffarnagar Dist-Muzaffarnagar UP His 45 Days of training done from 01-06-2022 to 15-08-2022 in Anand Hospital Garh Road Meerut

HE WORKS IS SATISFECTORY I WISH GOOD & SUCCESSFUL FUTURE



ISO 9001 : 2008 Certified Hospital
Krishna Hospital

Mob.; 9097835853, 9097735853

कृष्णा हॉस्पीटल

पातेपुर रोड, महुआ (वैशाली) Reg. No. 33/14-

Conhens Facility Cigna Tit. Relignin, PM JAY 16160 (10Kil)
krishnaho spital mehua@gmail.com

24/7

112

SL. No K4 10-21

Internship Completion Certificate

This is to certify that Mr. Faizan Aziz student of B. Pharm 3rd year at DPMIT (U.P) Roll no. 1910340500016 year 2019-23.

His internship posting started on 01 July 2022 to Completed on 14 August 2022 Date of Issue 14 August 2022.

Clinical works - first aid (would dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, BP Monitoring, simple diagnostic reports etc.

Satisfactory works done by him.





डा० शुनील त्यांगी M.B.B.S., M.S.

सर्जन पेट आंत पथरी गुर्वा एवं कैंसर रोग विशेषज



डा० अर्चना त्यागी

M.B.B.S., D.G.O. स्त्री रोग एवं अल्टासाउंड विशेषज

- सफदरजंग अस्पताल, नई दिल्ली
- राममनोहर लोहिया अस्पताल, नई दिल्ली

सुविधाएँ

- डिलीवरी
- गर्भणत
- ्र नसबंदी कॉपर-टी
- ता एपेन्डिक्स
- ≅ हर्निया
- आ सिजेरिका
- 👼 येबी वार्मर
- प्रोस्टेंट एवं पिला की दैली का ऑपटेशन दृद्धीन द्वारा
- गुर्द की पचरी एवं पेट के समस्य ऑपरेशन
- ं शोलाजी

प्रतिदिन अल्ट्रासाउण्ड

लने का समय चुन्ह : 10 से 3 को तक

रविवार अवकाश

ातकालीन सुविधा 24 घंटे

बिनोली रोड, सरचना (मेरठ) फोन : 01237-235023 विनांक - 20/08/2022

EXPERIENCE CERTIFICATE

This is certified to that Mr. Harsh Sharma Age -20 Year Male S/o Mr. Manoj Kumar Vill.+Post Jasar Sulatan Nagar Distt. Meerut. (U.P) his 45 days of training done from 25 June to 10 August in Ishwar Nursing Home, Sardhana.

HE WORK IS SATISFECTORY I WISH GOOD & SUCCESS FUTURE.

DR. SUNIL TYAGI [M.S.]
DR. SUNIL TYAGI [M.S.]
Ishwar Nursing Home
Ishwar Nursing (Meerul)
Authorized Signature
CM

Krishna Hospital

Mob.: 9097835853, 9097735853

कुष्णा हॉस्पीटल Reg. No. 33/14-15 Prov.

पातेपुर रोड, महुआ (वैशाली)

Cristiass Facility Committee Religion PM-JAY, IPECO-TORIO

krishnahospital.mahua@gmail.com



SI. No 04/22

Internship Completion Certificate

This is Certify that MR. Jagjeet Singh student of B.Pharma 3rd year at DPMIT (MEERUT, U.P) Roll No. 1910340500018 Year 2019-23.

His Internship posting started on 16 July 2022 to Completed on 29 August 2022 Date of issue 29 August 2022.

Clinical works – first Aid (Wound Dressing, Artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.



बेटी बचाओ, बेटी पढ़ाओ



NEELKANTH HOSPITAL

& TRAUMA CENTER

201/2 A. Anuyogipuram, Near Radha Govind Engineering College Garb Road, Meerut. (M) 8630977647, 8433257262

उपलब्ध सक्तिमार्थ

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- भूति संदर्भ
- शैंड की तुब्बी की बोट
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- प्रेतिकी
- चिडिवादिका (गर्नक)
- लेपोस्काविक सर्जरी
- पेरिपोटचे मेडिसिन
- इं.एन.टी. सर्वत
- बेन्टल नजरी
- गायनाकालाजी
- प्रवारिटाक सर्वित
- आयोपिडिक सर्वरी भारत बदलने की मुस्तित बुरमा बुटना मिन्सेकारेप)
- मोरोशिक सर्परी
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- 24 घन्टे इमर्शन्त्री र एम्ब्रुलेना की सेवा उपलब्ध

Name

Age/Sex Date .

TRANING COMPLETION CERTIFICATE

This is to certify that Mr. Joshil Sharma student of B.Pharm 4th year at Department of Pharmacy Meerut Institute of Technology (UP) Roll No. 1910340500019 Year 19-23:

His training started on 15 Oct 2022 to complete on 30 Nov 2022 Date of Issue 30 Nov 2022.

Clinical work first aid (wound dressing artificial respiration etc.) different routes of injection, study of patient observation charts prescriptions and dispensing, simple diagnostics report etc.

Satisfactory work done by him.

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Mob.: 8448224323

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MULTISPECIALITY & TRAUMA CENTER

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that McSayoti Kumari D/O Wir. Lai Bahadur Kumar (Student of B. Pharma 4th year in Department of pharmacy Meer at Institute of Technology Meer at) had Completed 45 days of Hospital training as a trainee From 22/06/2022 To 07/08/2022. During This Period she had Learned First Aid, Different Route of Injection, Handling of Prescription, Surgical Diessing, Dispensing of Drugs, Study of Patient Observation Chart etc. Her work as a trainee was satisfactory

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मो0: 6389900004, 7905833859, 9616057040



निर्मला हॉस्पिटल

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नाम			दिनांक
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उपलब्ध विशेषज्ञ

डॉ0 राजेश कुमार बिन्द एम.बी.बी.एस., एम.एस. (जर्नल सर्जन)

> डॉ० एन० वर्मा एम बी.बी.एस (ट्डी एवं पस्ति रोग)

डॉ० आर० के० सिंह एम श्रीकी एस . एम डी. (पेटर सोराजिस)

डॉ० अमित केशस्वानी बीवडीवरसव संवक्तक, एम.आई.डी.ए. एक्स-ओ.बी.एस. आई.एम.एस., बी.एच.यू.

हों) केश्सी वर्मा बी.स्स.सी., बी.ए.एम.एस. हो.पी.ई.डी (जनस्म निर्मित्सक)

डॉ० ए०के० पटेल इम.मी.मी इस., एन.मी.जे आर. (स्कीन एण्ड डी.मी.)

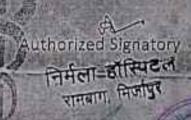


Date: - 20.08.2022

To Whom SolEver IT May CONCERN

This is Certified that Mr. Kshitiz Kumar Srivastava Age 24 years Male S/o Mr. Aject Kumar Srivastava R/o Baghpat Callectorate colony Distr. Baghpat (U.P.) Student of AB Phanma 4^{thip} year at Meerut Institute of Tochnology Meerut(U.P) Roll no 1910340500021, year 2019-2023, done his Training As Per Defined Syllabus During B Pharma Course From 1 July 2022 to 20 Aug 2022 in our Hospital

His work is Satisfactory during Training Period . We Wish him For good success in future life.



इमरजेंसी एवं भर्ती सेवा 24 पण्डे उपलब्ध

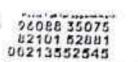
आदित्य डायन्नोरिटक सेन्टर के सामने, रामवाग, जिर्जापुर -



This is certified that Mr. Md Ajmal 5/O Md Taushif Raza student of B pharma 4¹⁸ Year at department of pharmacy Meerut Institute of Technology Meerut (UP) Roll no – 1910340500022, Year 2019-2023 dane his training as par defined syllabus during B Pharma course from 1 July 2022 to 15th August 2022 in our Hospital

Satisfactory works done by him.









Hain Buad Brahampura, Near Railway Colony, Ward No. 8, PO-Sett, PS Brahmpura, Noralfarpur (bihar)





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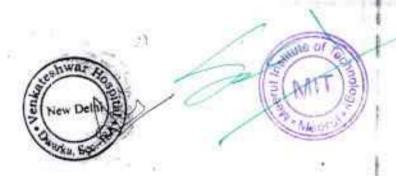
This is certified that MD SARFARAJ ALAM S/O MD MOJIBUR RAHMAN R/o RAGHOPUR, BHERMARA, KATIHAR, BIHAR - 854103 Student of B.Pharma 4th year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500024 year 2019-23

His training started on 18th October 2022 to 03 December 2022.

Clinical work first aid (wound dressing, artificial respiration etc.).

Different routes, of injection, study of patients, observation chart,
prescriptions, dispensing, simple and diagnostics report.

Satisfactory work done by him



MOOL CHAND SHARBATI DEVI CHARITABLE EYE & THENERAL HOSP

NEAR BACHCHA PARK, MEERLT GIT

(Founded and Managed by M.S. Hospital Trust, M.J. Flours, W. K. Rajid, Meerut Cilly).

TRAINING CERTIFICATE

This is to certify that **Mr. Mohit Kumar Age 21** S/o Mr. Vinod Kumar R/o 1352/7, Indra Nagar-I, Brahampuri, Meerut (U.P.) he has worked with us as a **Nurse** from **20 June** to **4 August**. 2022. He has participated actively in Hospital Duty. He has done a great job and showed grate enthusiasm and learnt a lot of things we found him dedicated, hard working and well behaved during his working period with us.

We wish him all success in his future life.

BREITHEDIS EYE & GESTAT HOSOITA Authorised Signature





CLINIC HOURS 9:00 AM TO 11:00 AM HOSPITAL HOURS 11:00 AM TO 4:00 AM

Date on : 16.11.2022

TO WHOM IT MAY CONCERN

This is to certify that Mr. Monu Chauhan S/o Mr. Krishan Pal Singh R/o Salarpur, Thana Bahadurgarh, Garhmukteshwar, Distt. Hapur. His 45 days of Hospital Training done from 1st October, 2022 to 15th November, 2022 in KOTPAL HOSPITAL, MEERUT.

We wish for the bright future and good luck in his career.

KOTPAL HOSPITÄL HILL OTT POLATIL MESINIT

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APPENDIX - F

-- ICATAING CONTRACT FORM FOR PHARMACISTS

SECTION - I

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	(Name of the Apprentice Master) of
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	(Hospital or Pharmacy) as my
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	Signature of the Student Pharmacist
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NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सर फिजिशिवन

पेट तोग, बेनू, टाईफाइक, जुगर, यानसिक सनाव, इदय रोग, जंकडे के रोग, माईसइब, गर्म रोग, स्मब वेहार, जोठों का दट आदि

Name

Age Sex

Actio

Date 1

Dr. Umang Gupta

MBBS (General Physician) Time CONTRACTOR

Dr. Mohd. Rizwan

DUMS, MIMS (जनरल फिजीशियन)

RMU Mishri N Hydro-

Ciri



INTERNSHIP COMPLETION CERTIFICATE

D/E

Pulse

BP

Temp

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8 Sug

This is to certify that Mr. Nazim Student of B. Pharm 4th year

at Department of Pharmacy Meerut Institute of

Technology, Meerut(U.P) Roll No. 1910340500029 year

2019-23.

His internship posting started on 11 September 2022.to completed on 26 october 2022 date of issue 26 october

2022.

Clinical works - first aid (would dressing artificial respiration

etc.) different routes of injection study of patient observation charts, prescriptions and dispensing, simple diagnostic

reports etc.

Satisfactory works done by him.

NEO MAX NURSING HOME Reg.No.RMEE2121899

Muzaffarnagar

शाम व बाते से रागा र बार्ड लक

नाट अपना एवं एवं व वहन में एक वार कर दिस्ता सवात त

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CLINIC HOURS: 9:00 AM TO 11:00 AM

HOSPITAL HOURS: 11:00 AM TO 4:00 AM

Date on : 16.11.2022

TO WHOM IT MAY CONCERN

This is to certify that Mr. Nishant Pai S/o Mr. Surendra Singh R/o Village Kunda, Partapur, Dist. Meerut. His. 45 days of Hospital Training done from 1st October, 2022 to 15th November, 2022 in KOTPAL HOSPITAL, MEERUT.

We wish for the bright future and good luck in his career.

KOTPAL HOSPITAL PALL BY CRAM-H. MERROT PAL. 2576555



I are of M/s ₱ L Forpal Medicare Put. Int. ◆Registration No.: 479/2004

भीते १ जनवपूरम्, **फेत-२, स्कुकी** रोड, (Mi-St)

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अस्पताल •

424 czzz zszssss, 9917102502, 9927990008 Email: drpradeepkotpal@gmail.com

CONTROL OF STREET

In case of Emergency Prease Contact / Restricted Refer & series of

वा. शावित मोटवा

न 4 क. क्रम्प, विके कुल्ले विकेट बोट्या व्यक्तिस-बोब्युक्ट 3319340138 E-mail: dr. adlakatpsi@yahoo.co.in



SIROHI HOSPITAL & MATERNITY HOME सिरोही हॉस्पिटल एवं मैटरनिटी होम

Multan Negar / Baghpat Road, Meerut. Ph. : 0121-2685449 Mob : 8057907150: 9897757664

इमरजैनी में 24,पण्टे सुविधा व्यलक्ष है।

DATE !.....

EXPERIENCE CERTIFICATE

This is certified to that Mr. Nitish Goel Age: 22 Years/Male S/O Mr. Sanjeev Goel R/O 1123, Indra Nagar First Brhampuri Dist- Meerut (U.P..) his 45 days of training done from 25 June 2022 to 9 August 2022 in Sirohi Hospital Meerut.

He Work is Satisfactory I wish Good & Success Future.



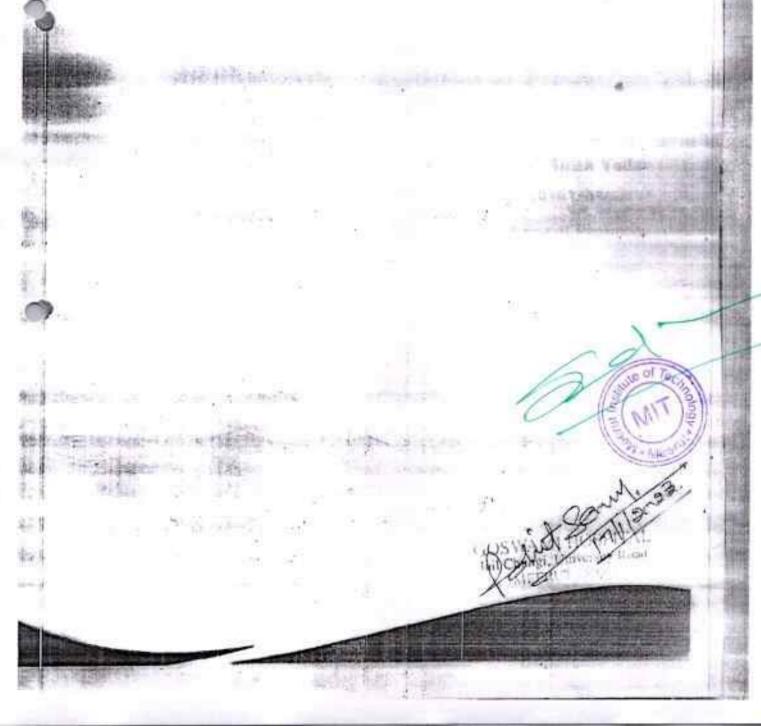




TRANING COMPLETION CERTIFICATE

This is to certify that Mr Nitish Yadav student of B Pharma 4th Year at DPMIT. Roll No – 1910340500032, has done 45 days of training from 10 Nov to 25 Dec 2022 in Goswami Nursing Home.

His work is satisfactory I wish Good & Success Future.



SHARVAN HOSPITAL

OPP. SUGAR MILL, NEAR TIRUPATI INSTITUTE, MOHIUDDINPUR, DISTT, MEERUT

Regd, MRT 2134



Tel.: 9528281191 : 9837387951 : 9927071944

Dated ...01-12-2022

सरियामी जपलब्य

Consultants :

- सभी बीमारियों का इलाज, औप्रेशन व भर्ती की सुविधा
- कान, नाक व गले की सभी बीमारियों का इलाज व आप्रेशन।
- जनरल सर्जरी जैसे : धायराइड, एपेन्डिक्स, हार्निया, हाइड्रोसील, आँत, पित्त की धैली, गदूद, गुर्दा व बच्चेदानी के ऑप्रेशन योग्य व कुशल सर्जन द्वारा सामान्य व दूरबीन विधि से।
- सामान्य डिलीवरी,
 बड़े ऑप्रेशन
 द्वारा बच्चा पैदा करना।
- एक्स-रे सुविधा।
- ई.सी.जी. सविधा
- खून एवं मल-मूत्र,
 एड्स आदि की जाँच।



Internship Completion Certificate

This is to certify that Mr. Prateck Kumar student of B. Pharm 4 rd year at DPMIT (U.P) Roll no. 1910340500034 year 19 -23.

His internship posting started on 15-Oct-2022 to completed on 30-Nov-2022 Date of issue 01-Dec-2022

Clinical works - first aid (wound dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory woks done by him.

SHARVEN HOSPITAL Opp Sugar Mill Mohiuddinpur, Meerus

NOT FOR MEDICO LEGAL PURPOSE

एम्बुलैन्स व सभी प्रकार की इमरजैन्सी सेवायें 24 घण्टे उपलब्ध।



KRYSTALHOS

We're here for you

VPO SISANA/ DELHI SAHARANPUR NATOINAL HIGHWAY, NEAR COLLECTORATE BAGPAT. DIST, BAGPAT - 250609, Ph - 0121-2222139/ 9953122139/8307349952

Date: 25.08.2022

TO WHOM SO EVER IT MAY CONCERN

This is certified that Mr. Prathu Tomar S / O Mr. Sanjay Kumar , R / O - Captain Colony Daurala Meerut (UP), Age - 19 Years, Male, Student of B. Pharma, 4th Year at Meerut Institute of Technology , Meerut (UP) , Roll No. - 1910340500035 , Year 2019-2023, done his training as per defined syllabus during B. Pharma course from 05 JULY- 2022 to 25 August - 2022 in our Hospital.

His work is satisfactory during training period . We wish him for good success in future life



श्री नारायण हॉरिपट

24 घण्टे इमरजैन्सी सुविधा उपलब्ध है।

पता : माता वाला मीहल्ला, मेरठ रोड, किला परीक्षितगढ़।

स्थानक्ष मानवार्य

- सेन्ट्रली एवर बन्दीरान्त
- मल्टीक्पेगलिटी डो.पी.डी.
- बीज्यतः व सुप्तकीतम्भ सम्ब
- प्राईवेट सम र वंशीप्राइंदेट सम एवं प्रान्त्स दर्भ, इन्तर-इन कार्नेसी
- कार्डियोर्ताजी-पंतपंचन, ई.सी.जो.
 कार्ड मी.सी.पू. इकोकार्डियोद्यप्ते.
- न्युर्वतांती ई.डी.डी. एन.ती.वी.,
 न्युर्वनावंदी, दिसन व देव की
 न्युर्वी का बीनोतान, नाइको व एक्टोसक्वेपिकस्वती
- एडवात ट्रोम फेन्सफेट-क्रिटीकल क्रेक्ट, अलापुनिक आई.मी.मू.
- व्यक्तिक सब्दे- पुटच र कुला ट्रांगलट एवं डक्बी के समी अधितान प्रदेशकि- कर आई अग.रम. (संघर) लिटोटिमी
- नेक्रोलियी- बायलियिस व गुर्द के सभी ऑपरेशान
- पीडियादिक- शांचे व पी.गई मी.यू. पीडियादिका गांधि मेस्ट्रोसक्रमेण
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- जेन्क्रांत्रियी- कैनार को सभी समंदि
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- ई.एन.टी.कारी- गड़को र एन्डोसकोपिक कर्वचे
- मह-विकासकी- गर्गत दिसीवरी, लेखेरकोपिक व जनस्त समेरी
- तंत्रम- टेके-मेडे दांत व टूटे जबके की सामंदी, नेवसोकेतियम समंदि
- » fortarbend
- मेन्द्रेन्टेके-पेट के तेनों का समस्त इताया, एन्डोनकोची व जेनोरकोची

Pof	No	
Rei.	NO.	***********

EXPERIENCE CERTIFICATE

This is certified to that Mr. RITIK KUMAR male S\O SANJAY KUMAR MALIK has successfully completed her 1-5 months internship (from 1 july 2022 to 15 august 2022) as a B. PHARM student at Shree Narayan Hospital mata wala moh., meerut road, kila

Her work has been excellent. We wish her all the best in his future.



SHRI NARAYAN (155-174)

CHOCKER CONTRACT

Not For Medico Legal Purpose



श्री नारायण होति ।

24 घण्टे इमरजैन्सी सुविधा उपलब्ध है।

पता : माता वाला मीहल्ला, मेरठ रोड, किला परीक्षितगढ़।

西西南部

- सेन्ट्रली एवर कन्योशन्त
- मन्द्रीस्प्रासिटी को से ही
- दिल्ला व गुरस्टीतरम सम्ब
- प्राईवेट सम व सेनीग्राईवेट सम एवं जनस्य कर्व, इन्ड्रान्स्स कार्यश्री
- क्रेडिंडे ११ जे. स.स.हे. क्रेडिंडे शिवन व देश के इसे क स्थानन करने व क्रेडिंडिंडिंडे
- र्वका होता नेत्रकार-विदेशन नेतर, कार्यक्रीय वर्त होतु.
- क्रान्तिक करी- पुरस र दूस राक्तार एवं स्ट्री के वर्षे अन्तिक क्रांतिक करमाई अध्यय (अंगा) क्रिकेटिची
- कांग्रेडि- कार्विता । पूर्व के वर्ष कार्राज
- विकारिक नवी व वै.वर्ड हो तू.
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 व्यक्तिक करी नेप्ट्रेसालेक,

्रिकेड के सार की सभी कार्री व क्रिकेट प्रेम

- ई.स्न.डि.समंदि- महको व शन्त्रोतकोपिक समंदि
- स्कृतिकांत्रिकी- नार्गत कितीकी, लेक्क्किक व जनस्य स्थ्वी
- अंग्यन- टेवे-मेंब्रे शंत व हुई जबने की लागि, मेक्कोमेजियस मानी
- · Religional (VI)
- गेस्ट्रोस्ट्रंगी-पेट के रोगों का समात
 इत्या, ए-ब्रोस्कोपी व क्रोनोनकोपी

	Ref.	No.		
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Date	

EXPERIENCE CERTIFICATE

This is certify that MR. RITIK POONIA S\O SHRI MEERAJ POONIA has successfully complete her 45 days training FROM 1 JULY 2022 TO 15 AUGUST 2022 as B.pharm student at SHRI NARAYAN HOSPITAL, kila parikshitgarh, meerut.

His work is satisfactory I wish good and bright future.



Not For Medico Legal Purpose

NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सा फिलिशियन

गेट रोग हैंगू, टाईकाइब गुगर मानसिक तनाव इदय रोग केंकडे हे रोग आईराइज वर्ग रोग स्पन्न प्रेशर जोड़ों का दय आदि

Name

Age Sex

Achi

Dante 1

Dr. Umang Gupta

MBBS (General Physician) Time is PM to 7 PM

Dr. Mohd, Rizwan

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INTERNSHIP COMPLETION CERTIFICATE

O/E

Pulse

BP

Temp

Spo2

B Sug

This is to certify that Mr. Salim Student of B. Pharm 4th year

at Department of Pharmacy Meerut Institute of

Technology, Meerut(U.P) Roll No. 1910340500038 year

2019-23.

His internship posting started on 11 September 2022.to

completed on 26 october 2022 date of issue 26 october

2022

Clinical works - first aid (would dressing artificial respiration etc.) different routes of injection study of patient observation charts, prescriptions and dispensing, simple diagnostic

reports etc.

Satisfactory works done by him.

NEO MAX NURSING HOME Reg.No.RMEE2121899

Muzaffarnagar &

संबंध शाम 4 बारे से राम र बजे तक

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सुविधाये : मही की सुविधा, शूगर की जांच EUG पर न पानी निकालना, प्लेटलट्स, अन्त बळना आह

नोट किसी मी दवा का साइड इफक्ट ही सकता है धुरत अपने विकित्सक से समान करें।



श्री नारायण होस्पिदल

24 घण्टे इमरजैन्सी सुविधा उपलब्ध है।

पता : माता वाला मीहल्ला, मेरठ रोड, किला परीक्षितगढ़।

चवलका सुविधावी

- सन्दर्भ एक बन्दीराज
- मन्द्रीस्पेशतिदी जो पी ही.
- डीजरून ३ सुपाडीतरम कमा
- ग्राईवेट सम व सेनीग्राईवेट सम एवं जनस्त वार्ड, इनायकत् कामेंची
- कार्डचार्लकी- ऐसमेवर, ई.सी.जी.
 बाई सी.सी.यू. इदोकार्डियोक्की
- न्त्रेतांकी ई ई जी., एन.वी.वी.,
 न्द्रेतांकी , दिवान व चेढ़ की
 इन्ह्री का अधितान, नद्भी व एक्टोसकोंचेकनवंधी
 - एडबास ट्रांस क्लंबरंग्ट- क्रिटीकत कंपर, बाधापुनिक अर्थ-मी.पू.
 - अध्योगितिक श्रांकि पूरण व क्लक ट्रांसप्तांट एवं हसकी के सपी अपनेशन क्लोजीया यार अर्थ अक्लक (त्रेयन) दिस्वादिशी
 - नेप्रत्सीयी— कामनिर्देश व गुर्दे के सभी ऑपनेशन
 - पीडियाट्क-नर्सरे व पी.कर्ष ती.यू... पीडियाट्का सजेंग्रे, फेट्रोसइनेज, एन्डोक्ट्रीं, त्यात्कारेक सजेंग्रे
 - बोन्डांसीयो- केनार की सभी तार्वि य किमोमिरनी
 - ई एन टी सर्वति- मद्दको व एन्डोस्टोरिक सर्वति
 - गड्नीबर्धकोडी- गर्मल विलीवर्थे.
 मंजीक्टोपिक व जनगर गर्जरे
 - कंग्ट्रस-टेई-मेड दात व दूट जबके
 की सप्ति, मैस्तोकीनेवल सर्वनी
 - · faftmeté
 - नेगट्रांसीकी-पेट के दोनों का समस्त इस्ताक, एन्डोनकोपी व कोनोस्कोपी

Ket.	NO.	*********

Date	
M. AL	

EXPERIENCE CERTIFICATE

This is certify that MR. SAURABH SHARMA S\O SHRI
PANKAJ SHARMA has successfully complete her 45 days
training FROM 1 JULY 2022 TO 15 AUGUST 2022 as
B.pharm student at SHRI NARAYAN HOSPITAL, kila
parikshitgarh, meerut.

His work is satisfactory I wish good and bright future.



Not For Medico Legal Purpose



KRYSTAL HOSPITAL

We're here for you

VPO SISANA/ DELHI SAHARANPUR NATOINAL HIGHWAY, NEAR COLLECTORATE BAGPAT. DIST. BAGPAT - 250609. Ph - 0121-2222139/9953122139/8307349952

Date: 25.08.2022

TO WHOM SO EVER IT MAY CONCERN

This is certified that Mr. Shanu kumar S / O Mr. Nandkishor jaiswal , R / O - Address Motipur Muzaffarpur, Bihar , Age - 22 Years , Male , Student of B. Pharma , 4th Year at Meerut Institute of Technology , Meerut (UP) , Roll No. - 1910340500040 , Year 2019-2023 , done his training as per defined syllabus during B. Pharma course from 05 JULY- 2022 to 25 August - 2022 in our Hospital .

His work is satisfactory during training period. We wish him for good success in future life.

Authobized Signat Rigor 39





\$ 011-48-555-555

Sector 16A. Dawarka, New Delhi-110024

☐ info@venkateshwarhospitals.com
☐

www.venkateshwarhospitals.com

TO WHOM SO EVER IT MAY CONCERN

This is certified that MR. SHIV KUMAR VERMA S/O MR. BALCHAND VERMA R/o 11 B.N PAC SITAPUR BLOCK NO.50, HOUSE NO.412 ROSE LINE Student of B.Pharma 4th year at Department of pharmacy Meerut institute of technology (U.P.) Roll No. 1910340500041 year 2019-23

His training started on 25th October 2022 to 10 December 2022.

Clinical work first aid (wound dressing, artificial respiration etc.).

Different routes, of injection, study of patients, observation chart,
prescriptions, dispensing, simple and diagnostics report.

Satisfactory work done by him



+91-8218308389, +91-7302039746

SHRI ASHARAM NURSING HONG

G-9, Ganga Nagar, Garam Pani Road Tiraha, Near Zila Senxari Bank Baksar Mawana Road, Meerut -250001

Ref

THE TRUE TO SECTION OF THE STATE OF THE STAT

.

Date 17 Aug 20/2

EXPERIENCE

This is certified that Mr. Shriyansh Kaushik S/O Mr. Satish kumar Sharma has done his 45 days training from 1 July 2022 to 15 August 2022 as a B.Pharm Student at Shri Asharam Nursing Home (G-9, Ganga Nagar, Garam Pani Road Tiraha, Near Zila Sehkari Bank) Meerut

His work has been excellent we wish him all the best in his future endeavors.

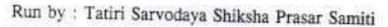


(A NABH ACCERDIATED HOSPITAL)



SARVODAYA HOSPITAL

& INSTITUTE MEDICAL SCIENCE





Date:- 06/08/2022

TO WHOM SO EVER IT MAY CONCERN

This is to certify that MR, SOAIB S/O MOSIM has successfully completed her 45 days internship (Form 22 Jun 2022 to 05 Aug 2022) as a B.Pharmacy Student at Sarvodaya Hospital & Institute of Medical Sciences Aggarwal Mandi Tatiri Baghpat U.P -250601. Her work has been excellent. We wish her all the best in his futures endeavors.

Sarvodaya Hospital & Institute of Medical Sciences

MIT CONTROL OF THE PARTY OF THE



Numby : ANAND NIROGDHAM HOSPITAL PVT. LTD.

ANTINO 2001 - 2000 CERCIERED

We believe in Caring, not just Curing.

A + Diministra Colony, Garth Boad, Moerut (U.P.) Frs. +91-121-2792000, 4014800

Fax: +91-121-4030690

e-mail: anandrirogdham@gmail.com Website: www.anandhospital.com

EXPERIENCE CERTIFICATE

This is certified to that Mr. Sona Motia S/O Arun Motia Vill- Dadri Post-Dadri Dist- Meerut UP His 45 Days of transing done from 01-06-2022 to 15-08-2022 in Anand Hospital Garh Road Meerut



HE WORKS IS SATISFECTORY I WISH GOOD & SUCCESSFUL FUTURE

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Saute of Chundred Chundred

SHARVAN HOSPITAL

THE AR MILL NEAR THUPATHINSTITLE MONIGODINPUR DISTE MEERUT



fel *#\$96965*31 *#137 62963 *GE077564 *1027562492

Tanger 01-12-2022



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- जनरल सजरी जैसे

 ायसहर एपेन्डिक्स

 अनिया टाइड्रोसील, ऑत,

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 वच्चेदानी के ऑग्नेशन

 अमान व कुशल सर्जन द्वारा

 समाना व दूरवीन विधि से।
- सम्मन्य दिलीवरी
 संदे आप्रशान
 वारा याचा पता करना।
- १७८८ र सीवायतः
- इ.सी.जी. सुविधा
- रर्न एवं मल-मूत्र

G27.

Internship Completion Certificate

This is to certify that Mr. Valbhav Tomer student of B. Pharm 4 rd year at DPMLL (U.P) Roll no 1910340500045 year 19-23.

His internship posting started on 15-Oct-2022 to completed on 30-Nov-2022 Date of issue 01-Dec 2022

Clinical works - first aid (wound dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory woks done by him.

SI PHOSPITAL

Opp Sugar Mill Mohiuddinpur, Meerus

MIT OF THE PARTY O

NOT FOR MEDICO LEGAL PURPOSE

एम्बुलैन्स व सभी प्रकार की इमरजैन्सी सेवायें 24 घण्टे उपलब्ध।





Experience Certificate

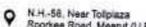
This is to certify that Mr. Vishu Saini S/o Mr. Vishwanath Saini R/o Vill. Piror, Tehsil Deoband, Dist. Saharan Pur had under gone 45 days Hospital training at this institute during 15/09/2022 to 30/10/2022, as a requisite of academic curriculum of B. Pharma degree.

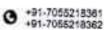
Aryavart Hospital

Meerut, Uttar Pradesh

ARYAVART HOSPITAL (A Unit of Streeys Medicine Pvt. Ltd.) NH-58, Near Toli Plaza Roorket Road, Meenst (U.P.)









लोकप्रिय हॉस्पिटल

© : 247555 247556

Fax: 229500

निकट अम्बर सिनेमा, जी० टी० रोड़, मोदीनगर-201201 (Run By Child Care Centre)

दिनांक 12-8-22

TO WHOM IT MAY CONCERN

This is Certified that Miss Aayushi Chaudhary D/O Mr. Praveen Kumar Sarawat 4th Year Student of B. Pharma from department of pharmacy Meerut Institute of Technology, Meerut has attended 45 days training in our Pharmacy Department from 25th June 2022 to 10th August 2022.

During this period her conduct was good and we found her sincere and hard working.

We wish all the best for all her future endeavors.

Lokpriya Hospital

Dr. Omesh Tvaci

Consultant

NOT FOR MEDICO LEGAL PURPOSE



लोकप्रिय हॉस्पिटल

© : 247555 : 247556 Fax : 229500

निकट अम्बर सिनेमा, जी० टी० रोड, मोदीनगर-201201 (Run By Child Care Centre)

दिमांक 12-8-22

TO WHOM IT MAY CONCERN

This is Certified that Miss Vaishali Rathi D/O Mr. Vinod Rathi 4th Year Student of B. Pharma from department of pharmacy Meerut Institute of Technology, Meerut has attended 45 days training in our Pharmacy Department from 25th June 2022 to 10th August 2022.

During this period her conduct was good and we found her sincere and hard working. We wish all the best for all her future endeavors.

Lokoriya Hospital

F.A.I.S. LIII

Dr. Umesh Tyagi

Consultant

HOTEL MANAGEMENT SYSTEM

A project report submitted in partial fulfillment of the requirements for the

Award of degree of

Bachelor of Technology in Computer Science & Engineering

By

SHALABH TYAGI (1829210049)
TARUN TYAGI (1829210058)
VISHESH CHAUDHARY (1829210063)
SHUBHAM MALIK (1829210054)

Under the supervision of

Ms Shilpi Gupta(Assistant Professor)

MEERUT
INSTITUTE OF
TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



Affiliated to

DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH LUCKNOW

May, 2022

CERTIFICATE

We hereby declare that the work which is being presented in the project report entitled, "HOTEL MANAGEMENT SYSTEM", in partial fulfillment of the requirements for the award of degree of Bachelor of Technology submitted in Computer Science and Engineering of Meerut Institute of Technology, Meerut, is an authentic record of my own work carried out under the supervision of Ms. Shilpi Gupta and refers other researcher's works which are duly listed in the reference section.

The matter presented in this Project has not been submitted for the award of any other degree of this or any other university.

(SHALABH TYAGI)

This is to certify that the above statement made by the candidate is correct and true to the best of my knowledge.

Mi Shifpi Gupta (Project Supervisor)

Meerut Institute of Technology,

Meenut

Countersigned by

Mr.Kailash Tripathi (Project Co-ordinator) Meerut Institute of Technology, Meerut

Mr.Kailash Tripathi

(HOD-CSE)

Meerut Institute of Technology

Helpy

A project synopsis submitted in partial fulfillment of the requirements for the

Award of degree of

Bachelor of Technology in

Computer Science & Engineering

By

Prashant Yaday (1829210040)

Abhishek (1829210004)

Akash Kumar (1829216008)

Harsh Kumar (1829210025)

Under the Supervision of

Mr. K.N Tripathi(Associate Professor)

MICEUT -

NSTITUTE OF

TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING
MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



Affilated to 2

DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH, LUCKNOW

May, 2022

Certificate

We hereby declare that the work which is being presented in the project report entitled, Helps—by Abhishek (1829210004), Akash Kumar (1829210008), Harsh Kumar (18292100025), and Prashant Yaday (1829210040) in partial fulfillment of the squarements for the award of degree of Bachelor of Technology submitted in Computer (1980) and Interneering of Meerut Institute of Technology, Meerut, is an authentic postal of my own work carried out under the supervision of Mr.K.N Tripathi and refers other researcher's works which are duly listed in the reference section.

The matter presented in this Project has not been submitted for the award of any other degree of this or any other university.

This is to certify that the above statement made by the candidate is correct and true to the best of my knowledge.

Supervisor

Mr.K.N Tripathi

Associate Professor

Meerut Institute of Technology,

MEERUT

Guided by

Mr. K.N Tripathi

(Associate Professor)

HOD-CSE

MIT. Meerut

"HASSLE-FREE DOCTOR CONSULTATION"

A project report submitted in partial fulfillment of the requirements for the

Award of degree of

Bachelor of Technology

in

Computer Science & Engineering

By

AAYUSH GOEL (1829210002)

ABHISHEK (1829210005)

ANKIT RATHI (1829210013)

DEEPAK KUMAR KASHYAP (1829210021)

Under the supervision of

Mr. Anuj Kumar (Assistant Professor)

MEERUT INSTITUTE OF

TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



Affiliated to



DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH, LUCKNOW May, 2022

DECLARATION

We hereby declare that this submission is our own work and that, to the best of our knowledge and before it given any material previously published or written by another person nor statemed which to a substantial extent has been accepted for theaward of any other degree or diploma, of the university or other institute of higher learning, except where due acknowledgment has been made in the text.

Signature Agyush Goel

Name: Aayush Goel

Bull No. 1829210002

Date 26/1/22

Supranture Antit

Name. Anka Raths

Roll No. 1829210013

Date 26/172

Signature: Abhishek

Name: Abhishek

Roll No.: 1829210005

Date: 74/8/2-

Signature: Opak

Name: Deepak Kumar Kashyap

Roll No.: 1829210021

Date 26/5/2-



HealthCare ChatBot

A project report submitted in partial fulfillment of the requirements for the Award of degree of

Bachelorof Technology

in

Computer Science & Engineering

Mohit Kumar(1829210033) Prateek Kumar Singh(1829210041) Ritvik Vrmani(1829210044) Vaishnavi Bansal(1829210061)

Under the supervision of

Mr. Ayush Singhal
Assistant Professor Department of CSE

MEERUT INSTITUTE OF TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



Affiliated to



DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH, LUCKNOW

May, 2022

CERTIFICATE

This is to certify that Project Report entitled — "HealthCare ChatBot" by Mohit Kumar [1829210033], Ritvik Virmani [1829210044], Vaishnavi Bansal [1829210061] Prateck kumar Singhi [829210041) in the partial fulfillment of the requirement for the award of degree B tech in department of CSE by Dr. A. P. J. Abdul Kalam technical Liniversity [1] P. Lucknow is a record of candidate own, work carried out by him/her whilet my our supervision. The matter embodied in this Project report is original and has not been submitted for the award of any other degree.

Countersigned by

Mr- K.N Tripathi
(Associate Professor)
Department of CSE
MIT. Meerut.

Mr. Ayush Singhal (Assistant Professor)

Department of CSE MIT, Meerut

Kalan 01/06/2012

Mr. K.N. Tripathi HOD-CSE MIT, Meerut.

NETKART

A project report submitted in partial fulfillment of the requirements for the

Award of degree of

Bachelor of Technology

in

Computer Science & Engineering

By

ABHINAV RAJPUT (18

(1829210003)

AKSHAT KUMAR

(1829210009)

KANAK

(1829210027)

PRIYA SHARMA

(1829210042)

Under the supervision of

Dr. Mohd. SADIM (Associate Professor)

MEERUT

INSTITUTE OF

TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



Affiliated to

DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH, LUCKNOW

Certificate

No hereby declare that the work which is being presented in the project report entitled, "Netkart", in partial fulfilliment of the requirements for the award of degree of Bachelor of Technology submitted in Computer Science and Engineering of Meerut Institute of Technology, Meerut, is an authentic record of my own work carried out under the supervision of *Dr. Mohd. Sadim* and refers other researcher's works which are duly listed in the reference section.

the matter presented in this Project has not been submitted for the award of any other degree of this or any other university.

Akshat Kumar Abhinav Rajput Priya Sharma Kanak

This is to certify that the above statement made by the candidate is correct and true to the best of my knowledge.

(Dr. Mohd, Sadim)

Countersigned

(Associate Professor)
Mecrut Institute of Technology,
MEERUT.

(Name of Project Coordinator)

Designation

Meerut Institute of Technology,

MEERUT

(Mr. K.N. Tripathi)

HOD - CSE

Meerut Institute of Technology.

MEERU

Pharmacy Management System

A project report submitted in partial fulfillment of the requirements for the

Award of degree of

Bachelor of Technology

in

Computer Science & Engineering
By

Akshun Tyagi (1829210010) Ayush Rastogi (1829210019) Purwa Chaudhary (1829210043) Shubham (1829210052)

Under the supervision of

Mr. Ayush Singhal,

Assistant Professor ,Department of Computer Science & Engineering

MEERUT INSTITUTE OF TECHNOLOGY

MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



CAIT

DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY,
UTTAR PRADESH, LUCKNOW
May, 2022

CERTIFICATE

We bere's declare that the work which is being presented in the project report courter "Pharmas's Management System", in partial fulfillment of the regularisation for the regularisation for the regularisation for the regularisation of Machine of Technology submitted in any of Science and Engineering of Mecrut Institute of Technology, Mecrut, is an authorize record of our own work carried out under the supervision of Mr. Ayush Singhal and refers other researcher's works which are duly listed in the reference section.

The matter presented in this Project has not been submitted for the award of any other degree of this or any other university.

Akshun Tyugi Ayush Rastogi Purwa Chaudhary Shubham

This is to certify that the above statement made by the candidates is correct and true to the best of our knowledge.

Counter signed by:

Mr. Ayush Singhal

Assistant Professor

Department of CSE

Meerut Institute of Technology

Mr. K.N. Tripathi

Associate Professor

Head of Department - CSE

Meerut Institute of Technology



BOOK CAVE

A project report submitted in partial fulfillment of the requirements for the

Award of degree of

Bachelor of Technology

in

Computer Science & Engineering

By

AYUSH RATHI

(1829210020)

MOHD SHAHROZ

(1829210032)

ANURAG PUNDIR

(1829210016)

Under the supervision of

Dr. Mohd SADIM (Associate Professor)

MEERUT

INSTITUTE OF

TECHNOLOGY -

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



Affiliated to

DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH, LUCKNOW

May, 2022

CERTIFICATE

This is to certify that Project Report entitled — "BOOK CAVE" by Ayush Rathi (1829210020), Mohd Shahroz (1829210032), Anurag Pundir (1829210016) in the partial indiffilment of the requirement for the award of degree B.tech in department of CSE by the A. P. J. Abdul Kalam technical University, U. P., Lucknow is a record of candidate on a work carried out by him her under my/our supervision. I hereby approved the topic continue as project work for there final submission.

Bachelor of technology in computer science and engineering Meerut Institute Of Technology, Meerut

Project Guide and Mentor:

Moral Sed

Dr. Mohd Sadim

Associate Professor)

repartment of CSE

MIT,Meerut

Head of Department:

Mr.KN Tripathi

(Assistant Professor)

Department of CSE

MIT, Meenut



XDC PAY

A project report submitted in partial fulfilment of the requirements for the

Award of degree of

Bachelor of Technology

in

Computer Science & Engineering

Submitted By Shailja Tyagi (1829210048) Tanya Singh (1829210056)

> MEERUT INSTITUTE OF

TECHNOLOGY

Under the supervision of

Mr. Ayush Singhal (Assistant Professor)

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT INSTITUTE OF TECHNOLOGY, MEERUT





DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH, LUCKNOW

Certificate

I hereby declare that the work which is being presented in the report entitled, "XDC Pay", in portial fulfilment of the requirements for the award of the degree of Bachelor of Jechnology submitted in Computer Science and Engineering of Meerut Institute of Technology, Meerut, is an authentic record of my own work and refers other researcher's works which are duly listed in the reference section.

The matter presented in this report has not been submitted for the award of any other deutee at this or any other university:

Shailja Tyagi

Tanya Singh

This is to certify that the above statement made by the candidate is correct and true to the best of my knowledge.

Mr. Ayush Singhal

Assistant Professor, CSE Meerut Institute of Technology,

MEERL L

MR.K.M.Triputhi HOD - CSE

Meerut Institute of Technology,

MEERUT

Online Web Compiler For HTML, CSS & JS

A project report submitted in partial fulfillment of the requirements for the

Award of degree of

Bachelor of Technology

in

Computer Science & Engineering

By

Anmol Agarwal (1829210015)

Kush Joshi (1829210029)

Manish Sharma (1829210031)

Nitish Saini (1829210035)

Under the supervision of

Mr. Ayush Singhal,
Assistant Professor Department of Computer Science & Engineering

MEERUT

INSTITUTE OF

TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



MIT

DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH, LUCKNOW

May, 2022

We hereby declare that the work which is being presented in the project report entitled, "Online Web Compiler/Editor for HTML, CSS and JS", in partial fulfillment of the requirements for the award of degree of Bachelor of Technology submitted in Computer Science and Engineering of Meerut Institute of Technology, Meerut, is an authentic-record of our own work carried out under the supervision of Mr. Ayush Singhal and refers other researcher's works which are duly listed in the reference section.

The matter presented in this Project has not been submitted for the award of any other degree of this or any other university.

Manish Sharma Anmol Agarwal Kush Jushi Nitish Saini

This is to certify that the above statement made by the candidates is correct and true to the best of our knowledge.

Counter signed by:

Mr. Syush Singhal

Asisstant Professor

Department of CSE

Meerut Institute of Technology

Mr. K.N. Fripathi

Associate Professor

Head of Department - CSE

Meerut Institute of Technology

"ALIEN SMART CHATBOT"

A project report submitted in partial fulfilment of the requirements for the

Award of degree of

Bachelor of Technology
In
Computer Science & Engineering
By

JIGYANSHU GUPTA (1829210026) ABHISHEK (1829210006)

Under the supervision of

Mrs. Srishti Agarwal (Assistant professor)

MEERUT
INSTITUTE OF
TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT INSTITUTE OF TECHNOLOGY, MEERUT.



Affiliated to



DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH, LUCKNOW

May, 2022

thatbot" in partial fulfilment of the requirements for the award of degree of Bachelor of a Machelor submitted in Computer Science and Engineering of Meerut Institute of Technology, and authorized to record of my own work earried out under the supervision of Mrs. Srishti years all and relate other researcher's works which are duly listed in the reference section.

The matter presented in this project has not been submitted for the award of any other degree of

Jigyanshu Gupta (1829210026)

Abhishek (1829210006)

This peak certain that the above statement made by the candidate is correct and true to the best of

Mr. Kailash Tripathi

Project Coordinator

HOD - CSE

Amount Institute of Technology,

MEERLT

Juste

Mrs. Srishti Agarwal Assistant Professor

Meerut Institute of Technology,

MEERUT



E-COMMERCE WEBSITE

A Project Synopsis submitted in partial fulfilment of the requirements for the award of the degree of

Bachelor of Technology
in
COMPUTER SCIENCE AND ENGINEERING
By

Aman Tripathi (1829210011)

Raghav Chaudhary (1902920109002)

Ankur Jaiswal (1829210014)

Suryanshu Shukla (1829210055)

Under The Supervision of:

Dr. Mohd Sadim (Associate Professor)

MEERUT
INSTITUTE OF
TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT INSTITUTE OF TECHNOLOGY, MEERUT





DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH, LUCKNOW May, 2022

This is to certify that the project synopsis entitled "E-COMMERCE WEBSITE" by Aman Tripathi (1829210011). Raghav Chaudhary (1902920109002), Ankur Jaiswal (1829210014), Suryanshu Shukla (1829210055) in partial fulfillment of the requirement for the award of degree of Bachelor of Technology in temputer Science & Engineering of Dr. A.P.J. Abdul Kalam Technical University, Lucknow, embodies the temptide work done by them under my supervision. I bereby approve the topic to continue as project work for their final submission.

Bachelor of Technology in Computer Science and Engineering Meerut Institute of Technology, Meerut

Project Guide and Mentor:

MoldSed.

Dr. Mohd Sadim

(Associate professor)
Department of CSE
Meerut

Head of the Department:

Mr. KN Tripathi

(Assistant professor) Department of CSE

MIT, Meerut

SecurityTrax System

A project report submitted in partial fulfillment of the requirements for the

Award of degree of

Bachelor of Technology

in

Computer Science & Engineering

By

Arpit Chauhan (1829210017)

Taranjeet Singh (1829210057)

Pranshu Kaushik (1829210039)

Under the supervision of

Dr. Jitendra Kr. Jindal

Assistant Professor Department of Computer Science & Engineering

MEERUT INSTITUTE OF TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT
INSTITUTE OF TECHNOLOGY, MEERUT



Affiliated to DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY,
LUCKNOW May, 20222

Certificate

We hereby declare that the work which is being presented in the project report entitled, "Security Trax", in partial fulfillment of the requirements for the award of degree of Bachelor of Technology submitted in Computer Science and Engineering of Meerut Institute of Technology, Meerut, is an authentic record of my own work carried out under the supervision of (Dr Jitendra Kr. Jindal) and refers other researcher's works which are duly listed in the reference section.

The matter presented in this Project has not been submitted for the award of any other degree of this or any other university.

Arpit Chauhan

Taranjeet Singh

Pranshu Kaushik

This is to certify that the above statement made by the candidate is correct and true to the best of my knowledge.

(Dr. Jiterdra Kr. Jindal)

Associate Professor

Depatement Of CSE

Meerut Institute of Technology, MEERUT.

Countersigned by (Ayush Singhal)

Meerut Institute Of Technology,

Meerut:

(K.N Tripathi)

Meerut Institute Of Technology,

Meerut.

"TEST PREP"

A project report submitted in partial fulfilment of the requirements for the Award of degree of

Bachelor of Technology

in

Computer Science & Engineering

Deeparisin Gupta (1829210022)

Parul Aswal (1829210037)

Sahil Mishra (1829210046)

Shivam Singh (1829210051)

Under the supervision of Dr. Mohd Sadim

Associate Professor Department of CSE

MEERUT
INSTITUTE OF
TECHNOLOGY

Department of Computer Science & Engineering
Meerut Institute of technology, Meerut





Dr. A.P.J. Abdul Kalam Technical University,

Uttar Pradesh, Lucknow

This is to certify that Project Report entitled – Test Prep by Deepanshi Gupta (1829210022), Parul Aswal (1829210037), Sahil Mishra (1829210046) and Shivam Singh (1829210051) in the partial fulfillment of the requirement for the award of degree B.tech in department of CSE by Dr. A. P. J. Abdul Kalam technical University, U. P. Lucknow is a record of candidate own work carried out by him/her under my/our supervision. The matter embodied in this Project report is original and has not been submitted for the award of any other degree.

Signature of HOD:

Mr. K.N Tripathi - CSE
Associate Professor
Meerut Institute of Technology, Meerut

Signature of Project Coordinator:

Dr Mohd Sadim COST

Dr.Mohd Sadim - CSE Associate Professor

Meerut Institute of Technology, Meerut

WEATHER PREDICTION WEBSITE

A project report submitted in partial fulfilment of the requirements for

the

Award of degree of

Bachelor of Technology

in

Computer Science & Engineering

By

MALIKA CHAUDHARY (1829210030)

PRAGYA UPADHYAY (1829210038)

NISHA YADAV (1902920109001)

PARTH DOGRA (1829210036)

Under the supervision of

Ms. PRAGYA RAJVANSHI,

Assistant Professor Department of Computer Science & Engineering

MEERUT
INSTITUTE OF
TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING

MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



Affiliated to

DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, LUCKNOW

A 4--- 20222

We hereby declare that the work which is being presented in the project report entitled, "WEATHER PREDICTION WEBSITE", in partial fulfilment of the requirements for the award of degree of Bachelor of Technology submitted in Computer Science and Engineering of Meerut Institute of Technology, Meerut, is an authentic record of our own work carried out under the supervision of Ms. Pragya Rajvanshi and refers other researcher's works which are duly listed in the reference section.

The matter presented in this Project has not been submitted for the award of any other degree of this or any other university.

MALIKA CHAUDHARY
PRAGYA UPADHYAY
NISHA YADAV
PARTH DOGRA

This is to certify that the above statement made by the candidates is correct and true to the best of our knowledge.

Counter signed by:

Ms. PRAGYA RAJVANSHI

Assistant Professor

Department of CSE

Meerut Institute of Technology

Mr K.N TRIPATHI

Associate Professor

Head of Department-CSE

Meerut institute of Technology

PHARMACY MANAGEMENT SYSTEM

A project report submitted in partial fulfillment of the requirements for the

Award of degree of

Bachelor of Technology

in

Computer Science & Engineering

By

KARTIK TYAGI (1829210028) UMANG GUPTA(1829210060) SHAHNOOR (1829210047)

Under the supervision of

Mr Ajad Kumar(Assistant Professor)

MEERUT

INSTITUTE OF

TECHNOLOGY

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



Affiliated to

DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY, UTTAR PRADESH, LUCKNOW

May, 2022

Certificate

We hereby declare that the work which is being presented in the project report entitled,
"PHARMACY MANAGEMENT SYSTEM", in partial fulfillment of the requirements
for the award of degree of Bachelor of Technology submitted in Computer Science and
Engineering of Meerut Institute of Technology, Meerut, is an authentic record of my own
work carried out under the supervision of Mr Ajad Kumar and refers other researcher's
works which are duly listed in the reference section.

The matter presented in this Project has not been submitted for the award of any other indegree of this or any other university.

(KARTIK TYAGO)

This is to certify that the above statement made by the candidate is correct and true to the best of my knowledge.

Mr Ajad Kumar

(Project Supervisor) Meerut

tituteof

Technology, MEERUT.

Mr. Ayush Singhal

Project Coordinator

Meerut Institute of Technology,

MEERUT.

Mr. Kailash Tripathi

HOD - CSE

Meerut Institute of Technology,

MEERUT.

Meerut Institute of Technology (Professional Courses), Meerut 1110 Department of Computer Application (BCA)

NOTICE

Date: 4-March-2022

This is to inform that an industrial visit has been organized for BCA Final year students (Batch: 2019-22) on March 7th, 2022.

Details are mentioned below:

CEO

Mr. Naveen Gabrani

Name of Company

Astrea IT Services

Address

C-52, Sector -65, Noida

Timings

9:30 AM onwards

Mr. Lalit Kumar

(HOD - BCA)

MIT of the orange of the orang

List of Students:

BCA V sem Batch 2019-22					
Sr No	Roll No.	Name of student in Capital Letter	Student Contact Number	Parent Contact No	
1	R191110106001	AAKASH KUMAR	8266801409	8650077248	
2	R191110106002	AAKASH BEASLA	7451918462	9690419764	
3	R191110106009	ADITYA SINGH	6398931804	9410232979	
4	R191110106016	ANJALI	8218196986	9897682528	
5	R191110106033	DEEPALI ADHIKARI	7088603639	8859446588	
6	R191110106036	GAURAV	7310659432	9897387886	
7	R191110106038	GULSHER	7817855464	7078562670	
8	R191110106039	HAIRITIKA ANAND	9997744513	9149391532	
9	R191110106047	MOHD AMAN SHEKH	9058101126	8937046355	
10	R191110106048	MOHD. FAIZ	7252860997	7669123743	
11	R191110106049	MOHD SHAKIR	7017150568	9897404842	
12	R191110106058	PRASHANT	8218023521	9720307050	
13	R191110106065	RISHABH KADAM	9997108301	9045931505	
14	R191110106066	ROHIT TYAGI	8393822604	8393822604	
15	R191110106075	SIMRAN RATHI	8126147525	9548347535	
16	R191110106081	UJJWAL CHOUDHARY	9012115035	9012115035	



Meerut Institute of Technology (Professional Courses), Meerut 1110 Department of Computer Application (BCA)

7-March- 2022

Concluding Remarks

Department of Computer Application has organized an Industrial visit to Astrea IT services on Monday i.e. March 7th, 2022 for the students of BCA final year (Batch 2019-22). Mr. Naveen Gabrani, the CEO, imparted the knowledge to the students about the Basics of Salesforce & its importance.

The students were briefed about the company and got an opportunity to meet the employees. Students were glad to know different techniques and methods being used in industries. It was an informative, interesting and a successful visit.

Thanks

Mr. Lalit Kumar

(HOD - BCA)

255 PM

_{stree} IT Services Pvt. Ltd. ab: www.astreatt.com N: U72 900 DL2011 PT C 215103 STIN DRAAJCA3001H1Z2

C-52, Sector-65, Nolde-201 301 Contact: +91 98183 48589 ngabrani@astroait.com

To whomsoever it may concern

This is to confirm that a group of BCA students and faculty members from MIT, Meerut participated in the industrial visit to Astrea IT Services on Monday I.e March 7th, 2022.

A total of 17 students escorted by three faculty members visited the company. The students were briefed about the company and got an opportunity to meet the employees. They were provided basic training on Salesforce.

Thank You.

Naveen Gabrani,

CEO

Astrea IT Services

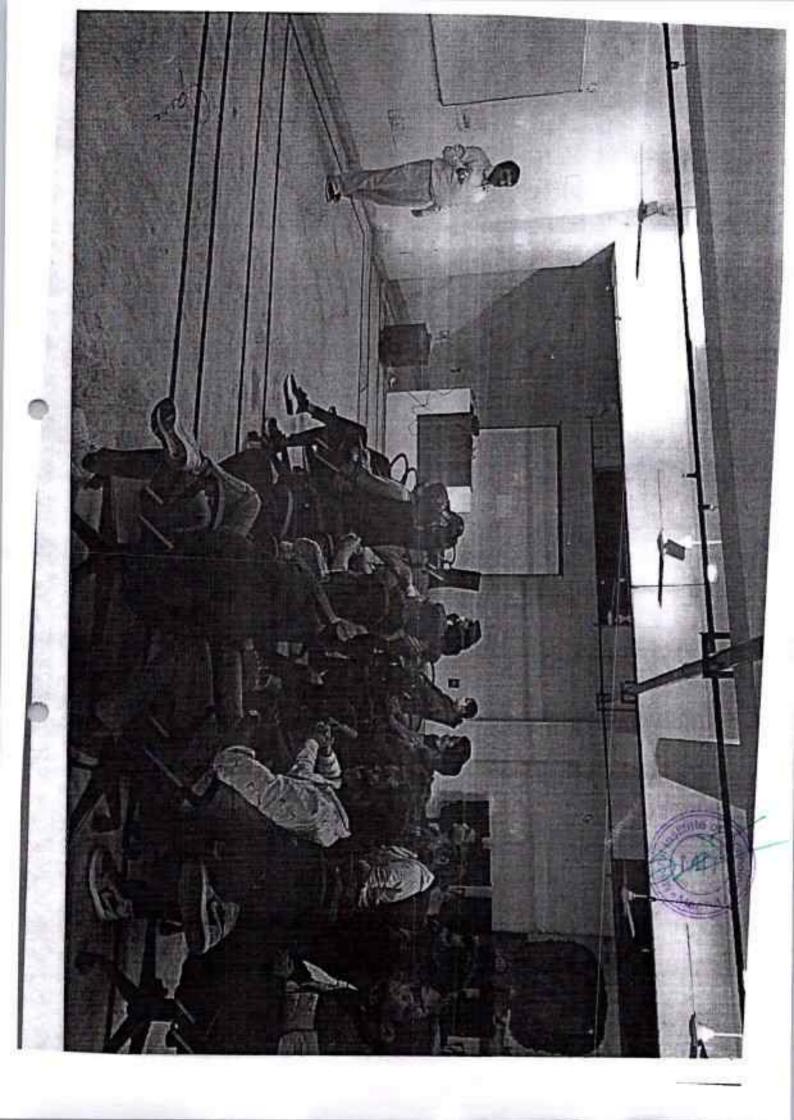
March 7, 2022











MEERUT INSTITUTE OF TECHNOLOGY

Department of BCA

Internship detail

Academic Session: 2021-22 (Batch 2019-22)

Name of Student	Roll No.	Name of Company/Organization with address	Duration (Fro-To)
AAKASH BAISLA	R191110106002	NBIT	10 Aug. 2021 To 11 Oct. 2021
AAKASH BAJSLA	R191110106002	Skill Vertex	05 March 2022 To 05 April 2022
AAKASH BAISLA	R191110106002	Skill Vertex	05 April 2022 To 05 May 2022
DEEPALI ADHIKARI	R191110106033	Sopra Steria	28 March 2022 To 20 May 2022
HARITIKA ANAND	R191110106039	NIIT Foundation	10 March 2022 To 06 May 2022
RISHABH KADAM	R191110106065	Skill Vertex	05 March 2022 To 05 April 2022
VAIBHAV KUMAR	R191110106082	Skill Vertex	5 April 2022 To 05 May 2022
	AAKASH BAISLA AAKASH BAISLA AAKASH BAISLA DEEPALI ADHIKARI HARITIKA ANAND RISHABH KADAM	AAKASH BAISLA R191110106002 AAKASH BAISLA R191110106002 AAKASH BAISLA R191110106002 DEEPALI ADHIKARI R191110106033 HARITIKA ANAND R191110106039 RISHABH KADAM R191110106065	Name of Student Roll No. Company/Organization with address AAKASH BAISLA R191110106002 NBIT AAKASH BAISLA R191110106002 Skill Vertex AAKASH BAISLA R191110106002 Skill Vertex DEEPALI ADHIKARI R191110106033 Sopra Steria HARITIKA ANAND R191110106039 NIIT Foundation RISHABH KADAM R191110106065 Skill Vertex

Mr. Lalit Kumar (HOD-BCA)



10877

Certificate

Eatd. in 2004

Issue Date : 5-NOV-2021

navbharat institute of technology

SOFTWARE AND HARDWARE EDUCATION

ISO CERTIFIED 9001 : 2008

Run under Computer Educational Society, Registered by U.P. Govt. Registration No. 47431-M
Recognized by NiELIT (DOEACC) - An Autonomous Scientific Society under the administrative control of Ministry of Electronics & Information Technology (MoE&IT), Government of India, Registration No. 88000950
Registered by MSME - Ministry of Micro, Small & Medium Enterprises, Govt. of India, UAN: UP56E0013072

The Society of NAV BHARAT INSTITUTE OF TECHNOLOGY

Hereby Confers on

Name:

AAKASH BEASLA

Mother's Name:

ANJU

Father's Name:

KIRAN PAL

Student's Id:

8278

Course:

C++ LANGUAGE

Duration:

2 MONTHS

Track (Normal/Fast):

NORMAL

Course Contents:

AS PER INDUSTRY STANDARDS

in recognition of having proficiency in special studies, exercises and projects prescribed in the

programme (mentioned above) of the institution at MEERUT conducted from

10-AUG-2021

to

11-OCT-2021

Centre Head

H.O.: 13/6C, Noi Sarak, Shastri Nagar, Meerut (M) 9837991954, 9760091954 B.O.: C-57/6, Kunj Vihar, Jagriti Vihar, Meerut (M) 0121-2767699, 9258551962

E-mail: navbharat2005@gmail.com Website: www.nbltmeerut.com



THIS CERTIFICATE IS PROUDLY PRESENTED TO

AAKASH BEASLA

This is to certify that the above mentioned candidate has successfully completed his/her training in Cyber Security from 5th March to 5th April 2022-

During this course he/she showed diligence, consistency, determination, active participation and innovation throughout their training period.



Mayank Gathole (Academic Head)



Student UIN: 2006153





OF INTERNSHIP COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

AAKASH BEASLA

This is to certify that the above mentioned candidate has successfully completed Cyber Security live projects with Skillvertex from

5th April to 5th May 2022

During this internship he/she showed diligence, consistency & determination.

Mayank Gathole (Academic Head)

O P GIVE - A Artiflinte

Certificate ID: - RA1717153

sopra Steria

28th March

199-D Jawaia garg house Saket Mercut -250001

Subject: Offer of Internship

Dear Deenal Adhikan

Congratulations!

With reference to your interview with us, we are pleased to inform you that you have been selected for an internship with Steria (India) Ltd., a part of Sopra Steria Group.

The internship will come into effect on your formal acceptance of the terms of internship and upon completion of prescribed formalities.

Enclosed below are the brief terms of internship. A detailed Terms and Conditions document will be shared at the time of commencement of your internship;

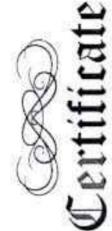
- You will be designated as an intern. The designation may be modified or withdrawn at Company's discretion.
- 2. Duration of the internship is 28th March 2022 to 20th May 2022.
- 3. You will be eligible for a stipend of INR 15,000/- per month for the duration of your internship.
- 4. Your base location and work location is Naida
- The internship will be offered on a full-time basis during normal office hours (9 a.m. 6 p.m.). 5 days a weak
- 6. You will be entitled for 1.5 day leave per completed month of intenship
- 7. The internship period may be extended an mutual consent. Either party is entitled to terminate the internship upon giving not less than 15 days' notice in writing to the other party. However, in the cases of gross misconduct / unsatisfactory or non-performance, the Company reserves the right to terminate your internship immediately without giving any notice.
- 8. It is agreed that you shall not engage in any other remunerative employment, whether an full-time or part-time basis, as the Director/Partner/Employee of any other organization or entity engaged in any form of business activity, without the consent of the Company. The consent may be given subject to any terms and conditions that the Company may deem fit and if may be withdrawn at the discretion of the Company at any time without assigning any reason.



National Skill Development Corporation

ransforming the skill landscape

No. TC132687/B2074425/CAN 16703597 SDMS Enrollment



Certificate No. 22F0714770002293230

Mr. / Ms. HAIRITIKA ANAND

This to Certify that

has successfully completed Program in Global Service Desk on 06-May-2022

New Delhi conducted at

during the period 10-Mar-2022

He / She has been awarded " Very Good

Date Of Issue: 10 Jun 2022

. New Delhi -

Place

o6-May-2022

"grade.

Issued by: NIIT Foundation

An Approved Training Partner of NSDC

Supported by

HR, DXC Technology India DXC Technology Lokendra Sethi

TECHNOLOGY

NIT Foundation Sapra Moudgil Director

Grade: Outstanding: 30-100%, Excellent: 80-89%, Very Good: 70-79%, Good: 60-69%, Satisfactory: 50-59%

NIT Foundation: 8, Balaji Estate, Guru Ravi Das Marg, Kalkaji, New Delhi - 110019, India. Emall ID: contact@niltfoundation.org

OF INTERNSHIP COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

RISHABH KADAM

This is to certify that the above mentioned candidate has successfully completed App Development live projects from Artifintel in association with Skillvertex from 5" March to 5" April 2022

During this internship he/she showed diligence, consistency & determination.



Mayank Gathole (Academic Head) Certificate ID: - RA1716226

OF INTERNSHIP COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

VAIBHAV KUMAR

This is to certify that the above mentioned candidate has successfully completed Cyber Security live projects with Skillvertex from 5th April to 5th May 2022

During this internship he/she showed diligence,consistency & determination.



Mayank Gathole (Academic Head)

SIVE No Artiflute

Certificate ID: - RA1717152

Meerut Institute of Technology (PC) Meerut Department of Agriculture

Notice

Date: 27-08-2022

All the students of B. Sc. Ag. Sem. III, V. VII are hereby informed that, Institute is organizing an academic trip to visit Krishi Vigyan Kendra Shamli & Muzaffarnagar on 30-08-2022, so bus will ply at 9.00 am.

(Dr. Raghuvir Singh)

HOD Agriculture

C.C. To

- 1. Notice board
- 2. Principal for Information
- 3. Parents for Information.

Report on: Educational Visit to KVK Shamli and Baghra, Muzaffarnagar

Depatment of Agriculture, MIT Meerut organized an educational one day trip to KVKs of Shamli & Muzaffarnagar on 30/8/22. Students of BS.c Agriculture (II, III& IV year) accompanied by faculty members Dr. Rishipal, Dr. J.P Kanaujia & Mr. Ajay yadav.

Student visited the natural farming unit of Krishi Vigyan Kendra, Shamli on 30/8/22 to get the information of natural farming. Students visited the crop cafeteria where Dr. Vikas Kumar Scientist, KVK Shamli provided students the information on sugarcane varieties and their sowing methods. His Objective was to disseminate Information on different sugarcane varieties and their sowing methods. He also made aware students about crop residue management.

On same day i.e. 30/8/22 students of MIT further accompanied with faculty members to Krishi Vigyan Kendra, Baghra, Distt. Muzaffarnagar with an objective to provide knowledge about agricultural practices. Dr. A.K. Kaiyar was incharge of this KVK. He made students and Faculty aware about the role of organic farming in control of plant diseases. He further added that organic farming is the only recourse for farmers, to save both livelihood and the health of the soil. He aware students by touching key-issues of non-sustainability of agriculture in Uttar Pradesh. He was of the view that agriculture is sustainable if it possesses the essential features of farming i.e., ecologically sound, economically viable, socially just, humane and adaptable.

Students got information on nutritional importance of different kinds of mushrooms along with cultivation technique of Oyster mushroom, Dudhiya Mushroom & Button Mushroom.

Students were happy by having information of all scientific technology adopted by farmers and new launched concepts for better agricultural practices.





Students Visit to Crop Cafeteria





8 Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissar mela & List of Students Enclosed.	The state of the s
B Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissar mela & List of Students Enclosed.	
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B.Sc. Agriculture	NCONF Ghazlabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	The second of th
B.Sc. Agricultur	Visit to Krishi Vigyan Kendra Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed	Aastha
I.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Abhinav Shubham
.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Ajay Gupta
	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed	Akansha Singh
000 - 27m/ - 20	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Amar Ranjan

	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnaga	Photo, Report of kissa	
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli &	Enclosed. Photo, Report of kissar	Anamika Sahu
B.Sc. Agriculture	Baghra Muzaffarnagar 30/08/2022	mela & List of Students Enclosed.	Anas Saifi
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan	
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan meia & List of Students Enclosed.	
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffamagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Ayush Raj
s Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamii & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Chandan Kumar
.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed,	Imran Aziz
.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Kapil Soam
SS 300 10	Baghra Muzaffarnagar	Photo, Report of kissan mela & List of Students Enclosed	Minanjhul Haque



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B.Sc Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Omi Kumari
8.5c. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Prince Raj
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Rakhee Kumari
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed	Shivangi
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Sonali Kumari
3.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Sourabh Jadon
Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Vishesh Chaudhary
I.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	ASHU CHAUDHARY

B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	JASVINDER
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	KASHISH CHAUDHARY
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	KHUSHI SHARMA
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	PARKHI CHANDRA
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	PRACHI TOMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	PRIYA CHAUDHARY
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	PRIYANSHU SINGH
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	SAKSHI CHAUHAN
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	SAURABH PANWAR

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B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	VINEET KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed	Abhay Kumar
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Abhishek Chaudhary
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Abhishek Sangwan
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Aditya Bhadana
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Ajeet Singh
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Aman Kumar
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Aman Panwar
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan meia & List of Students Enclosed.	Anurag Sharma

	And a process		Arif
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan	0 P
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan	
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Deepak Kumar
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Deepanshu
3 Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed	Devesh Singh
3.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed	Divyanshu Chauhan
Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Gunjan Yadav
Sc Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Harsh Chaudhary
Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Harsh Kansal



8.Sc Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan	[branul Haque
8 Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan	Jitesh Kumar Gupta
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Khushi Sasaniya
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Mansi
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Naitik Saharawat
3.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Rajan Kumar
3.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Ritik Choudhary
.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 36/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Sanjeev Kumar
.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	Sanyam Jain

Meerut Institute of Technology (PC) Meerut

To Date: 23-8-2022

The Director National Centre for Organic and Natural Farming, Ghaziabad, U. P.

Subject: Visit of NCONF, Ghaziabad

Dear Sir.

Students of B. Sc. Ag. I year are commuting to NCONF, Ghaziabad for academic trip.

On Dated 25-08-2022, It is therefore, requested kindly to allow them for visit. The total students will be about 65 along with faculty.

You're sincerely

(Dr. Himanshu Sharma)
Princip Principal
Meerut Institute of Technology
(Professional Courses)

Meerut Institute of Technology (PC) Meerut

To Date: 23-8-2022

The Managing Director KRBL Ghaziabad U. P.

Subject: Visit of KRBL Ghaziabad

Dear Sir,

Students of B. Sc. Ag. I year are commuting to KRBL Unit Ghaziabad for academic trip.

On Dated 25-08-2022, It is therefore, requested kindly to allow them for visit. The total students will be about 65 along with faculty.

You're sincerely

(Dr. Himanshu Sharma)
Principal Principal
Meerut Institute of Tachnology

(Professional Courses)

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Report on: Educational Trip to NCOF & KRBL, Ghaziabad

This report is on the visit to The National Centre for Organic and Natural Farming, Ghaziabad by students of B.Sc Agriculture 1st year, MIT College, Meerut. The study trip was on 25th, August 2022. The entire class consisting of 50 students accompanied by the Faculty members Dr. Rajendra Singh, Senior Scientist & Professor, Mr. Sumit Kumar & Mr. Ajay Yadav of MIT Meerut. It was an interesting experience to us having studied the theory of agriculture and then to experience it in the field directly.

As we all know that learning also takes place beyond the structured class rooms without any barrier. It was this purpose Department of agriculture organized a short programe for the students. The journey started at 9:30 a.m in the morning and reached-the spot approx, around 10:45 am.

Dr. Chandra Shekhar, (Scientist at NCONF), began to talked about Organic Farming & Natural farming system in agriculture. He made students aware about the merit and demerits of Traditional & Morden Agricultural System.

He interacted with students and told that traditional farming is a primitive way of farming that involves the use of labour-intensive, traditional knowledge, tools, natural resources, organic fertilizer, and less production. In contrast, modern agricultural practices emphasize more on production, capital gain, input intensity in terms of harmful insecticides, pesticides and use of excessive irrigation which are having far reaching impacts on different ecosystem.

He shared the benefits of organic farming with the students. He stated that there is no environment pollution with organic farming and farmers can get high prices from their organic products in the market. He stated that by adopting natural techniques for nutrient management by using animal a& plant waste, pest and disease control, farmers can to reduce cost of cultivation.

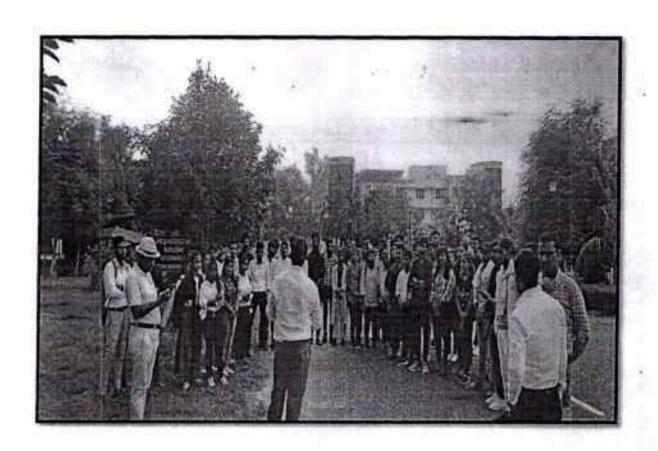
Students also visited A Farmer- NGO in Ghaziabad where Dr. Jagpal (Secretary) of Farmer's - NGO interacted with students and faculty about the importance of animal waste, natural resources and by products in organic farming. He said that these are the important component of organic farming. He also stated that the key solution of the problems/challenges facing by farmers lie in the better utilization of waste of animals and plants.

He made students aware about the role of NGOS in environment making and also told them how NGOs help farmers in different ways.

The greatest takeaway that students gained from the trip was not only a lesson on Agriculture but also the informative talk had instilled in them some practical solutions while dealing with agricultural farming without the usage of chemical fertilizers and insecticides etc.









B.Sc. Agricultu	Educational Trip to NCONF& KRBL Ghaziabad 25/08/2022		
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B.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed	ABHISHEK KUMAR
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B.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	ADARSH KUMAR
8.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	ADITYA DHANRAJ
B Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	ADITYA KUMAR
B.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	ADITYA RAJ
3.5c Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	AGNI KUMAR
	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	AJAY SHARMA
	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	AMISHA SINGH
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B.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan meia & List of Students Enclosed.	DEVANSH MANAV
B.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	HARVEENA KUMARI
B.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	JITENDRA KUMAR
B.5c. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	KAMLESH KUMAR
B.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	ENGAS PEGI-	KARAN KUMAR
3.5c. Agriculture	NCONF Ghazlabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	KASHISH JHA
3.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	KHAGESH NANWARI
Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	KOMAL KUMARI
3.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan meia & List of Students Enclosed.	MANISH KUMAR SHARMA

Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	IGCHA KUMARI
Sc. Agriculture	NCONF Ghaziabad 25/08/2022	mela & List of Students Enclosed.	RAVI KUMAR
Sc. Agriculture	NCONF Ghaziabad 25/08/2022	mela & List of Students Enclosed.	RANDHIR KUMAR URANW
I.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	RAKESH KUMAR
3.Sc Agriculture	NCONF Ghaziabad 25/08/2022	mela & List of Students Enclosed	RAIS UDDIN
3.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	RAHUL KUMAR
3.Sc. Agriculture	NCONF Ghaziabad 25/08/2022		PRIYANSHU KUMAR RAJ •
3.Sc. Agriculture	NCONF Ghaziabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	PINTU KUMAR
8 Sc. Agriculture	NCONF Ghazlabad 25/08/2022	Photo, Report of kissan mela & List of Students Enclosed.	
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Meerut Institute of Technology (PC), Meerut

Department of Agriculture

Notice

Date: 24-05-2022

All the students of B. Sc. Ag. Sem. I are hereby informed that, institute is organizing a trip to visit Krishi Vigyan Kendra Hastinapur on 28-05-2022, so bus will ply at 9.30 am.

(Dr. Raghuvif Singh)

(HOD Agriculture)

C. C. To

1. Notice board

Principal



Report on "Visit to KVK Hastinapur"

An Educational Trip of Hastinapur, Meerut was organised by the Department of Agriculture (MIT) on 28/5/22. 56 Students of B.Sc. Agriculture Ist year along with faculty members Dr Raghuvir Singh, Mr. Sumit Kumar, Dr Hema Negi and Mr. Ajay Yadav departed from MIT College at 9:30 am by college bus and reached at K.V.K, Hastinapur on 28/5/22 at 11:00 O clock.

The Krishi Vigyan Kendra – is situated in District Meerut at Hastinapur. The KVK has well maintained administrative building, functional soil and water testing laboratory, Bio-agent production unit, vermi-compost unit, home science lab. Students visited the following departments in KVK:

Dr. Rakesh kumar Sharma (SMS) took students to soil testing lab and brief students about the process of soil testing procedures. After that students visited the Home Science department where Dr. Beena Yadav made them aware about the extension activities which have been benefiting the farmers and women of villages.

Later students departed for Hastinapur by 12:30 noon. Although known to be a pilgrimage town, Hastinapur is a perfect combination of scenic beauty, mountains, temples, wildlife parks and fun activities. The students were educated about the historical and mythological significance of Hastinapura during the visit by Dr. Raghuvir Singh. Faculty & Students appreciated the architecture of these temples.

At last at 3:00 pm students departed from Hastinapur, to Meerut Institute of Technology.









1.3.3 Number of students undertaking project work/field work/ internships

Programme name	Program Code	List of students undertaking project work/field work/internship	Link to the relevant document
B.Sc. Agriculture	Vigyan Kendra Hastinapur (SVPUA&T, Meerut)	Photo, Report of kissan mela & List of Students Enclosed.	Name of Students
B Sc Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	AASHISH RAJ
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ABHIMANYU KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ABHISHEK KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ABHISHEK KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan meia & List of Students Enclosed.	ABHISHEK KUMAR VERMA
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ADARSH KUMAR
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ADITYA DHANRAJ
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	ADITYA KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ADITYA RAJ
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	AGNI KUMAR *
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	AJAY SHARMA
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan meia & List of Students Enclosed	AMISHA SINGH

B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ANIKET KUMAR PRASAD
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	ANKIT ANAND.
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ANKIT KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ANSHU KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ARUN
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	ASHISH KUMAR
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	ASLAM -
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	AYUSH KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	BIPIN KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	DEVANSH MANAV
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Month of Marine	HARVEENA KUMARI
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	West Alexander Programmer	JITENDRA KUMAR
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	KAMLESH KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan meia & List of Students Enclosed.	KARAN KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	KASHISH JHA
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	KHAGESH NANWARI

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Sc Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	PRIYANSHU KUMAR RAJ
Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	RAHUL KUMAR
Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	RAIS UDDIN
Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	RAKESH-KUMAR
Sc. Agriculture	Kendra, Hastinapur	Photo, Report of kissan mela & List of Students Enclosed	RANDHIR KUMAR URANW

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B Sc. Agriculture	Kendra, Hastinapur 28/05/2022 Visit to Krishi Vigyan Kendra, Hastinapur	mela & List of Students Enclosed. Photo, Report of kissan mela & List of Students	RUCHI KUMARI
B.Sc. Agriculture B.Sc. Agriculture	28/05/2022 Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SAHIL KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SANJANA KUMARI
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SATYAM KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SAURABH
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan meia & List of Students Enclosed.	SAURAV
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SHALINI KUMARI
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	
3.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SHILPI SINGH
3 Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SHIVANI BHARTI
3.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	SHRUTI KUMARI
3 Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	SHUDHANSHU KUMAR
	Visit to Krishi Vigyan Kendra, Hastinapur	Photo, Report of kissen mela & List of Students	SHWETA

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B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	SUHANI KUMARI
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SUJIT KUMAR
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	SUMAN KUMARI
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SUMIT KUMAR
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B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SUPRIYA KUMARI
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	SWEETY KUMARI
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed	TANYA PRIYESHI
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	TEJASWANI BHARDWAJ
B Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	UJJAWAL ADHANA
B.Sc Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	VANDANA KUMARI
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	VANDANA KUMARI
B.Sc. Agriculture	Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022	Photo, Report of kissan mela & List of Students Enclosed.	VIVEK KUMAR

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