

Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Kunal Narsing, Roll No. 191110105034
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled "A Study of Training and Development
of Human Resource in Dabur"

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.

Jayshg

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Saloni Nalwa, Roll No. 191110105054 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled To Analyse the Marketing Strategies of Amazon with reference to online Shopping

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.

Tanya Sharma

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Aryan Chaudhary Roll No. 191110105017
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Marketing 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, Meerut, under my supervision during the session 2021-2022.


Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Shagun Tyagi, Roll No. 191110105058
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled "Impact of Brand Image
on customer loyalty".

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.

*Prof. Shovan
Chakrabarti*
Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr./Ms. Shaily Sharma Roll No. 19111010
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled "Impact of a governance in
India Case of Gujarat."

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Gauransh Rastogi, Roll No. 191110105023
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 Gujrat

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.

alok sharma Naello
Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that ~~Mr.~~ / Ms. Kity Sinha, Roll No. 191110105033
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled A Comparative on customer
satisfaction towards jio and Airtel
network Referee to Patna city.

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. VANSH VERMA, Roll No. 191110105075
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled To study the impact of training
and development process on employees of
infosys

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that ~~Mr.~~ / Ms. Anjali Jain, Roll No. 19111010_5012 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled Consumer Satisfaction towards Reliance Product And Services (Jio).

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

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

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.

Varsha

Project Coordinator




Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Aman Dubey, Roll No. 191110105007
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Comparative Study on the
recruitment and selection policies of
Indigo airline vs Air 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.


Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Anchal, Roll No. 19111010~~02~~5008
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled A study to analyse the real
financial position of yes Bank 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.


Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. PRINCE, Roll No. 191110105048
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled 'Does Print Media Influence
Buying Behaviour'

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.

Tanya Sharna
Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Aditya Rastogi, Roll No. 191110105005
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled A study of customer satisfaction
for Matwada Bahera

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.

Jaushg

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

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 form 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.


Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Abhishek Chaudhary, Roll No. 19111010802
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Recruitment & Selection & Employee
work life balance at word sword creation
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.

Kanya Shrivastava
Project Coordinator
Not Shown



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Abhishek Choudhary, Roll No. 191110105003
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled "How does advertising affect
consumer behaviour?"

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.

Kot Shown
Varehg
Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Shazia Saifi, Roll No. 191110105061
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 Bajaj Allianz Ltd, Meerut.

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Vinayak Arora, Roll No. 191110105078
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Marketing Strategy of the Titan
watches.

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.

Tanya Sharma
Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Shantanu Chaudhary, Roll No. 19111010 5060
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Study of Marketing Strategy of
Nestle Maggi

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Taru Chaudhary, Roll No. 19111010 5069
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Marketing Strategies of
Apple

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Nishal Yadav, Roll No. 19111010 5079
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled "Impact of 4G mobile technology on
Daily life"

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Arpan 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 SERVICE 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.


Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Bryson 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.


Project Coordinator




Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Deepanshi Dhaka, Roll No. 191110105020
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled An Analytical Study of
Demonetization in 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.


Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Sakshi Bansal, Roll No. 191110105053
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled HOW CAN MARKETING STRATEGIES DIFFER
ACROSS DIFFERENT CULTURE

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




Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Sadhavi, Roll No. 19111010 5052
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled "Consumer Preference
Towards Honda Motor Bikes"

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Tamisha verma . Roll No. 1911101068
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled UNIQUE WAYS TO KEEP
EMPLOYEES DURING THE PANDEMIC

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.

Vansha

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that ~~Mr.~~ Ms. NAMAN GUPTA, Roll No. 191110105039
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled "A Study on Ratio Analysis with reference
to FMCG SECTOR (Kansai Nerolac Paints 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.


Project Coordinator




Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. NIKESH, Roll No. 191110105042
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled MERGER AND ACQUISITION IN INDIAN
BANKING SYSTEM

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Priyanshu Gang, Roll No. 191110105046
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled 'A study of customer Satisfaction
in Mauriti Shukri

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



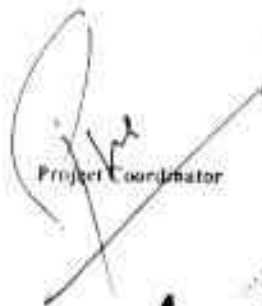
Department of Business Administration

Date: 05/05/2022

CERTIFICATE

This is to certify that Mr. / Ms. Nandini Gupta, Roll No. 19111010 5040
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled MANIPULATION TACTICS TO BRANDS
USE TO GET MORE CUSTOMERS.

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. DEESHU, Roll No. 191110105021 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled IMPACT OF BRAND IMAGE ON CUSTOMER LOYALTY AT NESTLE

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.

Jayshg
Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Nishant Gulia, Roll No. 1911101055044 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled comparative Analysis of Home loan of various bank with Special reference to ICICI 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.

Project Coordinator ,



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Tanya, Roll No. 191110105070
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Consumer Preference Towards Honda
motorbikes.

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.

Tanya Sharma

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Priyanshu Sharma, Roll No. 1911101005049
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Customer Buying Behaviour
Towards Insurance Policies

has been prepared by him/her in lieu of partial fulfilment 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.

Change is not incorporated
Ready
Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Vedant Atray, Roll No. 191110105077
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled "Online Trading in 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.

Anga Sharma
Project Coordinator

Not Shown



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Anshika Sharma, 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 FINANCIAL ADVISOR TOWARDS THE SERVICES PROVIDED BY BIRLASONLIFE INSURANCE CO. LTD REFERRE TO MUTUAL FUND"

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Anshiko Sharma, 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 FINANCIAL ADVISOR TOWARDS THE SERVICES PROVIDED BY BIRLA SUN LIFE INSURANCE CO. LTD REFERRE TO MUTUAL FUND"

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



MEERUT
INSTITUTE OF
TECHNOLOGY

MEERUT INSTITUTE OF TECHNOLOGY (Professional Courses)

(Affiliated to Ch. Charan Singh University, Meerut)

College Code : 1110

Accredited by NAAC : Grade 'A'

Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Ayush Teotra, Roll No. 19110105019
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Maximful Effect of Advertising on
KfDs

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.

Tanya Sharma

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Yatin Madan, Roll No. 19111010D5082
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled "A STUDY OF CUSTOMER SATISFACTION
IN MARUTI SUZUKI"

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Sunny Dhaka, Roll No. 19111010 566
has been a bonafide student 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 my supervision during the session 2021-2022.


Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Tanya Ahlawat, Roll No. 1911101071 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled TO ANALYSE THE MARKETING STRATEGIES OF AMAZON WITH REFERENCE TO ONLINE SHOPPING

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Rishabh Sharma, Roll No. 191110105050
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Digital Marketing for E-commerce
companies

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.

Tanya Sharma
Project Coordinator



MEERUT
INSTITUTE OF
TECHNOLOGY

MEERUT INSTITUTE OF TECHNOLOGY (Professional Courses)

(Affiliated to Ch. Charan Singh University, Meerut)

College Code : 1110

Accredited by NAAC : Grade 'A'

Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

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

Tanya Sharma
Not shown

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Anchal Singh, Roll No: 19111010 5009
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled A Study of Customer Satisfaction
At Bharat Airtel limited.

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.

Tanya Sharma
Natshawn
Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Dev Kaushik, Roll No. 191110105022 has been a bonafide student of BBA VI semester during session 2021-22. The enclosed Research Project Titled "Impact of Banking Services 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.

Radhe
Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Keshav Agarwal, Roll No. 191110105030
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Online Banking - challenges and
opportunities

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.

Jarha

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Isha Singh, Roll No. 191110105027
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Recruitment & Selection
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.

Javsha

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Dushant Sharma, Roll No. 19111010 5067
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled "Does collaboration of Indian universities
with foreign universities really helps in upliftment
of Indian educational sector"

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.

Not shown
Clashes

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Vaish Bhatti, Roll No: 19111010 5074
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled A Study on Digital Marketing
and its Implementation with
Special reference to "MAMA EARTH"

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.

Vaish

Project Coordinator



IT
UTE OF
OLOGY

MEERUT INSTITUTE OF TECHNOLOGY (Professional Courses)

(Affiliated to Ch. Charan Singh University, Meerut)

College Code : 1110

Accredited by NAAC : Grade 'A'


Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Shubhanshu K. P. Roll No. 19111010 5065
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Impact of FDI & FII on
Indian Stock Market.

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



Department of Business Administration

Dated: 05/07/2022

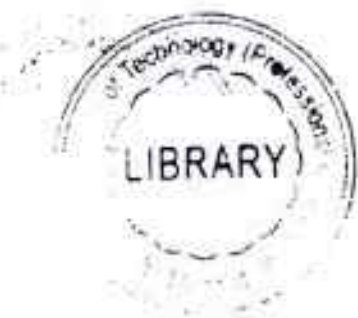
CERTIFICATE

This is to certify that Mr. / Ms. Aniket Chaudhary Roll 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 Workplace

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.

Deepsha

Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Hemant Kumar, Roll No. 19111010-5025
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Consumer Behaviour towards
"Amul Milk"

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Shivam Poonia, Roll No. 191110105062
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled The impact of E-learning
on academic 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.


Project Coordinator



Department of Business Administration

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 during session 2021-22. The enclosed
Research Project Titled Employee satisfaction
regarding recruitment process at
Reliance Jio infocomm Ltd, Gurugram, (HR).

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Anjali Goel, Roll No. 19111010 SP11
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Comparative Study of Different
type of Schemes in Mutual Fund

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.

Changes is not incorporated.
Madhur
Project Coordinator



Department of Business Administration

Dated: 05/07/2022.

CERTIFICATE

This is to certify that Mr. / Ms. Ujjwal Chauthary Roll No. 191110105072
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Impact of Social media
on Consumer Behaviour

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.

Davsha
Project Coordinator



[Handwritten signature]

Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Shree Ram Kumar, Roll No. 191110105069
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled A study of venture capital
financing in 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.

Changes has not incorporated
Madhu
Project Coordinator



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.

Madhu
Project Coordinator



[Handwritten Signature]

MEERUT
INSTITUTE OF
TECHNOLOGY

MEERUT INSTITUTE OF TECHNOLOGY (Professional Courses)

(Affiliated to Ch. Charan Singh University, Meerut)

College Code : 1110

Accredited by NAAC : Grade 'A'

Department of Business Administration

Dated: 05/07/2022

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 organisation.

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Gunjan Chaudhary 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.


Project Coordinator



MEERUT
INSTITUTE OF
TECHNOLOGY

MEERUT INSTITUTE OF TECHNOLOGY (Professional Courses)

(Affiliated to Ch. Charan Singh University, Meerut)

College Code : 1110

Accredited by NAAC : Grade 'A'

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 Marketing Strategies of Airtel

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



UT

MEERUT INSTITUTE OF TECHNOLOGY (Professional Courses)

ITUTE OF

(Affiliated to Ch. Charan Singh University, Meerut)

NOLOGY

College Code : 1110

Accredited by NAAC : Grade 'A'


Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. MD SAHIL ANSARI, 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 in Economic Growth 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.


Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Pankaj Kumar Chauhan Roll No. 191110105045
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled A Study on Inventory Management
AT Asian Paints

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.

N. Adhikari
Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. SANDEEP MAHTO, 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 EMERGING ECONOMIES - 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.


Project Coordinator



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Sayeedur 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 finance in developing economies.

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Naved-malik, Roll No. 191110105041
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Marketing strategy
of flipkart.

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



Department of Business Administration

Dated: 05/07/2022

CERTIFICATE

This is to certify that Mr. / Ms. Keifika Chauhan, Roll No. 19111010 5032
has been a bonafide student of BBA VI semester during session 2021-22. The enclosed
Research Project Titled Mergers and Acquisition in
Indian Banking Sector

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



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 SATISFACTORY I WISH GOOD & SUCESS FUTURE.

Authorized Signature





TOMAR HOSPITAL

C-61/5, JAGRITI VIHAR, MEERUT

R_x


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, Jagriti Vihar,
Meerut



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

24 घण्टे इमरजेन्सी व एम्बुलेंस सेवार्यें उपलब्ध

कार्यालय- प्रमुख अधीक्षक, संव०भा०प०चिकित्सालय, मेरठ।

प्रमाणित किया जाता है कि ANSHU ANAND पुत्र/पुत्री श्री Arun Kumar Agrawal
निवासी 381/ Jaganmatti Pura Meerut जिला Meerut से है जो
कि Dept. of Pharmacy Meerut Institute of Technology
रोल न० 171034550005 में बी० फार्मा तृतीय वर्ष का छात्र है। इन्होंने सरदार वल्लभ भाई पटेल
चिकित्सालय, मेरठ से 45 दिन का व्यावहारिक प्रशिक्षण डी० फार्मा की भांति दिनांक: 03/11/21 से
दिनांक: 20/12/21 तक सफलता पूर्वक प्राप्त कर लिया है। हम इनके उज्ज्वल भविष्य की कामना करते
हैं।

दिनेश/चन्द
प्रभारी अधिकारी फार्मसी
संव०भा०प०चिकित्सालय मेरठ।

दिनांक: 20/12/21
संव०भा०प०चिकित्सालय
मेरठ


एम०के०शुक्ला
चीफ फार्मसिस्ट
संव०भा०प०चिकित्सालय मेरठ।

दिनांक: 20/12/21
संव०भा०प०चिकित्सालय मेरठ।

चिकित्सा अधीक्षक
संव०भा०प०चिकित्सालय मेरठ।

Medical Superintendent
S. V. P. Hospital
Meerut.



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
Shreya Medicare Pvt. Ltd.
N.H. 58, Near Toll Plaza,
Rookh Road, Meerut (U.P.)

Malay Sharma

Aryavart Hospital

Meerut, Uttar Pradesh

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



Reg. No. RMEE2121899

Mob. : 9012127297

NEO MAX NURSING HOME



Plot No. 10, Sector 10, Meerut Road, Muzaffarnagar U.P.

विशेष विज्ञान : मेडिसिन

रक्त रोग, डींग, एड्स, एच.आई.वी., मूत्र, आन्तरिक रोग, हृदय रोग, नैसर्गिक रोग, माईग्रेड, सर्प रोग, श्वेत रोग, जोंकों का दर्द आदि

Name Age/Sex Add Date 1

2

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 Bhutan
Time : 10.30 AM to 2.30 PM

C/o

Rx

Date-05-12-2021

TO WHOM SO EVER IT MAY CONCERN

O/E

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.Pharm 3rd year in Department of pharmacy Meerut institute of technology (I.T.) Koli No. 1910340500007 year 2019-23

Pulse

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

B.P.

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.

Temp

Satisfactory work done by him.

Spo2

3 Sug.

पुरुष : शयन 4 बजे से
स्त्री : शयन 3 बजे तक

NEO MAX NURSING HOME
Reg.No. RMEE2121899
Muzaffarnagar



इस पत्र पर 7 दिनों में एक बार और दिखाना होगा।

सुविधाएँ : नती की सुविधा, शूगर की जाँच, ECG, पैट से पानी निकालना, एंटीसेप्टिक, स्नान चढ़ाना आदि

नोट : किसी भी तरह का खाने-पीने का सामान 18 वर्ष से कम उम्र के बच्चों को देना नहीं है।

Regd. No. RMEE2121899

Mob. : 9012127297



NEO MAX NURSING HOME

Mina N. Home, Meerut Road, Muzaffarnagar, U.P.

विशेष चिकित्सा विज्ञानियायनः

पेट रोग, हृत्प, टाईफाइड, शूगर, कर्णिक तनाव, उदय रोग, केशके से रोग, घाईराइड, चर्म रोग, ब्लड प्रेशर, जेडों का दर्द आदि

Name Age/Sex Add Date 1
2

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 Bhulan
Time : 10.30 AM to 2.30 PM

C/o

Rx

Date-30-11-2021

TO WHOM SO EVER IT MAY CONCERN

O/E

Pulse

B.P.

mp.

Spo2

B. Sug

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.

Handwritten signature

NEO MAX NURSING HOME
Reg.No.RMEE2121899
Muzaffarnagar



समय : शाम 4 बजे से
शाम 7 बजे तक

नोट : इस पत्र पर 7 दिन में एक बार और दिवा सकते है

सुविधायें : मर्ती की सुविधा, शूगर की जाँच, ECG, पेट से पानी निकालना, प्लेटलेट्स, ब्लड चढ़ाना आदि

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



SARVODAYA HOSPITAL & INSTITUTE MEDICAL SCIENCE

Run by : Tatiri Sarvodaya Shiksha Prasar Samiti

Date:15/12/2021

Facilities:

- O.P.D.
- I.P.D.
- General Medicine
- General Surgery
- Orthopadics Surgery
- Gynaecology
- Pediatrics
- E.N.T.
- Dental
- Ophthalmology
- 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)



आदर्श हॉस्पिटल



डॉ राज भूषण चौधरी

Dr. Raj Bhusan Choudhary

M.B.B.S. M.D. (D.M.D.P.)

F.R.S.M. (F.R.C. General)

Life Member of Indian Medical Association

Regd. No. 3146

DELHI

Mobile: 9111991894000

प्रमुख चिकित्सक
 एड-०, आदर्श हॉस्पिटल,
 प्लॉ. ६३००-३६७९
 www.adarshhospital.com
एडमिशन बस्य
 १ दिने अथ कुत्रचित् स्थाने

डॉ श्रीमती कंचन माला

Dr. (Mrs.) Kanchan Mala

M.B.B.S. M.D. (D.M.D.P.)

F.R.S.M. (F.R.C. General)

Life Member of Indian Medical Association

Life Member of FOGSI

Senior Endoscopic Training M.D. Hyderabad

Regd. No. 38091

स्त्री एवं प्रसूति रोग विशेषज्ञ

| Day | Ap | Pr | St | Out |
|-----|----|-----|-----|-----|
| Op | NI | U | OP | OPD |
| Mon | | OPD | OPD | OPD |
| Tue | | OPD | OPD | OPD |
| Wed | | OPD | OPD | OPD |
| Thu | | OPD | OPD | OPD |
| Fri | | OPD | OPD | OPD |
| Sat | | OPD | OPD | OPD |
| Sun | | OPD | OPD | OPD |

Internship Completion Certificate

This is to certify that Mr. Chandan Kumar student of B. Pharm 3rd year at DPMCT (U.P) Roll no 181P/2019-2021 year-2019-21

His Internship training started on 15 September 2021 to completed on 31 October 2021

During his internship, he has performed all the duties of a pharmacist, study of various dispensing units, prescriptions and dispensing. Simple diagnostic reports etc.

Satisfactory works done by him.

(Signature)
 19/11/21

आदर्श रोगी को परिवार का ईलाज डिस्ट्रिब्यूट स्ट पर उपलब्ध है।





Apoorv Medical Centre

Regd. No. 192-CMO Meerut

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.

Blessy
15/11/21
Authorised Signature
Apoorv Medical Centre
L-65, Shastri Nagar, Meerut
Reg. No. 192 (CMO) MRT



Apoorv Medical Centre

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 सुविधाएँ

- 60 बेडों का हॉस्पिटल
- सन्दूको एयर कन्डिशनर
- ए.टी.सी.सुविधावाली आ पी.डी
- टी.टी.सी.सुविधावाली कमरा
- प्राइवेट व सेमीप्राइवेट क्लब एर
- अस्पताल बॉर्ड: ड.एच.एस. फार्मसी
- आर्थोपेडिकी-पेलागियन, डी.सी.जी
- आई.सी.सी.यू., इन्टेन्सिवीयोरिणी
- न्यूरोलॉजी-ई.ई.जी., एन.सी.सी.
- ग्लूकोलॉजी, दिमाग व रीढ़ की हड्डी का
- ऑपरेशन, नाइवो व एण्डोस्कोपिक सर्जरी
- एडजुवन्ट-आर्टो एनालजिकर, ब्लडगैरोल
- एच.एच.टी. वी.एस.एन.टी
- ए.ए.एस. ए.एम. मैनेजमेंट-किटीकल क्वेश
- अलार्गिक आई.सी.यू.
- आर्टिफिशियल गर्भा: कठिन व सूखा
- डायलिसिस एर इन्टो के सभी ऑपरेशन
- न्यूरोलॉजी-आर.आई.आर.ए.ए. (सेक्टर)
- सिविलियरी
- नेफ्रोलॉजी-डायलिसिस व
- हृदय के सभी ऑपरेशन
- पीडियाट्रिस-सर्जरी व पी.आई.सी.यू.
- पीडियाट्रिस सर्जरी, गैस्ट्रोएन्टरोलॉज
- एण्डोस्कोपी, गैस्ट्रोस्कोपिक सर्जरी
- आ-कोलॉजी-कैंसर की सभी सर्जरी
- व डेन्टोडियाली
- ई.एन.टी. सर्जरी-नाइवो व
- एण्डोस्कोपिक सर्जरी
- गार्डोपेडियाली-गार्डन डिस्कोरी
- सेन्टोपेडिक व जॉइन्ट सर्जरी
- आर्टो-व सर्जरी-पार्थोरेक सर्जरी
- एन्डोस्कोपी-पेट व इन्टेस्टाइन
- एन्डोस्कोपी व गैस्ट्रोएन्टरोलॉज सर्जरी
- ग्लूकोलॉजी
- एन.टी.सी. पीट के सभी का सफल
- इन्टो, एन्डोस्कोपी व पार्थोरेक

Name: Darish Saifi Age/Sex: Date: 26/10/21

Internship Completion Certificate

This is to certify that Mr. Darish Saifi student of B.Pharm 3rd year at DPMIT (OP) Roll-No. 1910340500013 years: 19-23.

His internship started on 11th Sept 2021 to completed on 26th Oct 2021 Date of issue 26th October - 2021

Clinical works: Firstaid (wound dressing, artificial respiration etc.) Different route of injection, study of patient observation and prescription and dispensing simple drugs, asepsis etc.

Satisfactory work done by him.

CARE HOSPITAL
 Kidwai Nagar, Near Petrol Pump
 Hapur Road, Meerut
 Regn. No. - RMEE2118406

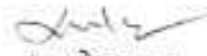
(Signature)
 26/10/21




कार्यालय- प्रमुख अधीक्षक, संव०भा०प०चिकित्सालय, मेरठ।

प्रमाणित किया जाता है, कि Deepanshi Mishra पुत्र/पुत्री श्री Pawan Mehra
निवासी 304 Swami Bani Buthans Gola जिला Meerut से है जो
के Dept of Pharmacy Meerut Institute of Technology
रोल न० 1410340500014 में बी० फार्मा तृतीय वर्ष का छात्र है। इन्होंने सरदार वल्लभ भाई पटेल
चिकित्सालय, मेरठ से 45 दिन का व्यावहारिक प्रशिक्षण डी० फार्मा की भांति दिनांक:- 03/11/21 से
दिनांक:- 20/12/21 तक सफलता पूर्वक प्राप्त कर लिया है। हम इनके उज्ज्वल भविष्य की कामना करते
हैं।

दिनेश चन्द
प्रभारी अधिकारी फार्मसी
संव०भा०प०चिकित्सालय मेरठ।
प्रभारी अधिकारी फार्मसी
संव०भा०प०चिकित्सालय
मेरठ


एम०के०शुक्ला
चीफ फार्मसिस्ट
संव०भा०प०चिकित्सालय मेरठ।
S.V.B.P. Hospital, Meerut
Chief Pharmacist


चिकित्सा अधीक्षक
संव०भा०प०चिकित्सालय मेरठ।
Medical Superintendent
S.V.B.P. Hospital





लक्ष्य हैल्थ केयर सेंटर

निकट कैनरा बैंक, सरधना रोड, कंकरखेड़ा, मेरठ । फोन : 8193063050, 9639550570, 0121-2630632

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.


Lakshya Health Care Centre
Saradhana Road, Kanerkhera
Meerut, Uttar Pradesh

Lakshya Health Care center



+ ईश्वर नर्सिंग होम +

डा० सुनील त्यागी
M.B.B.S., M.S.
सर्जन
पेट आंत पथरी गुर्दा
एवं कैंसर रोग विशेषज्ञ



डा० अर्चना त्यागी
M.B.B.S., D.G.O.

स्त्री रोग एवं अल्ट्रासाउंड विशेषज्ञ
• सफेदरजंग अस्पताल, नई दिल्ली
• राममनोहर लोहिया अस्पताल, नई दिल्ली

सुविधाएँ

- डिस्चिजरी
- गर्भपात
- नसबंदी
- कोपर-टी
- एपेंडिक्स
- हर्निया
- लिजेटिवन
- बेबी बार्न
- प्रोस्टेट एवं पित्त की बीली
व/ ऑपरेशन दूरबीन द्वारा
- गुर्दे की पथरी एवं पेट के
समस्त ऑपरेशन
- पैमांतीजी

प्रतिदिन अल्ट्रासाउण्ड

मिलने का समय
सुबह : 10 से 3 बजे तक

रविवार अवकाश

आपातकालीन सुविधा
24 घंटे


बिनाली रोड, सरधना (मेरठ)
फोन : 01237-235023

दिनांक 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 SATISFACTORY I WISH GOOD &
SUCCESS FUTURE.


DR. SUNIL TYAGI (M.S.)
Ishwar Nursing Home
Sardhana (Meerut)
1125
Authorized Signature
CMO



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, artificial respiration etc.)
difference routes of injection, study of patient observaiton charts,
prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.


14/10/21
Max Hospital, Gurugram
(A unit of ALPS Hospital Ltd.)
Opposite HUDA city centre Metro station





NEELKANTH HOSPITAL & TRAUMA CENTER

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

उपलब्ध सुविधायें

- * 60 बेडों का हॉस्पिटल
- * कुल एयर कंडीशनिंग
- * इन हाऊस फार्मसी
- * डिजिटल एक्स-रे
- * पैथोलॉजी
- * फिजिकल मेडिसिन
(अल्ट्रासाउंड मशीन, सी.टी. स्कैन)
- * एडवांस्ड ट्रीटमेंट मैनेजमेंट
- * न्यूरोलॉजी
- * न्यूरो सर्जरी
- * रीढ़ की हड्डी की चोट
- * तिर की चोट
- * आई.सी.यू.
- * यूरोलॉजी
- * गिनेकोलॉजी (नर्सरी)
- * लेप्रोसोपेडिक सर्जरी
- * रेडियोलॉजी
- * ई.एन.टी. सर्जरी
- * डेंटल सर्जरी
- * गायनोकोलॉजी
- * प्लास्टिक सर्जरी
- * ऑर्थोपेडिक सर्जरी
(जोड़ बहाल करने की सुविधा, कुशल मुद्रा, वैक्यूम थैप)
- * थोरोसिक सर्जरी
- * फिजियोथेरेपी
- * सी.आर्म
- * गैन्टीलेटर
- * 24 घण्टे इन्फार्मिटी
व एम्बुलेंस की
सेवा उपलब्ध

Name Age/Sex Date

TRAINING 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.


NH NEELKANTH HOSPITAL
& TRAUMA CENTER
201/2A, Near Radha Govind College
Garh Road, Meerut



NOT FOR MEDICO-LEGAL PURPOSE



NULLIF MEDICAL CENTRE

HR 255-256, 7 Corp. DDA Janta Flats, P.O. Pabla Road, New Delhi - 110 006, India
Ph: 5676186/681, Mob: 7042441661, E-Mail: drnullif@gmail.com

DR. RAZA-UDDIN
B.S. M.B.B.S. D.M.
Consultant Surgeon & Urologist

Dr. ISRA KHAN
M.B.B.S. D.M.S.
President (1995-1997)

SPECIALISTS:

- DR. IRSHAD MUSSAIN, M.D.
Consultant Pathologist & Microbiologist
- DR. HAFIZ BAYMOUNA, D.O.
Consultant Paediatric & Neonatologist
- DR. AMR HABEED, M.D. (Medicine)
Consultant General & Cardiac
- DR. JAVED KHAN, M.D. (Medicine)
Consultant General & Cardiac
- DR. H.K. RAJAL, M.D.
Consultant General & Urologist
- DR. MUSCHIL KHAND, M.D.
Consultant General & Urologist
- DR. CHARULATA, M.D.
Consultant General & Cardiac
- DR. SAMTA, D.O.
Consultant General & Cardiac
- DR. HIMESH KANSAL, M.D. (Gen. Med.)
Consultant General & Cardiac
- DR. FATHAN SIFAL, M.D.
Consultant Orthopaedic Surgeon
- DR. SANDEEP AGNIHOTRI, D.D.
Consultant Dermatology & Venereology
- DR. ASHFAQUE KHAN, M.S.
Consultant Ophthalmologist & Surgeon
- DR. VAJAL MEHRA, M.D.
Consultant Paediatric

To Whom It May Concerns

This is to certify that, Ms. Jyoti Kumari, D/o Sh. Lal Bahadur Kumar, (Student of B.Pharma - IInd year in Dept. of Pharmacy, Muzut Inst. of Tech.) had completed 45 days hospital training as a trainee, w.e.f. 15/03/21 to 08/04/21. During this period she had learned wound dressing, dispensing drug, learned different route of injection etc.

Her work as a trainee was satisfactory.

[Signature]
DR. MUSCHIL KHAND
M.B.B.S. D.M.S.
Consultant General & Urologist

* KINDLY KEEP THIS DOCUMENT SAFE AND BRING THIS DOCUMENT EVERY TIME OF YOUR VISIT. KINDLY REFERES TO THE DESCRIBED MEDICINE ONLY AND SERVICE AS TOLD TO YOU SINCERELY. WE STRONGLY RECOMMEND YOU TO CLEARLY OF YOUR DOCTOR, ABOUT MANAGEMENT, MEDICINES AND DURATION OF MEDICINE. EVERY MEDICINE HAS ITS OWN SIDE EFFECTS.

NOT FOR MEDICO-LEGAL PURPOSES!
B-21/3, 3rd floor, Connaught Place, New Delhi - 110 008





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



A HOSPITAL DEVOTED TO EXCELLENCE IN HEALTH CARE

BASANT LOK COMMUNITY CENTRE, VASANT VIHAR, NEW DELHI - 110057
Tel: 6142730, 6149422, 6149423. Fax: 6149421

NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सा फिजिशियन:

पेट रोग, डेंगू, टाईफाइड, शूल, मानसिक तनाव, हृदय रोग, फेफड़े के रोग, बार्डराइड, घर्म रोग, ब्लड प्रेशर, जोड़ों का दर्द आदि

Name Age/Sex Add. Date 1

2

Dr. Umang GuptaM.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 Bhutan
Time : 10.30 AM to 2.30 PM

C/O

Rx

Date-03-12-2021

TO WHOM SO EVER IT MAY CONCERN

O/E

Pulse

B.P.

Temp.

Spo2

B. Sug.

This is certified that MR. MD. SARFRAJ ALAM S/O MR. MD. MOJIBUR RAHMAN R/o Raghapur, 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.

समय : ४:०० ४ बजे से
७:०० ७ बजे तक

NEO MAX NURSING HOME
Reg.No.RMEE2121899
Muzaffarnagar

नोट - इस पत्र पर 7 दिन में एक बार और दिखाना चाहते हैं

सुविचार्य : भर्ती की सुविधा, शूलर की जाँच, ECG, पेट से पानी निकालना, फ्लोटोड्स, ब्लड चढ़ाना आदि

नोट : किसी भी दवा का साइड इफेक्ट हो सकता है जुरत 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.

MOOL CHAND SHARBATI DEVI
Charitable Eye & General Hospital
Near Bachcha Park, Meerut

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 to certify that Mr. Monu Chauhan S/o Mr. Krishan Pal Singh R/o Salarpur, Thane 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
KOTPAL HOSPITAL
PALLAVPURAM-II, MEERUT
PH: 2576555



कोटपाल अस्पताल
• A Unit of M/L R.L. Kotpal Medicare Pvt. Ltd. • Registration No. : 479/2004
सिटी V, पल्लवपुरम, फेज-2, स्टाडी रोड, (NH-58)
मेरठ-201010 (यू.पी.) इंडिया
फोन : 0125-2576555, 9917102922, 9927990008
E-mail: drpradeepkotpal@gmail.com

EMERGENCY 24 HOURS

In case of Emergency Please Contact / आपातकालीन स्थिति में सम्पर्क करें
डा. आदिप कोटपाल
एच.बी.बी.एल., डीएचएम, डीपीटी-दुर्गावती
रेजीडेंट मेडिकल ऑफिसर-मेरठ-9319340184
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

Sl. NO K4 01-21

Internship Completion Certificate

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

3rd Year at DPMIT (U.P) Roll No. 1910340500023 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 (wound 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.

Manager

SAHARA HOSPITAL

Shruti
Proprietor



24 घण्टे इमरजेन्सी एवं भर्ती की सुविधा

अनुभव प्रमाण पत्र

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

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

दिनांक :- 08.12.2021

प्रभारी चिकित्सा अधिकारी
Maha (Hathras) Super Speciality Centre
Community Health Centre
Maha (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

This 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-II, MEERUT
PH.: 2576555



कोटपाल अस्पताल

A Unit of M/s. K.P. Kotpal Medicare Pvt. Ltd. • Registration No. : 479/2004

सीटी ४, पालवपुरम, फेस-२, रुडकी रोड, (PH-52)

मेरठ-२५०१५० (दु.पी.) हरियाणा

फोन : 0121-2576555, 9512102922, 9827900099

Email: dr.pradeepkotpal@gmail.com

In case of Emergency Please Contact / आपातकालीन दिवसों में संपर्क करें

डा. आदिप कोटपाल

एम.बी.बी.एस., डी.एम.ए., सी.जे.डी.-मूलनी

रेवीडेन्ट मेडिकल ऑफिसर-मोबाइल:9319540194

E-mail : dr_adipkotpal@yahoo.co.in

EMERGENCY 24 HOURS

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

इमरजेंसी 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.



*Sirohi Hospital &
Maternity Home*
Multan Nagar, Baghpat Road,
Meerut
Ph. No. 0121-2688449
E-mail : sirohihospital@yahoo.com
Authorized Signature





GOSWAMI NURSING HOME

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

TRAINING 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.



P. N. Datta
GOSWAMI NURSING HOME
JAIL CHUNGI, UNIVERSITY ROAD
MEERUT-250001

SHARVAN HOSPITAL

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



Regd. MRT 2134

Tel.: 9528281101
: 9837387951
: 9927071944
: 9927082492

Consultants :

Dated: 01/12/2021

सुविचार्य उपलब्ध :

- सभी बीमारियों का इलाज अप्रेशन व भर्ती की सुविधा।
- कान, नाक व गले की सभी बीमारियों का इलाज व अप्रेशन।
- जनरल सर्जरी जैसे : थायरॉइड, एपेंडिक्स, हार्निया, हाइड्रोसेल, ऑल, पित्त की थैली, गद्द, गुर्दा व श्वेतदानी के अप्रेशन योग्य व कुशल सर्जन द्वारा सामान्य व दूरबीन विधि से।
- सामान्य डिलीवरी, बड़े अप्रेशन द्वारा बच्चा पैदा करना।
- एक्स-रे सुविधा।
- ई.सी.जी. सुविधा।
- खून एवं मल-मूत्र एडस आदि की जांच।

R

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 works done by him.

Prateek

SHARVAN HOSPITAL
Opp Sugar Mill
Mohiuddinpur, Meerut



NOT FOR MEDICO LEGAL PURPOSE

एम्बुलेंस व सभी प्रकार की इमरजेंसी सेवाये 24 घण्टे उपलब्ध।

Dated 28 Nov 2021

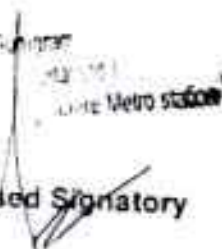
TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Prathu Tomar S/o Mr. Sanjay Kumar** Student of B Pharma (IIIrd 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

Max Hospital
(A unit
Opp: 
Unit Metro station

Authorised Signatory





Regd. No. UMC/E2121899

NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

दिल विभाग, छाती, हार्ट अटैक, टी. बी. रोग, ब्रेन हेमरेज, मानसिक तनाव
नसों की सभी बीमारियों फोकडे एवं मिर्गी दौरा रोग विशेषज्ञ

Mob. : 9012127297

Dr. M.A. Khan

M.D. (Medicine)

DNB (Cardiology)

Consultant Physician & Cardiologist



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

Date.....

Rx

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr. Ritik Kumar student of B.Pharm 3rd year at DPMIT (U.P.) Roll No. 1910340500036 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 (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.

Advice Investigation

- Hemogram (CBC)
- ESR Mxntox
- Lipid Profile
- LFT RFT
- TB Elisa
- Sputum
- Urin / M / Culture
- BI, B6 & B12
- Calcium
- 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 Holter
- Pacemaker
- Endoscopy

समय : शाम 5 बजे से
रात 10 बजे तक

24 घंटे इमरजेन्सी

M.A. Khan
26 Oct 2021

NEO MAX NURSING HOME
Reg.No.RMEE2121899
Muzaffarnagar



नोट : इस पत्र पर 5 दिन में एक बार और दिखा 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



Ganpati Hospital & Trauma Centre

Near Dev Park Colony, Baghpat Road, Meerut City - 250 002


Rx

Date: _____

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.


Ganpati Hospital & Trauma Centre
Near Dev Park Colony Baghpat Road
Meerut
Ph. 0121-2658999, M. 9855380196



SARVODAYA HOSPITAL & INSTITUTE OF MEDICAL SCIENCES

Run by : Tatiri Sarvodaya Shiksha Prasar Samithi

Date: 19/12/2021

TO WHOM SO EVER IT MAY CONCERN

This is to certify that MR SAURABH SHARMA S/O SHRI PANKAJ SHARMA 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)

Facilities:

- O.P.D
- I.P.D
- General Medicine
- General Surgery
- Orthopaedics Surgery
- Gynaecology
- Pediatrics
- E.N.T
- Dental
- Ophthalmology
- Physiotherapy
- I.C.U
- N.I.C.U
- Operation Theater
- Minor O.T
- X-Ray
- Ultrasound
- CT-Scan
- Laboratory
- Semi-Private Room
- General Wards
 - Male
 - Female






INTERSHIP COMPLETION CERTIFICATE

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

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

Clinical work _first aid _ 9 wound dressing artificial respiration etc.)
Different routes of injection , study of patient , observation chart ,
prescription and dispensing , simple diagnostic reports etc.

Satisfactory works done by him_


27/10/21
Max Hospital Gurgaon
(A unit of ALPS Hospital Ltd.)
Opposite HUDA city centre Metro station

(A unit of **ALPS Hospital Ltd.**) Opposite HUDA City Centre Metro Station B-Block, Sushant Lok - 1 Gurgaon - 122 001 For medical service queries or all departments, call +91 124 6823 002

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

S.V. Road, Vile Parle (West), Mumbai, Mumbai City, Maharashtra, India, 400056

T: +91-22-2610 0461/62 E: info@alpshealthcare.com (U74899MH1989PLC357940)





सिद्धार्थ पॉलीक्लीनिक एवं नर्सिंग हॉम

हस्तिनापुर रोड, मवाना (मेरठ) मो0 9634726465, 7417010

Reg. No. RMEE2118194

MCI Reg. No 44674

डा. सिद्धार्थ बंसल

MBBS, M

हृदय एवं छाती रोग विशेषज्ञ

दिनांक (7/11/21)

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 :

- हृदय, उदय, वक्त्र डायग्नोसिस 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 चिकित्सा।
- ICU की सुविधा। • E.C.G. की सुविधा। • एक्स-रे सुविधा।

24 घंटे इमरजेंसी
सेवाएँ उपलब्ध

नोट : पाँच दिन बाद दोबारा फीस लगेगी। पुराना पर्चा एवं रिपोर्ट साथ लाएँ।

एक पर्चे पर केवल दो बार देखा जाएगा। NOT VALID FOR MEDICO LEGAL PURPOSE



+ सुधीर क्लीनिक +

डा० सुधीर सिंह
M.B.B.S., M.I.M.A.
फिजिशियन एण्ड सर्जन

प्रकाश मार्केट, निकट रेलवे क्रॉसिंग
अग्रवाल मण्डी, टटीरी, जिला-वागपत
Mob. 9411959510

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:

1. Ministry of Steel
Govt of India
2. L.I.C. of India
3. Law Ministry
Govt of India

Rx

दिनांक 18-11-21

TO WHOM IT MAY CONCERN

This is to certify that Mr.
Sohb, s/o Mausim age
about 19 yrs from village

Kahatta Prahlapur Distt
Bagnpat (U.P.) has work
with me at my clinic
Tatari at Dr Sudhir Singh

He worked at my clinic
satisfactorily and wish
his good luck in near
future.

Sudhir



NEO MAX NURSING HOME

Minkashi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सा विज्ञान:

चेर रोग, डेंगू, टाईफाइड, गुणर, मानसिक तनाव, इन्फ्लूएंजा, फ्लू, कोरिन्हा, चर्म रोग, स्त्रोत प्रसार, जोडी का दर्द आदि

Name..... Age/Sex..... Add..... Date 1.....
2.....

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 Bhutar
Time : 10.30 AM to 2.30 PM

C/o

Rx

INTERNSHIP COMPLETION CERTIFICATE

O/E

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

Pulse

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

E.P.

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.

Temp.

Satisfactory works done by him.

SpO2

B. Sug.

U 26/10/21
NEO MAX NURSING HOME
Reg.No.RMEE2121899
Muzaffarnagar

समय : शनि 4 घंटे से
रविव 7 घंटे तक





MEDICA

Emergency Hospital

(A unit of Kirti Medical Emergency & Trauma Hospital Pvt. Ltd.)

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 (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.



9709000062, 9709000063
Info@medicaemergencyhospital.com
www.medicaemergencyhospital.com

Zero mile, Bairiya road opp. Royal Enfield
Service centre, kolhura, Dadar
Muzaffarpur, Pin-842004



लक्ष्य हैल्थ केयर सेंटर


निकट कैंजरा बैंक, सरधना रोड, कंकरखेड़ा, मेरठ । फोन : 8193063050, 9639550570, 0121-2630632

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.


Lakshya Health Care Centre
Sardhana Road, Kankekhhera
Meerut, Uttar Pradesh

Lakshya Health Care center



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, artificial respiration etc.)
difference routes of injection, study of patient observaiton charts,
prescriptions and dispensing, simple diagnostic reports etc.

Satisfactory works done by him.


14/10/21
Max Hospital, Gurugram
(A unit of ALPS Hospital Ltd.)
Opposite HUDA city centre Metro station



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 15/10/2021 to 30/11/2021, as a
requisite of academic curriculum of B. Pharma degree.

ARYAVART HOSPITAL
MEERUT, UTTAR PRADESH

Malay Sharma

Aryavart Hospital

Meerut, Uttar Pradesh

Dr. Malay Sharma

MD DM (Gastroenterology)
UPMCI-27103





SPARSH HOSPITAL

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





SPARSH HOSPITAL

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



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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Deepanshu Sharma
(Name of student pharmacist) son of / daughter of Devendra Sharma
residing at 5/142 Gali no-5 Gulab Vatika Loni Road (G2B)
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 Sri Deepanshu Sharma (Name of the Student Pharmacist)
accept Sri Bhagwan (Name of the Apprentice Master) of
Department of Pharmacy MIT (Name of the College / Institution)
Balak Road Hospital Tirunelveli (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 12/01/2022

Deepanshu Sharma
Signature of the Student Pharmacist

SECTION - III

I Sri Bhagwan (Name of the Apprentice Master)
accept Sri / Smt. Deepanshu Sharma
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


Cont...



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

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


Date: 8/1/22


Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Sri Deepanshu Sharma (Name of student pharmacist) has undergone 370 hours training spread over from Date 24/9/21 to 8/1/22 for a period of 08 months in accordance with the details enumerated in SECTION III


Date: 8/1/22


Head of the Organization or
Pharmaceutical Division
Chief Medical Officer
Balak Ram Hospital
Tinsukpur, Daini

SECTION - V

I certify that Deepanshu Sharma (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 12/01/2022


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




APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ajay Gupta
(Name of student pharmacist) son of / daughter of Chattu Gupta
residing at Ganaikeeti Post madhapali Dist Deoria
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.

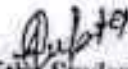
Date: 06/09/21


Head of the Academic
Training Institution

SECTION - II

I, Ajay Gupta (Name of the Student Pharmacist)
accept Akhanad Parat (Name of the Apprentice Master) of
Department of Pharmacy mit mad (Name of the College / Institution)
N.P.H.C Baghurghad (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 15/09/21


Signature of the Student Pharmacist

SECTION - III

I, Akhanad Parat (Name of the Apprentice Master)
accept Sri / Smt. Ajay Gupta
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 15/09/21

Atul Prasad
Head of the Organization or
Pharmaceutical Division
प्रधान कार्यकारी अधिकारी
आयुर्वेद विभाग
भारत सरकार

SECTION - IV

I certify that Agay Gupta (Name of student pharmacist) has undergone 500 hours training spread over from Date 15/09/21 to 15/10/21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 15/12/21

Atul Prasad
प्रधान कार्यकारी अधिकारी
आयुर्वेद विभाग
भारत सरकार

SECTION - V

I certify that Agay Gupta (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

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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.




APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Anwar Khan
(Name of student pharmacist) son of / daughter of Masrur Khan
residing at 23/645 Pathankhet Baraut (Baghpat) 250611
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
Department of Pharmacy
MIT, Meerut

SECTION - II

I Anwar Khan (Name of the Student Pharmacist)
accept Om vir Singh (Name of the Apprentice Master) of
C.H.C. Baraut (Name of the College / Institution)
Distt- Bagh Pat (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: 26-11-21

Anwar Khan
Signature of the Student Pharmacist

SECTION - III

I Om vir Singh (Name of the Apprentice Master)
accept Sri / Smt. Anwar Khan
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


Cont...



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

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


Date: 28-11-21


Head of the Organization of
Pharmaceutical Pharmacist
C.H.C. Baraut
Distt. Baghpat (U.P.)
R.No.-17685

SECTION - IV

I certify that Anwar Khan (Name of student pharmacist) has undergone 500 hours training spread over from Date 26-11-21 to 10-4-22 for a period of 5 months in accordance with the details enumerated in SECTION III

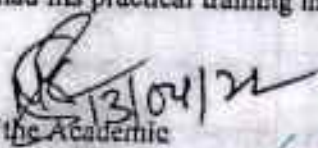
Date: 11-4-22


Head of the Organization of
Pharmaceutical Pharmacist
Medical Superintendent
C.H.C. Baraut (Baghpat)
Regd. No. 56201

SECTION - V

I certify that Anwar Khan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 13/04/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX - E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Garvino Kumar Singh
(Name of student pharmacist) son of / daughter of Sri Dikhan Singh
residing at Mundara Dohay Paf Abirulizzen Khatnaya 274149,
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

SECTION - II

I, Garvino Kumar Singh (Name of the Student Pharmacist)
accept Jay Shankar Mishra (Name of the Apprentice Master) of
PSC Dumari Khas Sardar (Name of the College / Institution)
Nagari Gorakhpur (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: 27/09/2021

Garvino Kumar Singh
Signature of the Student Pharmacist

SECTION - III

I, Jay Shankar Mishra (Name of the Apprentice Master)
accept Sri / Smt. Garvino Kumar 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: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;



Cont...

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

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

Date: 27/09/2021

Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that GRAVIND KUMAR SINGH (Name of student pharmacist) has undergone 500 hours training spread over from Date 27/09/21 to 27/12/21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 05/01/22

Head of the Organization or
Pharmaceutical Division
डा. एन. सज्जद
मेरठ

SECTION - V

I certify that GRAVIND KUMAR SINGH (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 19/09/22

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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

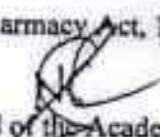
APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. ATUL KUMAR KAUSHIK
(Name of student pharmacist) son of / daughter of HARI SHAKKAR KAUSHIK
residing at VILL + POST - KURALI 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 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 Atul Kumar Kaushik (Name of the Student Pharmacist)
accept Abhwani Kumar (Name of the Apprentice Master) of
C.H.C. Parichhi Khurd (Jan Khurd), Meerut (U.P.) (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: 24/09/21

Atul Kaushik
Signature of the Student Pharmacist

SECTION - III

I Abhwani Kumar (Name of the Apprentice Master)
accept Sri / Smt. Atul Kumar Kaushik
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

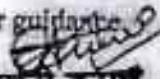
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- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

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

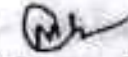
Date: 24/09/21


अश्वनी कुमार
Head of the Organization or
Pharmaceutical Division
(पांचली खुर्द) मेरठ

SECTION - IV

I certify that Atul Kumar Kaushik (Name of student pharmacist) has undergone 500 hours training spread over from Date 24/09/21 to 24/12/21 for a period of three months in accordance with the details enumerated in SECTION III

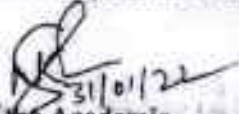
Date: 24/12/21


चिकित्सा अधीक्षक
Head of the Organization or
Pharmaceutical Division
पांचली खुर्द (मेरठ)

SECTION - V

I certify that ATUL KUMAR KAUSHIK (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 31/01/22


31/01/22
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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. IRANSHU
(Name of student pharmacist) son of / daughter of NARESH KUMAR
residing at vill + post Panchli Khurd, Baghpat 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 section 10 of the Pharmacy Act, 1948.

Date: 6/9/2021


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

SECTION - II

I IRANSHU (Name of the Student Pharmacist)
accept SMT. BAJITA KANI (Name of the Apprentice Master) of
MIT, PANAPUR, BAGHAT, MEERUT (Name of the College / Institution)
DISTRICT WOMEN HOSPITAL MEERUT (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: 4/2/22

Iranshu
Signature of the Student Pharmacist

SECTION - III

I, SMT. BAJITA KANI (Name of the Apprentice Master)
accept Sri / Smt. IRANSHU
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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


Date: 21/5/22


Head of the Organization
Pharmaceutical Division
Meerut

SECTION - IV

I certify that IRANSHU (Name of student pharmacist) has undergone 540 hours training spread over from Date 4/2/2022 to 31/5/2022 for a period of 3 months in accordance with the details enumerated in SECTION III


Date: 21/5/22


Head of the Organization - Chief
Pharmaceutical Division
Meerut

SECTION - V

I certify that IRANSHU (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: 03/06/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.




APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. MANISH KUMAR
(Name of student pharmacist) son of / daughter of Mr. RISHIPAL SHARMA
residing at FATEHPUR AMENAGAR SARAI (RURAL) BAGHPAT
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: 20/01/21


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

SECTION - II

I, Manish Kumar (Name of the Student Pharmacist)
accept M.K. Shukla (Name of the Apprentice Master) of
S.V.B.P Hospital Meerut (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: 20-1-22

Manish Kumar
Signature of the Student Pharmacist

SECTION - III

I, M.K. Shukla (Name of the Apprentice Master)
accept Sri / Smt. Manish Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


Cont...

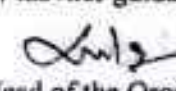


- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

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

Date: 12-1-22



प्रभारी अधिकारी फार्मसी
श्री. मा. प. चिकित्सालय
मेरठ


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

SECTION - IV

I certify that Manish Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 10.1.22 to 25.4.22 for a period of 3 month months in accordance with the details enumerated in SECTION III


Date: 25/04/22


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

SECTION - V

I certify that Manish Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 10/06/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX - E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. MANOJ KUMAR.
(Name of student pharmacist) son of / daughter of LAKHPATI SINGH
residing at VILL. MADKAWAT DIST. JAMBHAL UTTAR PRADESH. 202522
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: 06/03/2021


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

SECTION - II

I Manoj Kumar (Name of the Student Pharmacist)
accept Yogendra Singh Adhikari (Name of the Apprentice Master) of
Department of Pharmacy MIT Meerut (Name of the College / Institution)
Dist Male Hospital Badain (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: 27.12.21

मनोज कुमार
Signature of the Student Pharmacist

SECTION - III

I Yogendra Singh Adhikari (Name of the Apprentice Master)
accept Sri / Smt. Manoj Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 27.12.21

27/12/66
 Chief Pharmacist
 Distt. Hospital Budaun
 Head of the Organization or
 Pharmaceutical Division

SECTION - IV

I certify that Manoj Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 12.9.21 to 27.12.21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 27.12.21

27/12/21
 Chief Medical Superintendent
 Distt. Hospital, Budaun
 Head of the Organization or
 Pharmaceutical Division

SECTION - V

I certify that Manoj Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 14/09/22

14/09/22
 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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the second copy and the third copy) shall be filed with the trainee.



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. MUDASHIR
(Name of student pharmacist) son of / daughter of MOHD' ABBAS
residing at TOWNABER SIWAL KHAS DIST' (MEERUT) U.P
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

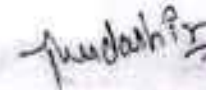
Date: 15/09/2021


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

SECTION - II

I MUDASHIR (Name of the Student Pharmacist)
accept DEEPAK TYAUT (Name of the Apprentice Master) of
MIT, MEERUT (Name of the College / Institution)
DISTRICT WOMEN HOSPITAL MRT (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 DEEPAK TYAUT (Name of the Apprentice Master)
accept Sri / Smt. MUDASHIR
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 28/9/22

[Signature]
Head of the Organization or
Pharmaceutical Division
Hospital

SECTION - IV

I certify that MUDASHIR (Name of student pharmacist) has undergone 510 hours training spread over from Date 18/9/21 to 25/1/22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 25/1/22

[Signature]
Head of the Organization or
Pharmaceutical Division
Woman's Division

SECTION - V

I certify that MUDASHIR (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

[Signature]
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 as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST



SECTION - I

This form has been issued to Sri/Smt. Prince Kashyap
(Name of student pharmacist) son of / daughter of Sanjay Kashyap
residing at 79, Hanuman Mandir Wali Gali, old Tekstil, Baghpat
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: 06/9/2021


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

SECTION - II

I, Prince Kashyap (Name of the Student Pharmacist)
accept Satish Kaur (Name of the Apprentice Master) of
Department of pharmacy MIT (Meerut) (Name of the College / Institution)
Community Health Centre BPT (CNC BPT) (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 31/10/21

Prince Kashyap
Signature of the Student Pharmacist

SECTION - III

I, Satish Kaur (Name of the Apprentice Master)
accept Sri / Smt. Prince Kashyap
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;




Cont...

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

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


Date: 21/10/21


Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Prince Kashyap (Name of student pharmacist) has undergone 500 hours training spread over from Date 21/10/21 to 26/2/22 for a period of 3 months in accordance with the details enumerated in SECTION III

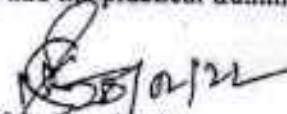
Date: 26/3/22


Head of the Organization or
Pharmaceutical Division
Community Health
Baghpur

SECTION - V

I certify that Prince Kashyap (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: 28/02/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. SANJU
(Name of student pharmacist) son of / daughter of RAMBEER
residing at SHIVPURAM MOHKAMPUR DELHI ROAD MEERUT [250103]
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

I, Sanju (Name of the Student Pharmacist)
accept Karan Singh (Name of the Apprentice Master) of
Care Medicines (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: 05/02/22

Sanju
Signature of the Student Pharmacist

SECTION - III

I, Karan Singh (Name of the Apprentice Master)
accept Sri / Smt. Sanju
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my
organisation so that during his / her training he / she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


Cont...



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

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


Date: 05/02/22


Head of the Organization or
Pharmaceutical Division
C.H.C. Modinagar
GZB.

SECTION - IV

I certify that Sanju (Name of student pharmacist) has undergone 550 hours training spread over from Date 05/02/2022 to 06/05/2022 for a period of Three months in accordance with the details enumerated in SECTION III


Date: 07/05/2022


Head of the Organization or
Pharmaceutical Division
Medical Superintendent
C.H.C. Modi Nagar
Ghaziabad (U.P.)

SECTION - V

I certify that Sanju (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: 09/05/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E

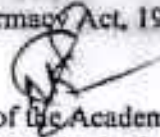
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. SAURABH KUMAR
(Name of student pharmacist) son of / daughter of MOHAR SINGH
residing at VILL + POST DAMA BAGHAT PIN 250622
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: 6/09/2021


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

SECTION - II

I, Saurabh Kumar (Name of the Student Pharmacist)
accept M. K. Shukla (Name of the Apprentice Master) of
S.V.B.P. Hospital Meerut (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: 18/11/22

Signature of the Student Pharmacist
Saurabh Kumar

SECTION - III

I, M. K. Shukla (Name of the Apprentice Master)
accept Sri / Smt. Saurabh Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...




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

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

Date: 18/01/22


प्रभारी अधिकारी फार्मसी
स.व.भा.प. चिकित्सालय
मेरठ


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

SECTION - IV

I certify that Saurabh Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 10.1.22 to 6-5-22 for a period of 3 month months in accordance with the details enumerated in SECTION III


Date: 6/05/22


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

SECTION - V

I certify that Saurabh Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 09/05/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



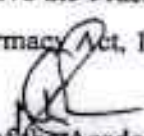
APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. SHADAB KHAN
(Name of student pharmacist) son of / daughter of ISTKAR KHAN
residing at VIII- Salahpur Post - Banarn Meerut Pin - 250502
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, Shadab Khan (Name of the Student Pharmacist)
accept Javed (Name of the Apprentice Master) of
M.I.T. College Meerut (Name of the College / Institution)
Dr. Darsan Hospital of Surgical Center (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: 08/9/21

Shadab
Signature of the Student Pharmacist

SECTION - III

I, Shadab Khan Javed (Name of the Apprentice Master)
accept Sri / Smt. Shadab Khan
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 8/9/21

Dr. Parveen Pharmacy
Add: Shobhapur, Meerut
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Shadab Khan (Name of student pharmacist) has undergone 500 hours training spread over from Date 08/9/21 to 08/12/21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 08/12/21

Dr. RAHUL PARASHAR
Director
Head of the Green Hospital &
Pharmaceutical Division

SECTION - V

I certify that Shadab Khan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India:

Date: 02/02/2022

[Signature]
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 as the Second copy and the third copy) shall be filed with the trainee.



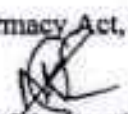
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Shahrukh Khan
(Name of student pharmacist) son of / daughter of M A Khan
residing at Gurhara Road Jhaloo 6 Baraut (Bagpat)
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, Shahrukh Khan (Name of the Student Pharmacist)
accept Om vir Singh (Name of the Apprentice Master) of
C.H.C Baraut (Name of the College / Institution)
Distt Bagpat (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: 26-11-21

Shahrukh Khan
Signature of the Student Pharmacist

SECTION - III

I, Om vir Singh (Name of the Apprentice Master)
accept Sri / Smt. Shahrukh Khan
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 26-11-21

[Signature]
Head of the Organization or
Pharmaceutical Division
C.H.C. Baraut
Distt. Bagpat (U.P.)
R.No.-17885

SECTION - IV

I certify that Shahruth Khan (Name of student pharmacist) has undergone 500 hours training spread over from Date 26-11-21 to 10-4-22 for a period of 5 months in accordance with the details enumerated in SECTION III

Date: 11-4-22

[Signature]
Head of the Organization on
Pharmaceutical Division
Medical Superintendent
C.H.C., Baraut (Bagpat)
Regd. No. 86201

SECTION - V

I certify that Shahruth Khan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 13/04/22

[Signature]
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 be filed with the trainee.




APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Tarun Kumar Roy
(Name of student pharmacist) son of / daughter of Parnimal Kumar Roy
residing at Dumou Khan; Sandanagar; Gona Khpun
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

I Tarun Kumar Roy (Name of the Student Pharmacist)
accept Suresh Kumar Prasad (Name of the Apprentice Master) of
Department of Pharmacy M.I.T Meerut (Name of the College / Institution)
P.H.C Sandanagar (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: 22/09/21


Signature of the Student Pharmacist

SECTION - III

I Suresh Kumar Prasad (Name of the Apprentice Master)
accept Sri / Smt. Tarun Kumar Roy
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 22/09/21

spun?
Head of the Organization or
Pharmaceutical Division
P.H.C. Sarfamagar
Gr

SECTION - IV

I certify that Tarun Kumar Roy (Name of student pharmacist) has undergone 540 hrs hours training spread over from Date 22 Sept-2021 to 11 January 2022 for a period of three months in accordance with the details enumerated in SECTION III

Date: 11/01/22

Head of the Organization or
Pharmaceutical Division

*इयारी शिक्षाधिकारी
ड० ए० ई०-सफामगर
- बरेली*

SECTION - V

I certify that Tarun Kumar 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

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 academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. AASIF
(Name of student pharmacist) son of / daughter of MOHD. ABBAS
residing at H.No. 229 - KHADAULT BIOLA 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 section 10 of the Pharmacy Act, 1948.

Date: 06/09/2021


Head of the Academic
Training Institution

Principal
Department of Pharmacy
M.T. Meerut

SECTION - II

I AASIF (Name of the Student Pharmacist)
accept Madhu Soodhu (Name of the Apprentice Master) of
DEPARTMENT OF PHARMACY [M.T.] MEERUT (Name of the College / Institution)
CHITANI KHIND (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: 07/09/2021

Aasif
Signature of the Student Pharmacist

SECTION - III

I Madhu Soodhu (Name of the Apprentice Master)
accept Sri / Smt. AASIF
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;



Cont...

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

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

Date: 07/09/21



SECTION - IV

Per
Head of the Organization or
Pharmaceutical Division
Medical Officer Incharge
Primary Health Center
Janl (Meerut)

I certify that AASIF (Name of student pharmacist) has undergone 500 hours training spread over from Date 07/09/21 to 10/12/21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 10/12/21



SECTION - V

Per
Head of the Organization or
Pharmaceutical Division
Medical Officer Incharge
Primary Health Center
Janl (Meerut)

I certify that AASIF (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

Per
17/01/22
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 academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.




APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ajay Sharma
(Name of student pharmacist) son of / daughter of Sushil Sharma
residing at Johari Baraut (Baghpat)
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: 09-09-2021


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

SECTION - II

I, Ajay Sharma (Name of the Student Pharmacist)
accept Varun Kumar (Name of the Apprentice Master) of
Department of Pharmacy, Meerut Institute of Technology (Name of the College / Institution)
PHC Kanderi, Dist. - Baghpat (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: 05/01/2022

Ajay Sharma
Signature of the Student Pharmacist

SECTION - III

I, Varun Kumar (Name of the Apprentice Master)
accept Sri / Smt. Ajay Sharma
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


Cont...



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (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
Pharmaceutical Division
PHC Kanderla (Baghpat) U.P.
Reg. No. 22889

SECTION - IV

I certify that Ajay 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 3 months in accordance with the details enumerated in SECTION III


Date: 05-01-2022


Head of the Organization or
Pharmaceutical Division
PHC Kanderla
Dist. Baghpat (U.P.)

SECTION - V

I certify that Ajay Sharma (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 12/01/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. Aman Ahlawat
(Name of student pharmacist) son of / daughter of Ajayveer Singh
residing at Bachan Singh colony Muzaffarnagar
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: 08/09/21


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

SECTION - II

I AMAN AHLAWAT (Name of the Student Pharmacist)
accept MANISH GAUTAM (Name of the Apprentice Master) of
Department of Pharmacy Meerut Institute of Technology (Name of the College / Institution)
PHC JAT MUTHERA (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: 28/12/2021


Signature of the Student Pharmacist

SECTION - III

I MANISH GAUTAM (Name of the Apprentice Master)
accept Sri / Smt. AMAN AHLAWAT
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he/she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 28/12/2021

Chaitan Gautam
Head of the Organization or
Pharmaceutical NOIC
MANJAT KUMAR
PHC JAMSHEDPUR
Reg. No. 26800.

SECTION - IV

I certify that AMAN AHLAWAT (Name of student pharmacist) has undergone 500 hours training spread over from Date 25/09/2021 to 25/12/2021 for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 28/12/2021

[Signature]
Head of the NOIC
Pharmaceutical PHC JAMSHEDPUR

SECTION - V

I certify that AMAN AHLAWAT (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: 28/12/2021

[Signature]
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 as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. AMARDEEP
(Name of student pharmacist) son of / daughter of BHAGWATI PRAJAD
residing at P-140 Ganga Nagar Mawana 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 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

I, Amardeep (Name of the Student Pharmacist)
accept KARANPAL (Name of the Apprentice Master) of
Chc modiragar (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: 8/09/2021


Signature of the Student Pharmacist

SECTION - III

I, KARANPAL (Name of the Apprentice Master)
accept Sri / Smt. Amardeep
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my
organisation so that during his / her training he / she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 08/09/2021

Head of the Organization or
Pharmaceutical Division

Karanfil
Chief Pharmacist
C.H.C. Mohanpur
G.Z.B.

SECTION - IV

I certify that Amardeep (Name of student pharmacist) has undergone 550 hours training spread over from Date 08/09/21 to 11/12/21 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 12/12/2021

Head of the Organization or
Pharmaceutical Division

[Signature]
Chief Pharmacist
C.H.C. Mohanpur
Ghaziabad (U.P.)

SECTION - V

I certify that AMARDEEP (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
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 as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX - E

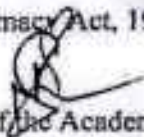
PRACTICAL TRAINING CONTRACT FORM FOR PHARMA

SECTION - I



This form has been issued to Sri/Smt. ANIL YADAV
(Name of student pharmacist) son of / daughter of YOGENDRA YADAV
residing at VILL SUKRAULI - Post SONAULI DIST. MAHARAJGARH U.P. 273164
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, Anil yadav (Name of the Student Pharmacist)
accept K. M. Tripathi (Name of the Apprentice Master) of
S. R. H Hospital Rampur (Name of the College / Institution)
S. R. H Hospital Rampur (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: 11/09/21

ANIL YADAV
Signature of the Student Pharmacist

SECTION - III

I, K. M. Tripathi (Name of the Apprentice Master)
accept Sri / Smt. Anil yadav
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine;
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 11/09/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 Chief Pharmacist
 S.R.N. Hospital, A.I.D.

SECTION - IV

I certify that Anil Yadav (Name of student pharmacist) has undergone 500 hours training spread over from Date 11/09/21 to 11/12/21 for a period of three months in accordance with the details enumerated in SECTION III

Date: 12/12/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 प्रमुख अधीक्षक
 सरूप रानी मेडिकल कॉलेज
 प्रयागराज.

SECTION - V

I certify that Anil Yadav (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: 13/05/22

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



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. ANKIT SINGH
(Name of student pharmacist) son of / daughter of NARVADESHVAR SINGH
residing at VILL. BARWAN JUNGEL, WARD. No-10, BALMIKI NAGAR, KASIA, KUSHI NAGAR
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. 274402


Date: 06/09/21


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

SECTION - II

I Ankit Singh (Name of the Student Pharmacist)
accept S. P. Gupta (Name of the Apprentice Master) of
CHC Kasia KUSHI NAGAR (Name of the College / Institution)
CHC Kasia KUSHI NAGAR (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 17/09/21


Signature of the Student Pharmacist

SECTION - III

I S. P. Gupta (Name of the Apprentice Master)
accept Sri / Smt. Ankit 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: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 10/12/21

Head of the Organization or
Pharmaceutical Division
C.H.C. Kashya
Kushnagar

SECTION - IV

I certify that Ankit Singh (Name of student pharmacist) has undergone 500 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: 10/12/21

Head of the Organization or
Pharmaceutical Division
C.H.C. Kashya
Kushnagar

SECTION - V

I certify that Ankit Singh (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

17/01/22
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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E

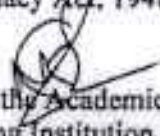
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. ARYAN VERMA
(Name of student pharmacist) son of / daughter of SACHCHITA NAND VERMA
residing at VILL + POST - BANSDIH, DIST - BALLIA, U.P. 277202
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, Aryan Verma (Name of the Student Pharmacist)
accept Yogendra Nath Pandey (Name of the Apprentice Master) of
D. H. Ballia (Name of the College / Institution)
D. H. Ballia (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: 09/09/2021


Signature of the Student Pharmacist

SECTION - III

I, Yogendra Nath Pandey (Name of the Apprentice Master)
accept Sri / Smt. Aryan Verma
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

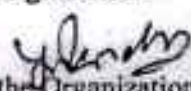
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- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (c) the storage of drugs and medicinal preparations.

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


Date: 09/09/2021


Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that ARYAN VERMA (Name of student pharmacist) has undergone 500 hours training spread over from Date 9.9.21 to 25.12.21 for a period of 3 months in accordance with the details enumerated in SECTION III


Date: 25-12-21


Head of the Organization or
Pharmaceutical Division
Medical Superintendent
Dr. Hemant Datta

SECTION - V

I certify that ARYAN VERMA (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 12/01/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX - E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. ASHISH. KUMAR
(Name of student pharmacist) son of / daughter of LABAL
residing at VILL NANYLA QAWA Post BILWARA, Dist BAWPAT [UP]
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: 6/9/21


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

SECTION - II

I ASHISH. KUMAR (Name of the Student Pharmacist)
accept SANJEEV. YADAV (Name of the Apprentice Master) of
Dept of Pharmacy, Meerut Institute of Technology (Name of the College / Institution)
P.H.C. DHANWARA (Bagh) (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: 10/10/21


Signature of the Student Pharmacist

SECTION - III

I, SANJEEV. YADAV (Name of the Apprentice Master)
accept Sri / Smt. ASHISH. KUMAR
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 10/10/21

Sanjay Yadav
Head of the Organization or
Pharmaceutical Division
Sardar Sarbajit
F. Director
P.H.C. D. Anora
Bagpat

SECTION - IV

I certify that ASHISH KUMAR (Name of student pharmacist) has undergone 500 hours training spread over from Date 10/10/21 to 20/11/22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 20/11/22

Ajay
Head of the Organization or
Pharmaceutical Division
Dr. Amit Kumar Tyagi
M.C. No.
P.H.C. D. Anora
Bagpat

SECTION - V

I certify that ASHISH KUMAR (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 22/10/22

[Signature]
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 as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. ASHWANI SISODIA
(Name of student pharmacist) son of / daughter of RAJ KUMAR SISODIA
residing at B-374 Ganga Nagar Malwana 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 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

I ASHWANI SISODIA (Name of the Student Pharmacist)
accept Ashish Sharma (Name of the Apprentice Master) of
Department of Pharmacy MIT Meerut (Name of the College / Institution)
CHC Alana Baghpat (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: 7/10/21


Signature of the Student Pharmacist

SECTION - III

I, Ashish Sharma (Name of the Apprentice Master)
accept Sri / Smt. ASHWANI SISODIA
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


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- (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: 7/10/21


Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that ASHWANI SISODIA (Name of student pharmacist) has undergone 550 hours training spread over from Date 7/10/21 to 10/1/22 for a period of Three months in accordance with the details enumerated in SECTION III

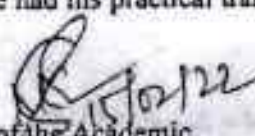
Date: 11/01/22


Head of the Organization or
Pharmaceutical Division
सामुदायिक स्वास्थ्य केंद्र
पिलाना (बागपत)

SECTION - V

I certify that ASHWANI SISODIA (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 15/01/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.




APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. DEEPANSHU
(Name of student pharmacist) son of / daughter of MULAK RAJ
residing at S/O MULAK RAJ, H.NO-762, LAKSHMAN PURI 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 section 10 of the Pharmacy Act, 1948.

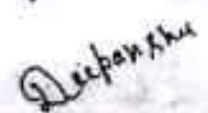
Date: 06/09/21


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

SECTION - II

I DEEPANSHU (Name of the Student Pharmacist)
accept SMT. BABITA RANI (Name of the Apprentice Master) of
MIT COLLEGE OF PHARMACY MEERUT (Name of the College / Institution)
DISTRICT WOMEN HOSPITAL MEERUT (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: 22/12/21


Signature of the Student Pharmacist

SECTION - III

I SMT. BABITA RANI (Name of the Apprentice Master)
accept Sri / Smt. DEEPANSHU
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

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

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


Date: 12/4/2022


Head of the Organization or
Pharmacist
Pharmaceutical Division

SECTION - IV

I certify that DEEPANSHU (Name of student pharmacist) has undergone 500 hours training spread over from Date 22/12/2021 to 12/4/22 for a period of 3 months in accordance with the details enumerated in SECTION III.


Date: 12/4/2022


Head of the Organization or
Pharmacist
Pharmaceutical Division

SECTION - V

I certify that DEEPANSHU (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: 12/04/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Dushyant KUMAR
(Name of student pharmacist) son of / daughter of SUDHEER KUMAR
residing at Village - Dayampur Kanker Meerut cantt. Post - KANKER KHERA
KANKER KHERA Meerut cantt. Post - KANKER KHERA Pin - 250001
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

I, Dushyant Kumar (Name of the Student Pharmacist)
accept Mohd. Ali Pharmacist (Name of the Apprentice Master) of
C.H.C. - Kairana Distt. Sharnli (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: 20.10.2021

Dushyant - Kumar
Signature of the Student Pharmacist

SECTION - III

I, Mohd Ali (Name of the Apprentice Master)
accept Sri / Smt. Dushyant Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 20-10-21

20-01-22 Reg. No. 18709
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Dushyant Kumar (Name of student pharmacist) has undergone 500 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: 20.01.2022

20/01/22
Head of the Organization or
Pharmaceutical Division
विक्रिता अधीक्षक
सानुनायक स्वास्थ्य केन्द्र
कैरना (शामली)

SECTION - V

I certify that Dushyant - Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 21/01/22

21/01/22
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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.




APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Gaurav Saini
(Name of student pharmacist) son of / daughter of Bijender Saini
residing at vill - Nama Post - mansurbur (M. Nagar)
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: 8-8-2021


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

SECTION - II

I, Gaurav Saini (Name of the Student Pharmacist)
accept Ravi Kumar (Name of the Apprentice Master) of
P.H.C mansurbur, Distt - Mozaffarnagar (Name of the College / Institution)
Department of Pharmacy M.T.I Meerut (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 15/09/2021

Gaurav Saini
Signature of the Student Pharmacist

SECTION - III

I, Ravi Kumar (Name of the Apprentice Master)
accept Sri / Smt. Gaurav Saini
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 15/09/2021

Head of the Organization of
Pharmaceutical Division

214
15/09/2021
Pharmacist
REGNO-26795

SECTION - IV

I certify that Gausar Saini (Name of student pharmacist) has undergone 500 hours training spread over from Date 15/09/2021 to 14/12/2021 for a period of three months in accordance with the details enumerated in SECTION III

Date: 16/12/2021

Head of the Organization of
Pharmaceutical Division

SECTION - V

I certify that Gausar Saini (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: 18/12/2021

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

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. Harsh sharma
(Name of student pharmacist) son of / daughter of Sanjay sharma
residing at Jhori Baraut (Baghpat)
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.

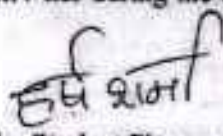
Date: 8-9-21


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

SECTION - II

I Harsh Sharma (Name of the Student Pharmacist)
accept Vineet Rathi (Name of the Apprentice Master) of
DIT - Kishanpur Basal (Name of the College / Institution)
DIT - Kishanpur Basal (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: 28/11/2021


Signature of the Student Pharmacist

SECTION - III

I Vineet Rathi (Name of the Apprentice Master)
accept Sri / Smt. Harsh Sharma
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 28/1/21

विश्वरूप
Head of the Organization or
Pharmaceutical Division
Primary Health Centre
Kishanpur Barai (Bhagpat)
Reg. No.: 32167

SECTION - IV

I certify that Harsh Sharma (Name of student pharmacist) has undergone 500 hours training spread over from Date 2/9/21 to 29/12/21 for a period of three months in accordance with the details enumerated in SECTION III

Date: 28/1/21

Harsh
Head of the Organization or
Pharmaceutical Division
प्रकारी चिकित्साधिकारी
डा. स्था. केन्द्र, किशनपुर बाराई
बलपद बागपत (उ.प्र.)

SECTION - V

I certify that Harsh Sharma (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 28/1/21

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

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. HIMANSHU VISHWAKARMA
(Name of student pharmacist) son of / daughter of RAMESH VISHWAKARMA
residing at VII-SONDIYA BUZURG Post KISHUNDEVPUR Dist KUSHINAGAR
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

I, Himanshu Vishwakarma (Name of the Student Pharmacist)
accept Sri D.K. Rai (Name of the Apprentice Master) of
CHC, Fazilnagar - Kishinagar (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: 16-9-2021

Himanshu Vishwakarma
Signature of the Student Pharmacist

SECTION - III

I, D.K. Rai (Name of the Apprentice Master)
accept Sri / Smt. Himanshu Vishwakarma
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

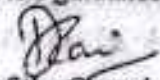
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

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

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

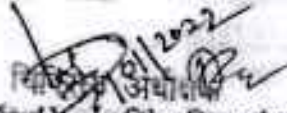
Date: 03/01/2022


Head of the Organization or
Pharmaceutical Division
C.H.C. Fainagar
Kushinagar (U.P)

SECTION - IV

I certify that Himanshu Vishwakarma (Name of student pharmacist) has undergone 700 hours training spread over from Date 16-9-2021 to 03-01-2022 for a period of 03 months in accordance with the details enumerated in SECTION III

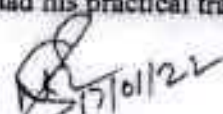
Date: 03/01/2022


Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Himanshu Vishwakarma (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
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 be filed with the trainee.

APPENDIX -E

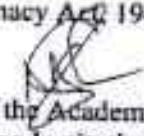
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sr/Smt. Hritik
(Name of student pharmacist) son of / daughter of Bishopal Singh
residing at Sarupia Khurd Sandhwa (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 section 10 of the Pharmacy Act, 1948.

Date: 08/09/2021


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

SECTION - II

I, Hritik (Name of the Student Pharmacist)
accept Vinay Kumar (Name of the Apprentice Master) of
Department of Pharmacy Meerut Institute of Technology (Name of the College / Institution)
GHC, Sarupia Khurd, Sandhwa (Meerut) (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: 08/09/2021

Hritik
Signature of the Student Pharmacist

SECTION - III

I, Vinay Kumar (Name of the Apprentice Master)
accept Sr / Smt. Hritik
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;



Cont...

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

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

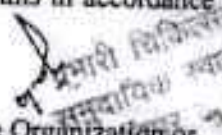
Date: 08/01/2022

Reg. No. 24743 Vinay Kumar
(Pharmacist)
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Hrishi (Name of student pharmacist) has undergone 500 hours training spread over from Date 01/10/2021 to 08/01/2022 for a period of 3 months in accordance with the details enumerated in SECTION III


Date: 08/01/2022


Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Hrishi (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: 11/01/2022


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


APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Jatin Kumar
(Name of student pharmacist) son of / daughter of Mr. Rajendra Kumar Sharma
residing at Gali No.1 Channa Bhatti Modinagar.
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: 09/09/2021


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

SECTION - II

I, Jatin Kumar (Name of the Student Pharmacist)
accept KARAN SAR (Name of the Apprentice Master) of
CCM Modinagar (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: 10/12/2021


Signature of the Student Pharmacist

SECTION - III

I, KARAN SAR (Name of the Apprentice Master)
accept Sri / Smt. Jatin Kumar
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my
organisation so that during his / her training he / she may acquire: -

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

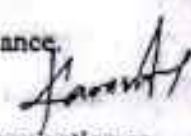


Cont...

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

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

Date: 10/12/2021



Head of the Organization or
Pharmaceutical Division

Chief Pharmacist
C.H.C Modinagar
GZ B.

SECTION - IV

I certify that Jatin Kumar (Name of student pharmacist) has undergone 550 hours training spread over from Date 10/12/2021 to 11/03/2022 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 12/03/2022

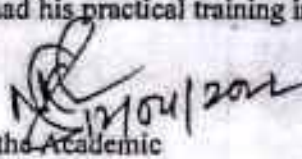

Head of the Organization or
Pharmaceutical Division

Medical Superintendent
C.H.C. Modi Nagar
Ghaziabad (U.P.)

SECTION - V

I certify that Jatin Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 12/04/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX - E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. KESHAV PRATAP SINGH
(Name of student pharmacist) son of / daughter of DIGVIJAY PRATAP SINGH
residing at VILL-BASANTPUR, POST-RAMPURGAADH, DISTT-DEORIA, 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 KESHAV PRATAP SINGH (Name of the Student Pharmacist)
accept WALISULLAH KHAN (Name of the Apprentice Master) of
Dept of Pharmacy Meerut Institute of Tech Meerut (Name of the College / Institution)
CHC Pipra Daula, Ibadam Dehalwalonā (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: 10/09/21


Signature of the Student Pharmacist

SECTION - III

I, WALISULLAH KHAN (Name of the Apprentice Master)
accept Sri / Smt. KESHAV 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: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

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

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

Date: 10/09/21

10/09/21
 Head of the Organization
 Pharmaceutical Division
 C.H.C. Pipra Bada Kadan
 Deoria

SECTION - IV

I certify that KESHAV PRATAP SINGH (Name of student pharmacist) has undergone 500hrs hours training spread over from Date 10/09/21 to 10/12/21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 10/12/21

10/12/21
 Head of the Organization
 Pharmaceutical Division
 C.H.C. Pipra Bada Kadan
 Deoria

SECTION - V

I certify that KESHAV PRATAP SINGH (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 by Pharmacy Council of India.

Date: 17/12/22

17/12/22
 Head of the Academic
 Training Institution
 Principal
 Department of Pharmacy
 MIT, Meerut



NOTE:

1. Each & every section should be filled in with correction information, signed & sealed with the authority's name & official stamp using the dates.
2. The practical training should 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 the 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 of the contract referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

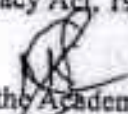
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Manish
(Name of student pharmacist) son of / daughter of Kamal
residing at Mehrauli, partapur, 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 section 10 of the Pharmacy Act, 1948.

Date: 15/sep/2021


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

SECTION - II

I Manish (Name of the Student Pharmacist)
accept M.K. Shukla (Name of the Apprentice Master) of
S.V.B.P Hospital Meerut (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: 15-Sep-2021

Manish Singh
Signature of the Student Pharmacist

SECTION - III

I M.K. Shukla (Name of the Apprentice Master)
accept Sri / Smt. Manish
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;




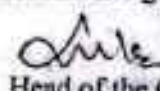
Cont...

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

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

Date: 01-11-2021



प्रमारी अधिकारी फार्मसी
स.व.भा.प. चिकित्सालय
मेरठ


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

SECTION - IV

I certify that Manish (Name of student pharmacist) has undergone 500 hours training spread over from Date 01-11-21 to 02-2-22 for a period of 3 months in accordance with the details enumerated in SECTION III

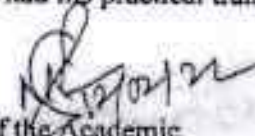
Date: 08-2-2022


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

SECTION - V

I certify that Manish (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: 12/02/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E

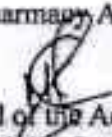
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. MANISH KUMAR
(Name of student pharmacist) son of / daughter of Mrs. RAJENDRA KUMAR
residing at DESHRAJ OLD TOWN - BAGHPAT
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: 20/09/2021


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

SECTION - II

I Manish Kumar (Name of the Student Pharmacist)
accept Vinita Kaushik (Name of the Apprentice Master) of
C.H.C. Baghat (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: 27/11/21


Signature of the Student Pharmacist

SECTION - III

I Vinita Kaushik (Name of the Apprentice Master)
accept Sri / Smt. Manish Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 27/11/21

Vinod
Head of the Organization on
Pharmaceutical Division
Community Health Center
Baghpat

SECTION - IV

I certify that Manish Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 27/11/21 to 2/3/22 for a period of (3) months in accordance with the details enumerated in SECTION III

Date: 2/3/22

Vr.
Head of the Organization or
Pharmaceutical Division
Community Health Center
Baghpat

SECTION - V

I certify that Manish Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 04/03/22

[Signature]
Head of the Academic
Training Institution



NOTE:

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

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. MANISH KUMAR DHARIWAL
(Name of student pharmacist) son of / daughter of MAHAK SINGH
residing at vill 9 Aloruspur muzaffarnagar UP
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: 6/9/21


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

SECTION - II

I MANISH KUMAR DHARIWAL (Name of the Student Pharmacist)
accept SHASHI KANT (Name of the Apprentice Master) of
MIT, Meerut (Name of the College / Institution)
CHC DOTA CHURLI DISTT - MUZAFFARNAGAR (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: 28.9.21


Signature of the Student Pharmacist

SECTION - III

I SHASHI KANT (Name of the Apprentice Master)
accept Sri / Smt. MANISH KUMAR DHARIWAL
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



A.M.M. मखियाली
स्ट. ४. एन. जे. ६

-2-

- (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
Pharmaceutical Division
C.H.C. Muzaffarnagar

SECTION - IV

I certify that MANISH KUMAR DHARIVAL (Name of student pharmacist) has undergone 500 hours training spread over from Date 28.9.21 to 28.12.21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 3/1/22

Head of the Organization
Pharmaceutical Division
Muzaffarnagar

SECTION - V

I certify that Manish Kumar Dharival (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: 10/01/22

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/Md/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



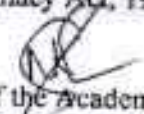
APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. MOHAMMAD JAFAR 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 JAFAR KHAN (Name of the Student Pharmacist)
accept AVADHESH KUMAR AGRAHARI (Name of the Apprentice Master) of
MEERUT INSTITUTE OF TECHNOLOGY MEERUT (Name of the College / Institution)
NEW P.O. SARHARI JUNGLE KAUNDIA, GORAKHPUR (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: 01/12/2021

Mohd. Jafar Khan.
Signature of the Student Pharmacist

SECTION - III

I AVADHESH KUMAR AGRAHARI (Name of the Apprentice Master)
accept Sri / Smt. MOHAMMAD JAFAR KHAN
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: --

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 01/12/21

Mom
Head of the Organization or
Pharmaceutical Division,
प्रभारी विधिकसौचकारी
प्रोन्वाकेन्द्र, संगम कोडिया
मेरठपुर

SECTION - IV

I certify that MOHAMMAD JAFAR KHAN (Name of student pharmacist) has undergone 500 hours training spread over from Date 01.12.2021 to 09.03.2022 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 09.03.2022

Alpachoni
Head of the Organization of
Pharmaceutical Division

SECTION - V

I certify that MOHAMMAD JAFAR KHAN (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 14/03/22

14/03/22
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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. Mohd Amjad
(Name of student pharmacist) son of / daughter of Mangta
residing at Village - Kalyanpur - Post - Budhana, Distt - Muzaffarnagar UP
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: 08/09/2021


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

SECTION - II

I Mohd. Amjad (Name of the Student Pharmacist)
accept Yatender Gini (Name of the Apprentice Master) of
PHC Kuzalsi Budhana (Name of the College / Institution)
MZN. (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: 09/09/21

Mohd Amjad
Signature of the Student Pharmacist

SECTION - III

I Yatender Gini (Name of the Apprentice Master)
accept Sri / Smt. Mohd. Amjad
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

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

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

Date: 09/09/21

(2)
Sunder Giri
Pharmacist
PHC Kuralsi
Budhana (M.Nagar)
Reg. 25570 SECTION - IV

Head of the Organization or
Pharmaceutical Division
प्रो. स्वा. को. नं. 2
कुरालसी, (मु. नगर)

I certify that Mohd. Amjad (Name of student pharmacist) has undergone 500 hours training spread over from Date 9-9-21 to 5-1-22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 5-1-22

(2)
Sunder Giri
Pharmacist
PHC Kuralsi
Budhana (M.Nagar)
Reg. 25570 SECTION - V

Head of the Organization or
Pharmaceutical Division
धाम
विकिस्ताधिकारी
प्रो. स्वा. को. नं. 2
कुरालसी, (मु. नगर)

I certify that Mohd Amjad (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 27/01/22

(2)
27/01/22
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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E

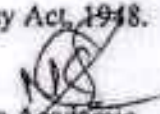
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. MOHD SANAUULLAH
(Name of student pharmacist) son of / daughter of MD WASIUR RAHMAN
residing at S-10/15-A JOGA BAI 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: 21/09/2021


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

SECTION - II

I MOHD SANAUULLAH (Name of the Student Pharmacist)
accept Jitendra (Name of the Apprentice Master) of
DEPARTMENT OF PHARMACY M.I.T (Name of the College / Institution)
M X CIVIL KHIZRABAD CENTRE (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: 4/10/2021


Signature of the Student Pharmacist

SECTION - III

I Jitendra (Pharmacist) (Name of the Apprentice Master)
accept Sri / Smt. Mohd Sanaulлах
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 4/10/2021

[Signature]
Head of the Organization or
Pharmaceutical Division

M. A. ...
Kharakdas (M.C.D.)
New Delhi

SECTION - IV

I certify that Mohd Samaulah (Name of student pharmacist) has undergone 550 hours training spread over from Date 4/10/2021 to 18/1/2022 for a period of 2 months in accordance with the details enumerated in SECTION III

Date: 24/01/2022

[Signature]
Head of the Organization or
Pharmaceutical Division

Officer
in-charge
Centre
Kharakdas (M.C.D.)
New Delhi

SECTION - V

I certify that Mohd Samaulah (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 02/02/2022

[Signature]
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 as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

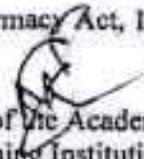
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. MOHD ANAS KHAN
(Name of student pharmacist) son of / daughter of SAKEEL AHMAD
residing at H.NO 142, SIWAL KHAS, MEERUT, 250501
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

I MOHD ANAS KHAN. (Name of the Student Pharmacist)
accept DEEPAK TRAUT (Name of the Apprentice Master) of
MIT, PHARMACY, MEERUT (Name of the College / Institution)
DIST. WOMEN HOSPITAL MEERUT (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 19/9/21

Anas Khan
Signature of the Student Pharmacist

SECTION - III

I DEEPAK TRAUT (Name of the Apprentice Master)
accept Sri / Smt. MOHD. ANAS KHAN.
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by 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
- (c) the storage of drugs and medicinal preparations.

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

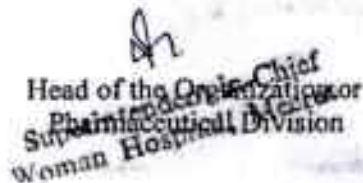
Date: 18/9/21


Head of the Organization or
Pharmaceutical Division
Meerut

SECTION - IV

I certify that MOHD. ANIS KHAN (Name of student pharmacist) has undergone 540 hours training spread over from Date 18/9/21 to 24/1/22 for a period of 3 months in accordance with the details enumerated in SECTION III

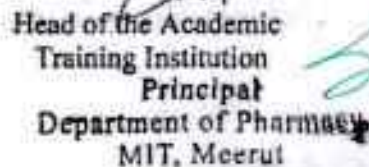
Date: 24/1/22


Head of the Organization or
Pharmaceutical Division
Meerut

SECTION - V

I certify that MOHD. ANIS KHAN (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 25/01/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. MOHIT JAISWAL
(Name of student pharmacist) son of / daughter of SHAMBHU JAISWAL
residing at VILL. ASNAHARA DIST. BASTI UTTAR PRADESH
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: 15/09/2021


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

SECTION - II

I Mohit Jaiswal (Name of the Student Pharmacist)
accept Rajesh Kumar Chaudhary Chief Pharmacist (Name of the Apprentice Master) of
C.H.C. Bhanpur Basti U.P. (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: 08-10-2021

Mohit
Signature of the Student Pharmacist

SECTION - III

I Rajesh Kumar Chaudhary (Name of the Apprentice Master)
accept Sri / Smt. Mohit Jaiswal
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


Cont...




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

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

Date: 15-1-2022



अधीक्षक
सामुदायिक स्वास्थ्य केंद्र-भानपुर
बस्ती


Head of the Organization or
Pharmaceutical Division
सामुदायिक स्वास्थ्य केंद्र-भानपुर
बस्ती

SECTION - IV

I certify that Mohit Jaiswal (Name of student pharmacist) has undergone 500 hours training spread over from Date 06-10-2021 to 15-1-2022 for a period of Three months in accordance with the details enumerated in SECTION III

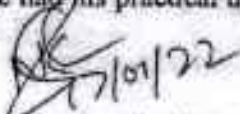
Date: 15-1-2022


Head of the Organization or
Pharmaceutical Division
सामुदायिक स्वास्थ्य केंद्र-भानपुर
बस्ती

SECTION - V

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: 17/01/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Nahid Hasan
(Name of student pharmacist) son of / daughter of Aydaus Bahadur
residing at Village - Kalyanpur, Post Budhana, Distt. - Muzaffarnagar (UP)
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: 08/sep/2021


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

SECTION - II

I, Nahid Hasan (Name of the Student Pharmacist)
accept _____ (Name of the Apprentice Master) of
Department of Pharmacy MIT, Meerut (Name of the College / Institution)
Community Health Centre, Budhana M.Nagar (UP) (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

Nahid Hasan
Signature of the Student Pharmacist

SECTION - III

I, Pradeep Kumar (Name of the Apprentice Master)
accept Sri / Smt. Nahid Hasan
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 18/09/21

Prakash Kumar Head of the Organization
 Pharmacist, Pharmaceutical Division
 C.H.C. Budhana सामुदायिक स्वास्थ्य केंद्र बुधना (मु० नगर)

SECTION - IV

I certify that Nahid Hasan (Name of student pharmacist) has undergone 500 hours training spread over from Date 18/09/21 to 02/01/2022 for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 05/01/2022

Prakash Kumar Head of the Organization
 Pharmacist, Pharmaceutical Division
 C.H.C. Budhana सामुदायिक स्वास्थ्य केंद्र बुधना (मु० नगर)

SECTION - V

I certify that Nahid Hasan (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: 07/03/22

07/03/22
 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 date.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I




This form has been issued to Sri/Smt. NASIR

(Name of student pharmacist) son of / daughter of Mr. DILSHAD

residing at VILL PEEPLIKHERA - POST-BIJOLI, 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 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 NASIR (Name of the Student Pharmacist)

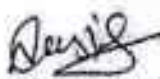
accept M.K. Shukla (Name of the Apprentice Master) of

S.V.B.P. Hospital Meerut (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: 01/11/21


Signature of the Student Pharmacist

SECTION - III

I M.K. Shukla (Name of the Apprentice Master)

accept Sri / Smt. NASIR

(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


Cont...

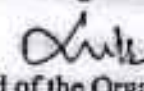


- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

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

Date: 01/11/21



प्रभारी अधिकारी फार्मसी
स.य.भा.प. चिकित्सालय
मेरठ


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

SECTION - IV

I certify that Nashir (Name of student pharmacist) has undergone 500 hours training spread over from Date 01.11.21 to 02.2.22 for a period of 3 months in accordance with the details enumerated in SECTION III

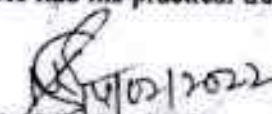
Date: 08/02/22


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

SECTION - V

I certify that NHSIR (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


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



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. NIKHIL
(Name of student pharmacist) son of / daughter of BIJENDRA SINGH
residing at NEW MALIYANA, 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 section 10 of the Pharmacy Act, 1948.

Date: 06-09-21


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

SECTION - II

I NIKHIL (Name of the Student Pharmacist)
accept Satish kumar (Name of the Apprentice Master) of
DIST Combined Hospital Sanjay Nagar (Name of the College / Institution)
G.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.

Date: 09/09/21

Nikhil
Signature of the Student Pharmacist

SECTION - III

I, Satish kumar (Name of the Apprentice Master)
accept Sri / Smt. NIKHIL
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;



Cont...

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

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

Date: 22/12/21

SK
Head of the ~~College~~ Pharmacist
CHITRA MEDICAL HOSPITAL
DISTT. COMBARKHATA
SANJAY NAGAR, GHAZIABAD

SECTION - IV

I certify that NIKHIL (Name of student pharmacist) has undergone 500 hours training spread over from Date 09/09/21 to 22/12/21 for a period of 02 months in accordance with the details enumerated in SECTION III

Date: 22/12/21

S
Head of the ~~College~~ Pharmacist
CHITRA MEDICAL HOSPITAL
DISTT. COMBARKHATA
SANJAY NAGAR, GHAZIABAD

SECTION - V

I certify that NIKHIL (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: 10/01/22

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



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. NAWAL KISHORE SINGH
(Name of student pharmacist) son of / daughter of LATE- RAUMANGAL SINGH
residing at VILL- BHALUHA POST-BHALUHA NO.2 DIST-KUSHINAGAR U.P.
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 14/09/2021


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

SECTION - II

I, NAWAL KISHORE SINGH (Name of the Student Pharmacist)
accept Atma Singh (Name of the Apprentice Master) of
DEPARTMENT OF PHARMACY MIT, MEERUT (Name of the College / Institution)
C.H.C. KAPTANGANJ, KUSHINAGAR (U.P.) (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 14/9/2021

Naval Kishore Singh
Signature of the Student Pharmacist

SECTION - III

I, Atma Singh (Name of the Apprentice Master)
accept Sri/Smt. NAWAL KISHORE 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: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 12/01/2022

Abhis Singh ST
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that NAWAL KISHORE SINGH (Name of student 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: 17/01/2022

Abhis Singh
Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that NAWAL KISHORE SINGH (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: 14/02/22

Abhis Singh
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 as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri Smt. Owais Khan
(Name of student pharmacist) son of / daughter of Nasim Khan
residing at Villa post. Dargah Dist. Bulandshahr Uttar Pradesh (U.P.)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 29/11/2021


Head of the Academic
Training
Department of Pharmacy
MIT, Meerut

SECTION - II

I Owais Khan (Name of the Student Pharmacist)
accept Dharmendra Singh Tomar (Name of the Apprentice Master) of
Department of Pharmacy MIT, Meerut (Name of the College / Institution)
at Deen Dayal Upadhyaya Joint Hospital Aligarh (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 15.12.2021

Owais Khan
Signature of the Student Pharmacist

SECTION - III

I Dharmendra Singh Tomar (Name of the Apprentice Master)
accept Sri Smt. Owais Khan
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

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

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

Date: 11.03.2022


Head of the Organization of
Pharmaceutical Division

SECTION - IV

I certify that Owais Khan (Name of student pharmacist) has undergone 500 hours training spread over from Date 15.12.2021 to 20.03.2022 for a period of 03 months in accordance with the details enumerated in SECTION III

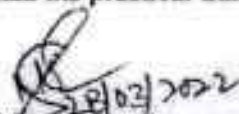
Date: 22.03.2022


Chief Medical Officer
Head of the Organization of
Pharmaceutical Division
ALIGARH

SECTION - V

I certify that Owais-Khan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 22/03/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. PRABHU NATH OJHA
(Name of student pharmacist) son of / daughter of RAJ NATH OJHA
residing at 244 Sunder Puri GHAZIABAD
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: 14/09/21


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

SECTION - II

I, Prabhu Nath Ojha (Name of the Student Pharmacist)
accept Bansjee Kumar (Name of the Apprentice Master) of
Department of Pharmacy MIT Meerut (Name of the College / Institution)
District Hospital Meerut (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 15 9 21


Signature of the Student Pharmacist

SECTION - III

I, Bansjee Kumar (Name of the Apprentice Master)
accept Sri / Smt. Prabhu Nath Ojha
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

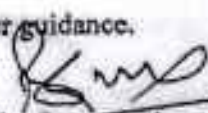


- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

REG NO
14703


Date: 15-09-21


Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Rishabh Nath Singh (Name of student pharmacist) has undergone 500 hours training spread over from Date 15-9-21 to 15-12-21 for a period of 3 months in accordance with the details enumerated in SECTION III

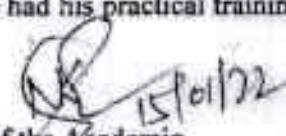
Date: 15-12-21


Head of the Organization or
Pharmaceutical Division
Date: 15.12.21

SECTION - V

I certify that Rishabh Nath Singh (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 15.09.21


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



APPENDIX - E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. SANIL GOSWAMI
(Name of student pharmacist) son of / daughter of RAJIV KUMAR GOSWAMI
residing at BTNAULI BAGHPAT UTTAR PRADESH
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.

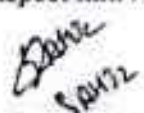
Date: 06/09/2021


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

SECTION - II

I, Sanil Goswami (Name of the Student Pharmacist)
accept Sanjeev Kumar (Name of the Apprentice Master) of
MIT College Meerut (Name of the College / Institution)
Sanjeev Kumar Chel Bagnauli (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: 07/09/21 (Sat) 07/09/21


Signature of the Student Pharmacist

SECTION - III

I, Sanjeev Kumar (Name of the Apprentice Master)
accept Sri / Smt. Sanil Goswami
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 09/09/21

Head of the Organization or
Pharmacist (Baghpur)
C.H.C. Binauli (Baghpur)

SECTION - IV

I certify that Sahil goswami (Name of student pharmacist) has undergone sookand hours training spread over from Date 07/09/21 to 29/12/21 for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 29/12/21

Head of the Organization or
Pharmacist (Baghpur)
C.H.C. Binauli (Baghpur)

SECTION - V

I certify that SAHIL GOSWAMI (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



NOTE:

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

APPENDIX - E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. SAIJI KHAN
(Name of student pharmacist) son of / daughter of ABBAS KHAN
residing at VILL: DILCHPURA Post: AMINGAR SARAI Dist: (BAGHAPAT) UP-250101
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 Academic
Training Institution
Principal
Department of Pharmacy
MIT, Meerut

SECTION - II

I, Saiji Khan (Name of the Student Pharmacist)
accept Satish K. Giri (Name of the Apprentice Master) of
Department of Pharmacy MIT Meerut (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: 08/09/21

Saiji Khan
Signature of the Student Pharmacist

SECTION - III

I, Satish K. Giri (Name of the Apprentice Master)
accept Sri / Smt. Saiji Khan
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my
organisation so that during his / her training he / she may acquire: --

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

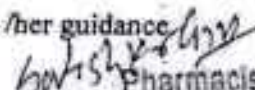


Cont...

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

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


Date: 08/09/2021


Pharmacist
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Saiji Khan (Name of student pharmacist) has undergone 500 hours training spread over from Date 01/9/2021 to 31/12/2021 for a period of Three months in accordance with the details enumerated in SECTION III

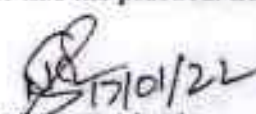
Date: 3/01/2022


Head of the Organization or
Pharmaceutical Division
Bagpat

SECTION - V

I certify that Saiji Khan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/01/22


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



NOTE:

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

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Shivani
(Name of student pharmacist) son of / daughter of Mr. Rabbu
residing at Village - Basuipuri Raha Badath 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 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, Shivani (Name of the Student Pharmacist)
accept V.P. Yadav (Name of the Apprentice Master) of
MIT Meerut (Name of the College / Institution)
Dish Hospital Meerut (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.

Date: 1-11-2021


Signature of the Student Pharmacist

SECTION - III

I, V.P. Yadav (Name of the Apprentice Master)
accept Sri / Smt. Shivani
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;



Cont...

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

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


Date: 16/2/20


Head of the Organization or
Pharmaceutical Division
MIZAN HOSPITAL
MIZAN

SECTION - IV

I certify that Shivani (Name of student pharmacist) has undergone 500 hours training spread over from Date 1/11/2021 to 15/2/2022 for a period of 3 months in accordance with the details enumerated in SECTION III


Date: 15/2/2022


Head of the Organization or
Pharmaceutical Division
District Hospital
Muzaffargarh

SECTION - V

I certify that Shivani (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: 17/08/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. SHWETA KUSHWAHA
(Name of student pharmacist) son of / daughter of MR. RAM BHOO SINGH
residing at K2/9211 SHASTRI NAGAR, 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 section 10 of the Pharmacy Act, 1948.

Date: 26/09/2021


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

SECTION - II

I Shweta Kushwaha (Name of the Student Pharmacist)
accept M.K. Shukla (Name of the Apprentice Master) of
Dept of Pharmacy MIT Meerut (Name of the College / Institution)
C.V.B.P. Hospital Meerut (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: 26/9/21


Signature of the Student Pharmacist

SECTION - III

I M.K. Shukla (Name of the Apprentice Master)
accept Sri / Smt. Shweta Kushwaha
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 10-01-22

प्रभारी अधिकारी
स.व.भा.प. विकिसालय
मेरठ

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

SECTION - IV

I certify that Shweta Kushwaha (Name of student pharmacist) has undergone 570 hours training spread over from Date 26-09-21 to 10-01-22 for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 10-01-22

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

SECTION - V

I certify that Shweta Kushwaha (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: 28/01/22

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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. STUTI PAL
(Name of student pharmacist) son of / daughter of RAJ KUMAR PAL
residing at 701, VILL NAGLA TASHI, KANKARKHERA, MEERUT, 250001
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

I STUTI PAL (Name of the Student Pharmacist)
accept DEEPAK TYAGT (Name of the Apprentice Master) of
MIT, MEERUT (Name of the College / Institution)
DIST. WOMEN HOSPITAL MEERUT (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: 09/9/21


Signature of the Student Pharmacist

SECTION - III

I DEEPAK TYAGT (Name of the Apprentice Master)
accept Sri / Smt. STUTI PAL
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 09/9/21

[Signature]
Head of the Organization of
Pharmaceutical Division
Meerut

SECTION - IV

I certify that STUTI PACE (Name of student pharmacist) has undergone 500 hours training spread over from Date 9/9/21 to 25/1/22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 25/1/22

[Signature]
Head of the Organization of
Pharmaceutical Division
Meerut

SECTION - V

I certify that STUTI PACE (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

[Signature]
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 as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. Sudhanshu Kumar
(Name of student pharmacist) son of / daughter of Mr. Gyanendra Kumar
residing at Shiv nagar, Modipuram, 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 section 10 of the Pharmacy Act, 1948.

Date: 10/9/2021


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

SECTION - II

I Sudhanshu Kumar (Name of the Student Pharmacist)
accept Karan Singh (Name of the Apprentice Master) of
CPC Modipuram (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: 24/12/2021

Sudhanshu Kumar
Signature of the Student Pharmacist

SECTION - III

I Karan Singh (Name of the Apprentice Master)
accept Sri / Smt. Sudhanshu Kumar
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my
organisation so that during his / her training he / she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;


Cont...



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

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

Date: 24/12/2021



Head of the Organization or
Pharmaceutical Division

For Pharmacist
C.H.C. Modinagar
GZB.

SECTION - IV

I certify that Sudhanshu Kumar (Name of student pharmacist) has undergone 550 hours training spread over from Date 24/12/2021 to 25/03/2022 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 26/03/2022



Head of the Organization or
Pharmaceutical Division

C.H.C. Modinagar
Ghaziabad (U.P.)

SECTION - V

I certify that Sudhanshu Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 29/03/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX - E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. SUHAIL AHMAD
(Name of student pharmacist) son of / daughter of SALBEM AHMAD
residing at MOH. CHOUDHARYAN SAHASPUR BIZBER (U.P)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 15/09/21


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

SECTION - II

I SUHAIL AHMAD (Name of the Student Pharmacist)
accept 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 obey and respect him / her during the entire
period of my training.

Date: 04.10.21

Suhail Ahmad
Signature of the Student Pharmacist

SECTION - III

I BHAGWAN SINGH (Name of the Apprentice Master)
accept Sri / Smt. SUHAIL AHMAD
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

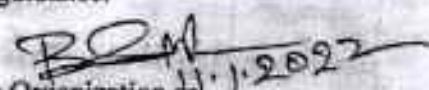
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- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

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

Date: 4.10.21



Head of the Organization of
Pharmaceutical Division

Pharmacist
CHC-Kanith
MBD

SECTION - IV

I certify that SUHAIL AHMAD (Name of student pharmacist) has undergone 750 hours training spread over from Date 4-10-21 to 11-01-2022 for a period of 03 months in accordance with the details enumerated in SECTION III


Date: 11.01.22


Head of the Organization of
Pharmaceutical Division

SECTION - V

I certify that SUHAIL AHMAD (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: 18/01/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. SUNEEL KUMAR
(Name of student pharmacist) son of / daughter of RAM KHILODHAR
residing at V.V.L. CAHARPUR, DHOBAHA, HANIA, POST-PRAYAGRAJ, M.P. Pin-221502
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

I Suneel Kumar (Name of the Student Pharmacist)
accept R. N. SINGH (Name of the Apprentice Master) of
S.R.W. Hospital, Prayagraj (Name of the College / Institution)
S.R.W. Hospital, Prayagraj (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.

Suneel Kumar

Signature of the Student Pharmacist

Date: 14/09/2021

SECTION - III

I R. N. SINGH (Name of the Apprentice Master)
accept Sri / Smt. Suneel Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 14/09/21

Ramsh
Head of the Organization or
Pharmaceutical Division
प्रमुख औषधि विभाग प्रमुख
एच० एन० चिकित्सालय
प्रकाशराज

SECTION - IV

I certify that Suneel Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 14.09.21 to 16.12.21 for a period of three months in accordance with the details enumerated in SECTION III

Date: 16/12/21

Head of the Organization or
प्रमुख औषधि विभाग प्रमुख (इसका पी)
स्वरूप एन० मेरठ चिकित्सालय एन० चिकित्सालय
प्रकाशराज प्रकाशराज

SECTION - V

I certify that SUNEEL KUMAR (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/01/22

[Signature]
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 be filed with the trainee.

APPENDIX -E

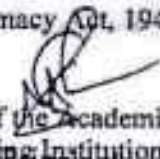
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. SWATI GAUTAM
(Name of student pharmacist) son of / daughter of MR. LEELV
residing at FATEHPUR AMINAGAR SARAI (RURAL) BAGHPAT
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: 20/09/2021


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

SECTION - II

I, Swati Gautam (Name of the Student Pharmacist)
accept M.K. Shukla (Name of the Apprentice Master) of
S.V.B.P. Hospital Meerut (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: 10-1-22

Swati Gautam
Signature of the Student Pharmacist

SECTION - III

I, M.K. Shukla (Name of the Apprentice Master)
accept Sri / Smt. Swati Gautam
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

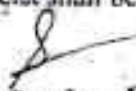
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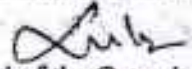


- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
(e) the storage of drugs and medicinal preparations.

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

Date: 10-1-22



प्रभारी-अधिकारी फार्मसी
स.व.भा.प. चिकित्सालय
मेरठ


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

SECTION - IV

I certify that Swati Gauram (Name of student pharmacist) has undergone 500 hours training spread over from Date 10.1.22 to 25.4.22 for a period of 3 months in accordance with the details enumerated in SECTION III

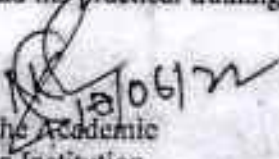
Date: 25-4-22


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

SECTION - V

I certify that Swati Gauram (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: 10/06/22


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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.




APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Swati Yadav
(Name of student pharmacist) son of / daughter of Mr. Yudhvir Singh
residing at Vikas Puri, Rolda 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 section 10 of the Pharmacy Act, 1948.


Date: 10/09/21


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

SECTION - II

I, SWATI YADAV (Name of the Student Pharmacist)
accept: DEEPAK TRAUT (Name of the Apprentice Master) of
MIT, MEERUT (Name of the College / Institution)
DISTRICT WOMEN HOSPITAL MEERUT (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: 20/9/21


Signature of the Student Pharmacist

SECTION - III

I, DEEPAK TRAUT (Name of the Apprentice Master)
accept Sri / Smt. SWATI YADAV
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 26/9/22

[Signature]
Chief Pharmacist
Head of the Organization of
Pharmaceutical Association

SECTION - IV

I certify that SWATI YADAV (Name of student pharmacist) has undergone 540 hours training spread over from Date 16/9/22 to 25/1/22 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 25/1/22

[Signature]
Head-in-Chief
of the Organization of
Pharmaceutical Division

SECTION - V

I certify that SWATI YADAV (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

[Signature]
25/01/22
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 academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I



This form has been issued to Sri/Smt. UJJWAL GUPTA
(Name of student pharmacist) son of / daughter of NARESH GUPTA
residing at SUGAR MILL MOHIUDDINPUR 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 section 10 of the Pharmacy Act, 1948.

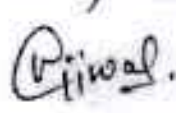
Date: 06/09/21


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

SECTION - II

I, Ujjwal Gupta (Name of the Student Pharmacist)
accept KARAN LAL (Name of the Apprentice Master) of
Che modinagar (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: 10/09/21


Signature of the Student Pharmacist

SECTION - III

I, KARAN LAL (Name of the Apprentice Master)
accept Sri / Smt. UJJWAL GUPTA
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my
organisation so that during his / her training he / she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 10/09/21

Head of the Organization or
Pharmaceutical Division

[Signature]
C.H.C. Modi Nagar
GZB

SECTION - IV

I certify that UJJWAL GUPTA (Name of student pharmacist) has undergone 550 hours training spread over from Date 10/09/21 to 20/12/21 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 21/12/21

Head of the Organization or
Pharmaceutical Division
C.H.C. Modi Nagar
Ghaziabad (U.P.)

SECTION - V

I certify that UJJWAL GUPTA (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

[Signature]
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 as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. VAIBHAV YADAV
(Name of student pharmacist) son of / daughter of JOGENDRA SINGH YADAV
residing at SUGAR MILL, MOHIJODDINPUR (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 section 10 of the Pharmacy Act, 1948.

Date: 06/sep/2021


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

SECTION - II

I Vaibhav Yadav (Name of the Student Pharmacist)
accept Karan Lal (Name of the Apprentice Master) of
Chemodi 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: 10/09/21

Vyadav
Signature of the Student Pharmacist

SECTION - III

I Karan Lal (Name of the Apprentice Master)
accept Sri / Smt Vaibhav Yadav
(Name of the student pharmacist) as a trainee and I agree to give him / her training facilities in my
organisation so that during his / her training he / she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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


Date: 10/09/21


Head of the Organization or
Pharmaceutical Division
C.H.C. Modinagar
GZB

SECTION - IV

I certify that Vaibhav Yadav (Name of student pharmacist) has undergone 550 hours training spread over from Date 10/09/21 to 20/12/21 for a period of Three months in accordance with the details enumerated in SECTION III


Date: 21/12/2021


Head of the Organization or
Pharmaceutical Division
Medical Superintendent
C.H.C. Modi Nagar
Ghaziabad (U.P.)

SECTION - V

I certify that VAIBHAV YADAV (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
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 as the Second copy and the third copy) shall be filed with the trainee.



APPENDIX -E


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION - I

This form has been issued to Sri/Smt. VINAY KUMAR
(Name of student pharmacist) son of / daughter of VINOD KUMAR
residing at 357/2 - 1, Cantonment, Nagay Bhandari, 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 section 10 of the Pharmacy Act, 1948.

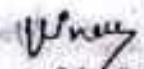
Date: 07/09/2021


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

SECTION - II

I, Vinay Kumar (Name of the Student Pharmacist)
accept Vinay Kumar (Name of the Apprentice Master) of
MIT, Meerut (Dept. of Pharmacy) (Name of the College / Institution)
C/o Saradana, Meerut (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: 10/12/21


Signature of the Student Pharmacist

SECTION - III

I, Vinay Kumar (Name of the Apprentice Master)
accept Sri / Smt. Vinay Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 09/03/22

Vinay Kumar
Head of the Organization or
Pharmaceutical Division

SECTION - IV

Pharmacist
C.H.C. Sardhana (Meerut)

I certify that *Vinay Kumar* (Name of student pharmacist) has undergone *500* hours training spread over from Date *10/12/2021* to *09/03/2022* for a period of *3* months in accordance with the details enumerated in SECTION III

Date: 09/03/22

V
Head of the Organization or
Pharmaceutical Division

SECTION - V

शिक्षण संस्थान
रामपुर, रायबरेली जिला, उत्तर प्रदेश (मेरठ)

I certify that *Vinay Kumar* (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 14/03/22

Vinay Kumar
Head of the Academic
Training Institution



NOTE:

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


APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Vijay Kumar
(Name of student pharmacist) son of / daughter of America Nishad
residing at Vill. Bhoumab. Post. Dehantya Bazar. Dist - Gorakhpur
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.

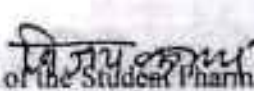
Date: 10-10-99


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

SECTION - II

I, Vijay Kumar (Name of the Student Pharmacist)
accept Sushil Shukla (Name of the Apprentice Master) of
Department of Pharmacy Meerut Institute of Technology (Name of the College / Institution)
C.N.C. Pali Gorakhpur (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: 10-11-99


Signature of the Student Pharmacist

SECTION - III

I, Sushil Shukla (Name of the Apprentice Master)
accept Sri / Smt. Vijay Kumar
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
 - (a) the manipulation of pharmaceutical apparatus in common use;
 - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...



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

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

Date: 15/01/2021

[Signature]
Head of the Organization or
Pharmaceutical Division
Sushil Kumar Shukla
C.H.C Pali
Gorakhpur.

SECTION - IV

I certify that Vijay Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date _____ to _____ for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 15.1.2021

[Signature]
Head of the Organization or
Pharmaceutical Division
C.H.C Pali
गोरखपुर

SECTION - V

I certify that Vijay Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 04/02/22

[Signature]
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 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

Phone: 9568009988, 9457612971

S.No.

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 SATISFACTORY I WISH GOOD & SUCCESS FUTURE.

Authorized Signature

Trauma Center
Near Naya Bansh Bus Stand,
Bulandshahr Road Siyana (B.S.R)





DISHA HOSPITAL



Rx

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.

DISHA HOSPITAL
State Bank Colony
Hapur Road, Meerut



State Bank Colony, Hapur Road, Meerut.

लक्ष्य हैलथ केयर सेंटर

निकट कैनरा बैंक, सरघना 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
Saradhana Road, Kankar Khera, Meerut.
Ph.: 0121-2630632,
8193063050, 9639550570

कार्यालय- प्रमुख अधीक्षक, संव०भा०प०चिकित्सालय, मेरठ।

प्रमाणित किया जाता है, कि Akshat Agarwal पुत्र/पुत्री श्री Arun Kumar Agarwal निवासी 8/1, Jagannath Puri Meerut जिला Meerut से है जो कि Dept. of Pharmacy Meerut Institute of Technology रोड न० 1910-34050005 में बी० फार्मा पुनः वर्ष का छात्र है। इन्होंने सरदार वल्लभ भाई पटेल चिकित्सालय, मेरठ से 45 दिन का व्यवहारिक प्रशिक्षण डी० फार्मा की भांति दिनांक:- 8-7-22 से दिनांक:- 22-8-22 तक सफलता पूर्वक प्राप्त कर लिया है। हम इनके उज्ज्वल भविष्य की कामना करते हैं।


दिनेशचंद्र

प्रभारी अधिकारी फार्मसी
संव०भा०प०चिकित्सालय मेरठ।

प्रभारी अधिकारी फार्मसी
संव०भा०प० चिकित्सालय
मेरठ



एम०के०शुक्ला

चीफ फार्मसिस्ट

संव०भा०प०चिकित्सालय मेरठ।

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


चिकित्सा अधीक्षक

संव०भा०प०चिकित्सालय मेरठ।

Medical Superintendent

S.V.B.P. Hospital
Meerut





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**.

M. Singh
Aryavart Hospital

Meerut, Uttar Pradesh
ARYAVART HOSPITAL
(A Unit of Shreya Medicare Pvt. Ltd.)
NH-58, Near Toll Plaza
Roorkee Road, Meerut (U.P.)



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.Pharm 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





VENKATESHWAR

HOSPITAL

.....Divinity in Healthcare

Leading Multi-Super-Specialty Hospital



Accredited by NABH
Healthcare (H) 001-001

011-48-555-555

Sector 18A, Dwarika, New Delhi-110075

info@venkateshwarhospitals.com

www.venkateshwarhospitals.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.Pharm 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.

His 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








श्री नारायण हॉस्पिटल

24 घण्टे इमरजेंन्सी सुविधा उपलब्ध है।

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

सम्बन्धित सुविधाएँ

- शैल्डो एच कन्वीरान
- पन्टीमेरालिटी ओ. पी. सी.
- डीएलएच व सुपरबीमल क्लिन
- आईसीएम व सेमीआईसीएम एच एच प्रणाली कब्र. इन्फरमेशन सिस्टम
- एडमिनिस्ट्रेशन- एडमिशन, ई. सी. जी. आई. सी. पी. यू. इन्फरमेशन सिस्टम
- न्यूरोलॉजी- ई. ई. जी., एच. सी. पी., आई. सी. पी. यू. इन्फरमेशन सिस्टम व एडमिनिस्ट्रेशन सिस्टम
- इन्टरनल टुंग मेडिसिन- फिटीकल केंद्र, डायग्नोसिक आई. सी. यू.
- अल्ट्रासाउंड कब्रि- प्रोन्स व डुबल ट्रांसलटर एवं इन्ट्री के सभी ऑपरेशन सुविधाएँ- आई. आई. आई. एम. (सेवा) सिस्टम
- नेफ्रोलॉजी- डायलिसिस व ट्यूब के सभी ऑपरेशन
- रेडियोलॉजी- एन. सी. पी. आई. सी. यू. रेडियोलॉजिकल कब्रि, फ्लोरोस्कोपी, टोमोग्राफी, सेडो-राडियोलॉजिकल कब्रि
- ओन्कोलॉजी- केन्सर की सभी कब्रि व सिस्टम
- ई. एम. टी. कब्रि- एडमिशन व एडमिनिस्ट्रेशन कब्रि
- एडमिनिस्ट्रेशन- एडमिशन सिस्टम, सेमिनार/संस्था व प्रणाली कब्रि
- डेंटल- ट्रेनिंग सेंटर व टूट जर्नल की कब्रि, रेडियोलॉजिकल कब्रि
- फिजियोथेरेपी
- शैल्डो एच कन्वीरान- फेडरल के सभी कब्रि, एडमिनिस्ट्रेशन व ऑपरेशन

Ref. No.

Date

EXPERIENCE CERTIFICATE

This is certify that MR. ASHUTOSH DIXIT S/O SHRI HARANDRA MOHAN DIXIT has succesfully 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.

SHRI NARAYAN



आदर्श



हॉस्पिटल

राज भूषण चौधरी

RAJ BHUSHAN CHOUDHARY

B.S. (P.M.C.H.) M.D. (L.N.M.U.)

MEMBER OF INDIAN MEDICAL ASSOCIATION

No. 33489

PHYSICIAN

drraj1995@gmail.com

दिनों के बाद दुबारा फीस लगेगा।

डॉ श्रीमती कंचन माला

DR. (MRS.) KANCHAN MALA

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

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

Ex. Senior Resident Deptt. of Obs & Gynae (D.M.C.H.)

LIFE MEMBER OF INDIAN MEDICAL ASSOCIATION

LIFE MEMBER OF FOGSI

Basic Endoscopic Training K.H. Hyderabad

Regd. No. 38098

स्त्री एवं प्रसूति रोग विशेषज्ञ

प्रमोठाकुर मोहल्ला

वार्ड-4

रोसड़ा (समस्तीपुर)

Ph. : 82099-38278, 82099-38376

www.adarshhospital.co.in

प्रत्येक शनिवार बन्द

Age : Years. Sex : Date :

Wt. : kg, B.P. : mmHg

| | | | | | | |
|-------|----------|-------|---|---|---|--|
| App. | Pallor | PULSE | | | | |
| Sleep | Icterus | LMP | | | | |
| Bw | Cynosis | EDD | | | | |
| Bl | Edema | | | | | |
| | Clubbing | G | P | A | L | |
| Chest | | | | | | |
| Cvs | | | | | | |
| 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 01 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 है





Apoorv Medical Centre

Regd. No. 192-CMO Meerut

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 **Apoorv Medical Centre, Meerut** as a **Trainer** from 1st July to 15th Aug 2022. His worked and conduct was satisfactory.

We wish him all success in his future life.

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

Apoorv Medical Centre

L-65, Shastri Nagar, Meerut-250004, U.P (India)
Phone : +91-121-2708859/6536766
Mob : +91-9837093577



**P. L. SHARMA DISTRICT HOSPITAL MEERUT
AHMAD ROAD MEERUT**

Training Certificate

Ref. no.....

Dated 31/08/2022

It is certified that Mr/Km/Mrs. Dee hamshi Mehta S/O DIO W/O Sh. Pawam
Mehta B-Pharma student has completed 45 days hospital training at P. L.
Sharma District Hospital Meerut from 5.7.2022 to 19.8.2022

She has gained full knowledge of wound dressing, artificial respiration, administration of injection, study of patient observation charts, prescription and dispensing and simple diagnostic reports etc.

His/her behavior and character to his senior and junior was good.

13/08/2022
Girish Kumar Rawat
Chief Pharmacist
Sharma Distt. Hospital
Meerut
Ph. No. - 16365

[Signature]
Div. Addl. Dir. & Supdt. In Charge
P.L. Sharma Distt. Hospital, Meerut
Superintendent in Charge
P.L. Sharma District Hospital
Meerut





ANAND

Run by : ANAND NIROGDHAM HOSPITAL PVT. LTD.

AN ISO 9001 : 2008 CERTIFIED

We Believe in **Caring**, not just **Curing**...

A-1, Damodar Colony, Garh Road, Meerut

Ph: 011-271221000, 271221001

Fax: 011-2714121

e-mail: anandnirogdham@gmail.com

Website: www.anandhospital.com

EXPERIENCE CERTIFICATE

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 SATISFACTORY I WISH GOOD & SUCCESSFUL FUTURE

Handwritten signature





ISO 9001 : 2008 Certified Hospital

Mob.: 9097835853, 9097735853

Krishna Hospital कृष्णा हॉस्पिटल

पातेपुर रोड, महूआ (वैशाली)

Reg. No. 33/14-15 Prov.



Sanitary Facility, Giga TIK, Rainwater, PIA-JAY, IPFC, TOKIO

krisnahospital.mehua@gmail.com



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 (wound 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.

कृष्णा हॉस्पिटल



[Handwritten Signature]
14/8/22



बेटी बचाओ, बेटी पढ़ाओ

नोट : (1) अस्वस्थान कोई धारी रोगियों का उपचार और परामर्श एवं इलाज न होना है (2) रात आपातकालीन सेवा 24 घंटे उपलब्ध है (3) यहाँ चिकित्सक (doctor) 24 घंटे रहते हैं (4) यह सम्वत् करते ही जन्म व्यवस्था एवं 24 घंटे की उपलब्ध है (5) यहाँ सभी प्रकार के रोगों की उपचार सफलतापूर्वक की जाती है।



+ ईश्वर नर्सिंग होम +

डा० सुनील त्यागी
 M.B.B.S., M.S.
 सर्जन
 पेट आंत पथरी गुर्दा
 एवं कैंसर रोग विशेषज्ञ



डा० अर्चना त्यागी
 M.B.B.S., D.G.O.
 स्त्री रोग एवं अल्ट्रासाउंड विशेषज्ञ
 • सफदरजंग अस्पताल, नई दिल्ली
 • राममनोहर लोहिया अस्पताल, नई दिल्ली

सुविधाएँ

- डिलीवरी
- गर्भपात
- नसबंदी
- कॉपर-टी
- एपेंडिक्स
- हर्निया
- सिजेरिचन
- बेबी चार्ज
- प्रोस्टेट एवं पित्त की पथरी का ऑपरेशन दूरबीन द्वारा
- गुर्द की पथरी एवं पेट के समस्त ऑपरेशन
- रेपोलोजी

प्रतिदिन अल्ट्रासाउण्ड

चलने का समय
 सुबह : 10 से 3 बजे तक

रविवार अवकाश

24 घंटे तत्कालीन सुविधा
 24 घंटे


बिनौली रोड, सरधना (मेरठ)
 फोन : 01237-235023

दिनांक - 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 SATISFACTORY I WISH GOOD & SUCCESS FUTURE.


DR. SUNIL TYAGI (M.S.)
 Ishwar Nursing Home
 Sardhana (Meerut)
 CMO No. 1125
Authorized Signature





ISO 9001 : 2008 Certified Hospital

Mob.: 9097835853, 9097735853

Krishna Hospital कृष्णा हॉस्पिटल

Reg. No. 33/14-15 Prov.

पातेपुर रोड, महआ (वैशाली)

Cashless Facility CIGNITIK Reliance PM-JAY IFCC-TOKIO

krishnahospital.mahua@gmail.com



Sl. 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

नोट : (1) आयुष्मान कार्ड धारक रोगियों का मुफ्त ऑपरेशन एवं इलाज होता है (2) रात अस्पतालकालीन सेवा 24 घंटे उपलब्ध है (3) यहां चिकित्सक (doctor) 24 घंटे रात में (4) यहाँ प्रत्येक रोगी को उत्तम स्वास्थ्य एक 24 घंटे की उपलब्ध है (5) यहां सभी प्रकार के रोगों की उपचार सफलतापूर्वक की जाती है।



NEELKANTH HOSPITAL & TRAUMA CENTER

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

प्रमुख सुविधाएँ

- 60 बेड हॉस्पिटल
- फुल एयर कंडीशनल
- इन अउट पार्किंग
- डिपार्टमेंट एका-डे
- फिजिओथेरेपी
- सिटिकल डेयर
(आयुर्वेदिक एवं पी.ए.)
- एंजाइम ट्रीमा रिसेजनल
- न्यूरोलॉजी
- न्यूरो सर्जरी
- रीज की हार्टी की चोट
- सिर की चोट
- आई सी यू
- यूरोलॉजी
- पिट्यूटरी (सर्जरी)
- लैंग्वेज/लॉरीकल सर्जरी
- रेफिरेन्सरी रेडियोलॉजी
- ई.एन.टी. सर्जरी
- गैन्टल सर्जरी
- गायनोलॉजी
- प्लास्टिक सर्जरी
- ऑर्थोपेडिक सर्जरी
(ऑपरेशन की सुविधा
बुल्डर सुटिंग, क्लिनिक्स)
- थोरोसिक सर्जरी
- जिजिओमिरी
- गी. आर्प
- डेन्टीलेटर
- 24 घण्टे इमरजेंसी
ए एम्बुलेंस की
सेवा उपलब्ध

Name _____ Age/Sex _____ Date _____

TRAINING 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.

NH NEELKANTH HOSPITAL
& TRAUMA CENTER
201/2A, Near Radha Govind College,
Garh Road, Meerut



NOT FOR MEDICO-LEGAL PURPOSE



Mob. : 8448224323

SARAL HOSPITAL

MULTISPECIALITY & TRAUMA CENTER

Enhancing Life, Excelling in Care

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mrs. Jyoti Kumari D/O. Mr. Lal Bahadur Kumar (Student of B. Pharma 4th year in Department of pharmacy Meerut Institute of Technology Meerut) 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 Dressing, Dispensing of Drugs, Study of Patient Observation Chart etc. Her work as a trainee was satisfactory



SARAL HOSPITAL
Near Shiv Mandir & Hero
Honda Bike Showroom,
Pul Prahladpur, New Delhi-44



Medico Legal Invalid

Near Shiv Mandir & Hero, Honda Bike Showroom, Pul Prahladpur, New Delhi-44

24 Hours Emergency Services

Reg.No.: RMEE2227100

मो: 6389900004, 7905833859, 9616057040



निर्मला हॉस्पिटल

आदित्य डायग्नोस्टिक सेन्टर के सामने, रामबाग, मिर्जापुर

नाम..... दिनांक.....
उम्र..... लिंग- स्त्री पुरुष क्रमांक 734 वजन.....

उपलब्ध विशेषज्ञ

डॉ० राजेश कुमार बिन्द
एम.बी.बी.एस., एम.एस.
(जनरल सर्जन)

डॉ० एन० वर्मा
एम.बी.बी.एस.
(स्त्री एवं प्रसूति रोग)

डॉ० आर० के० सिंह
एम.बी.बी.एस., एम.डी.
(पेडियाट्रियन)

डॉ० अमित केशरवानी
बी०डी०एस०
एच०डी०, एम.आई०डी०ए.
एक्स-ओ बी.एस.
आई.एम.एस., बी.एच.यू.

डॉ० के०सी० वर्मा
बी.एस.सी., बी.ए.एम.एस.
डी.पी.ई.डी.
(जनरल फिजिशियन)

डॉ० ए०के० पटेल
एम.बी.बी.एस., एम.पी.जे.आर.
(स्कीन एण्ड डी.वी.)

Rx

Date:- 20.08.2022

To Whom So Ever IT May CONCERN

This is Certified that Mr. Kshitiz Kumar Srivastava Age 24 years Male S/o Mr. Ajit Kumar Srivastava R/o Baghat Collectorate colony Distt. Baghat (U.P.) Student of B-Pharma 4th year at Meerut Institute of Technology 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.

Authorized Signatory

निर्मला-हॉस्पिटल
रामबाग, मिर्जापुर



हमदर्जेसी एवं मर्ती सेवा 24 घण्टे उपलब्ध

आदित्य डायग्नोस्टिक सेन्टर के सामने, रामबाग, मिर्जापुर

MEDIWELL HOSPITAL

HEART AND MULTISPECIALITY HOSPITAL



This is certified that Mr. Md Ajmal S/O Md Taushif Raza student of B Pharma 4th Year at department of pharmacy Meerut Institute of Technology Meerut (UP) Roll no – 1910340500022, Year 2019-2023 done his training as per defined syllabus during B Pharma course from 1 July 2022 to 15th August 2022 In our Hospital

Satisfactory works done by him.



Phone No for appointment
96088 35075
82101 52881
06213552545

mediwellhospital@gmail.com



Main Road Brahmpura, Near
Railway Colony, Ward No. 2, PO-SIT,
P.S. Brahmpura, Muzaffarpur (Bihar)





TO WHOM SO EVER IT MAY CONCERN

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 & GENERAL HOSPITAL
NEAR BACHCHA PARK, MEERUT CITY
(Founded and Managed by M.S. Hospital Trust, Mid. House, W.K. Road, Meerut City)

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.

MOOLCHAND SHARBATI DEV
Charitable Eye & General Hospital
Bachcha Park, Meerut

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
KOTPAL HOSPITAL
HILL TOP, RAJ-UL-MEHSANA
PIN: 257655



APPENDIX - F

TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

I hereby certify to Mr/Ms M. KESAVAN Rami
the son of ASWARI Ahmed
(M. S. No. 1234 M. S. No. 1234)

produced evidence before me that he/she is entitled to receive the Practical Training as set
Education Regulations framed under section 10 of the Pharmacy Act, 1948.

[Signature]
Head of the Academic
Training Institution

SECTION - II

[Signature] (Name of the Student Pharmacist)
(Name of the Apprentice Master) of
(Name of the College / Institution)
(Hospital or Pharmacy) as my
and agree to obey and respect him / her during the entire

M. KESAVAN Rami
Signature of the Student Pharmacist

SECTION - III

M. KESAVAN Rami (Name of the Apprentice Master)
I hereby certify to M. KESAVAN Rami

the student pharmacist) as a trainee and I agree to give him /her training facilities in my
during his /her training he /she may acquire: —

- Knowledge of keeping of records required by the various Acts affecting the
practice and
- Practical experience in —
 - Manipulation of pharmaceutical apparatus in common use;
 - Recognition by sensory characters of chief crude drugs & chemical substance used
in medicine;
 - Writing, translation and copying of prescriptions including the checking of doses;

Cont...



NEO MAX NURSING HOME



Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सा फिजिशियन:

पेट रोग, डींग, टाईफाइड, गुणर, मानसिक रोग, डायबिटीस, रीजमिंग रोग, एडिजिटिव, कर्न रोग, स्नायु रोग, जोड़ों का दर्द आदि

Name _____ Age/Sex _____ Age _____ Date 1 _____

2

Dr. Umang Gupta

M.B.B.S.
(General Physician)
Time: 9 AM to 7 PM

Dr. Mohd. Rizwan

D.U.M.S., M.I.M.S.
(जनरल फिजिशियन)
RML, Mishra N. Hospital

C/O

Rx

INTERNSHIP COMPLETION CERTIFICATE

O/E

Pulse

B.P

Temp

Spo2

B. 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 (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.

[Signature]
NEO MAX NURSING HOME
Reg. No. RMEE2121899
Muzaffarnagar



समय शाम 4 बजे से
शाम 7 बजे तक

नोट - इस दवा घर 7 दिन में एक
बार खर दिनांक सुझाते हैं

सुझाये गयीं की सुझा, गुणर की खर, रोग से खरी विकारक, एडिजिटिव, स्नायु रोग आदि

नोट - किसी भी दवा का साइड इफेक्ट हो सकता है नुस्त अपने चिकित्सक से सम्पर्क करें।



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, Distt. 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
PALLI WAPURAM-II, MEERUT
PIN - 227655



कॉटपाल मेडिकल

• Clinic of M/s. K.P. Kotpal Medicare Pvt. Ltd. • Registration No. : 479/2004

प्लॉट नं. पल्लवपुराम, फेज-2, सड़की रोड, (म.उ.)

पिन- 227655 (पू.प.) हरियाणा

फोन : 011-2576555, 99117102922, 9827990008

Email: drpradeepkotpal@gmail.com

In case of Emergency Please Contact / आपातकालीन स्थिति में संपर्क करें

डॉ. अदीग कोटपाल

एम.डी.एम., डी.एम., डी.एच.एम.

एडिशनल मेडिकल ऑफिसर-मोबा:9315340138

E-mail: dr_adigkotpal@yahoo.co.in

कॉटपाल मेडिकल



SIROHI HOSPITAL & MATERNITY HOME
सिरोही हॉस्पिटल एवं मैटर्निटी होम

NOT FOR MEDICO LEGAL PURPOSE

Multan Nagar, Baghpat Road,
Meerut,
Ph. : 0121-2688449
Mob : 8057907150, 9897767664
E-mail : sirohi.hospital@yahoo.com

इमरजेन्सी में 24 घण्टे सुविधा उपलब्ध 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.



*Sirohi Hospital &
Maternity Home*
Multan Nagar, Baghpat Road,
Meerut
Ph. No. 0121-2688449
Registration No. 81488/190/1000
Authorized Signature





GOSWAMI NURSING HOME

University Road, Jail Chungi, Near Shastri Dharamkanta, Meerut.

(M) 9639470500, 7017686857, 8279841790

TRAINING 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.



Handwritten signature
17/12/22

SHARVAN HOSPITAL

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



Regd. MRT 2134

Tel : 9528261191
9837387951
9927071944
9927062492

Consultants :

Dated 01-12-2022

सुविधाये उपलब्ध :

- सभी बीमारियों का इलाज, ऑपरेशन व भर्ती की सुविधा
- कान, नाक व गले की सभी बीमारियों का इलाज व ऑपरेशन।
- जनरल सर्जरी जैसे : थायरॉइड, एपेन्डिक्स, हार्निया, हाइड्रोसेल, आंत, पित्त की थैली, गद्द, गुर्दा व बच्चेदानी के ऑपरेशन योग्य व कुशल सर्जन द्वारा सामान्य व दूरबीन विधि से।
- सामान्य डिलीवरी, बड़े ऑपरेशन द्वारा बच्चा पैदा करना।
- एक्स-रे सुविधा।
- ई.सी.जी. सुविधा
- खून एवं मल-मूत्र, एड्स आदि की जाँच।



Internship Completion Certificate

This is to certify that Mr. Prateek Kumar student of B. Pharm 4th 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 works done by him.

SHARVAN HOSPITAL
Opp. Sugar Mill
Mohiuddinpur, Meerut

NOT FOR MEDICO LEGAL PURPOSE

एम्बुलेंस व सभी प्रकार की इमरजेंसी सेवाये 24 घण्टे उपलब्ध।



KRYSTAL HOSPITAL

We're here for you!


VPO SISANA/ DELHI SAHARANPUR NATIONAL HIGHWAY, NEAR COLLECTORATE BAGPAT.
DIST, BAGPAT - 250609. Ph - 0121-2221139/ 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 .

Dr.  Singh
M.D. PGCCC
Reg. No. - MCI 14-52 39
Authorized Signatory





श्री नारायण हॉस्पिटल

24 घण्टे इमरजेंन्सी सुविधा उपलब्ध है।

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

पुस्तक सुविधाएं

- सैन्ट्रली एयर कन्डीशनिंग
- एस्टीथेटिक्स डी.पी.सी.
- बीजक व सुपरकीयम कम
- प्राइमेट कम व लेडीप्रॉडेंट कम एवं प्रत्येक वार्ड, इन्फरन्स चार्जरी
- डायिग्नोस्टिक- रसमक, ई.सी.जी. आई.सी.सी.पु., इकोडायिग्नोस्टिकी
- न्यूरोलॉजी- ई.ई.जी., एन.सी.सी., न्यूरोसर्जरी, दिमाग व रीढ़ की मज्जा का ऑपरेशन, वाइको व एन्डोसकोपिकल सर्जरी
- एडवन्स टुंग फेन्समेंट- किटीकल सेजर, अल्ट्रासुनिक आई.सी.पु.
- इन्फेक्शंस कन्ट्रोल- गुरुन व क्लिन ट्वापलर एवं इन्फेक्शंस कन्ट्रोल ऑपरेशन वृद्धलॉजी- आर.आई.आर.एम. (सेजर) लिथोटॉमी
- एन्डोस्कोपी- बायोलिसिस व गुरुन कं सर्जरी ऑपरेशन
- पीडियाट्रिक- एच.पी.आई.सी.पु., पीडियाट्रिस सर्जरी, पैडोसलवमेज, एन्डोस्कोपी, नेफ्रोकोपिक सर्जरी
- जेनिकोमॉडी- केलस की सर्जरी व किमोथेरेपी
- ई.एन.टी सर्जरी- वाइको व एन्डोसकोपिक सर्जरी
- पाथोलॉजिकली- सामान्य डिस्सेक्री, सेन्ट्रोकोपिक व जलन सर्जरी
- नैटल- टैडे-पेडे टांत व गुरुन जकन की सर्जरी, क्लोरोकेमिथल सर्जरी
- फिजिओथेरेपी
- पैन्टोमॉडी- पेट कं रोगों का समस्त इलाज, एन्डोस्कोपी व जेनोकोमोडी

Ref. No.

Date

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 HOSPITAL

मेरठ रोड

NEO MAX NURSING HOME

Minakshi Chowk, Meerut Road, Muzaffarnagar U.P.

विशेष चिकित्सा फिजिशियन

पेट रोग, डींग, टाईफाइड, गुणर, मानसिक तनाव, डेटा रोग, लीकटे की रोग, काईलाइड, लस रोग, बस्य प्रसार, जोड़ों का रोग आदि।

Name:

Age-Sex

Add:

Date:

Dr. Umang Gupta

M B B S

(General Physician)

Time - 4 PM to 7 PM

Dr. Mohd. Rizwan

D U M S M A

(General Physician)

RMO - Mishra N. Home

Ex - 10710, G-1, Hospital Bhubar

Time - 10:30 AM to 2:30 PM

C/o

Rx

INTERNSHIP COMPLETION CERTIFICATE

O/E

Pulse

B P

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 (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.

NEO MAX NURSING HOME
Reg. No. RMEE2121899
Muzaffarnagar



समय शाम 4 बजे से
शाम 7 बजे तक

नोट - इस पत्र पर 3 दिन में एक
बार जांच करना है

सुविधाएँ - बर्ली की सुविधा, शूगर की जांच, ECG, पेट से पानी निकालना, फ्लैटस्टेड, फ्लैट बर्ली आदि

नोट - किसी भी दवा का साइड इफेक्ट हो सकता है सुरत अपने चिकित्सक से संपर्क करें।



श्री नारायण हॉस्पिटल

24 घण्टे इमरजेंन्सी सुविधा उपलब्ध है।

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

उपलब्ध सुविधाएँ

- गैन्जली एण्ड डन्डीलाब
- मन्टीनोमलिट्री अंड पी.सी.
- डी.एन.ए. व सुपरडील्लन क्लब
- आई.सी.टी. अण्ड डी.एन.ए.ई.टी. क्लब एण्ड जनरल वार्ड, इन्फरमेटरी कर्मचारी
- कार्डिओलॉजी- एच.एन.ए.ई.सी.जी. अण्ड पी.सी.टी. एण्ड कार्डिओलॉजी
- न्यूरोलॉजी- ई.ई.जी., एन.सी.पी., न्यूरोसर्जरी, विषाणु व पी.डी.डी. एण्ड डी.एन.ए.ई.टी. क्लब एण्ड एण्डोक्राइनोलॉजी
- एडवांस ट्यूब मेन्जमेन्ट- डिटीफ्लेक्स कंयार, अल्ट्रासुनिक अण्ड पी.सी.टी.
- अल्ट्रासुनिक सर्जरी- फुल व फुल टाइमप्लान्ट एण्ड स्की के सभी ऑपरेशन
यूरोलॉजी- आर.आई.आर.एन. (सेपर) सिम्युलेशन
- नेफ्रोलॉजी- हायपरिफिल व नुई के सभी ऑपरेशन
- पीडियाट्रिक- नर्सरी व पी.आई.सी.टी. पीडियाट्रिक सर्जरी, गैन्जलीडायग्नोसिस, एण्डोक्राइनोलॉजी, सेफ्टोलायन सर्जरी
- ओन्कोलॉजी- कैंसर की सभी सर्जरी व किमोथेरेपी
- ई.एन.टी. सर्जरी- पाइकी व एण्डोक्राइनोलॉजी सर्जरी
- गडुनेफ्रोलॉजी- कानल डिलीवरी, सेफ्टोलायन व जनरल सर्जरी
- डेंटल- टैडे-नेड दात व टूट जावई की सर्जरी, पैलाओडोन्टोलॉजी सर्जरी
- फिजिओथेरेपी
- गैन्जलीडायग्नोसिस- वेट के रोगों का समस्त इन्फरमेटरी, एण्डोक्राइनोलॉजी व डोनाओर

Ref. No.

Date

EXPERIENCE CERTIFICATE

This is certify that MR. SAURABH SHARMA S/O SHRI PANKAJ SHARMA has succesfully 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.

SHRI NARAYAN

CA



KRYSTAL HOSPITAL

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VPO SISANA/ DELHI SAHARANPUR NATIONAL HIGHWAY, NEAR COLLECTORATE BAGPAT.
DIST, BAGPAT - 250609. Ph - 0121-222139/ 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 .

Authorized Signatory
PGCCC
Reg. No. - MCI 14-5-39





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



SHRI ASHARAM NURSING HOME

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

Ref.

Date 17 Aug 2022

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 Sehkar Bank) Meerut

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





(A NABH ACCREDITED HOSPITAL)
SARVODAYA HOSPITAL
& INSTITUTE MEDICAL SCIENCE

Run by : Tatiri Sarvodaya Shiksha Prasar Samiti



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.





ANAND

Run by: ANAND NIROGDHAM HOSPITAL PVT. LTD.

AN ISO 9001:2000 CERTIFIED

We Believe in Caring, not just Curing

A-1, Chhatrabhai Colony, Garh Road, Meerut (U.P.)

Ph. +91-121-2792000, 4014800

Fax: +91-121-4030890

e-mail: anandnirogdham@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 training done from 01-06-2022 to 15-08-2022 in Anand Hospital Garh Road Meerut.

HE WORKS IS SATISFACTORY I WISH GOOD & SUCCESSFUL FUTURE



SHARVAN HOSPITAL

OPP SUGAR MILL NEAR TILUPATI INSTITUTE, MOHIUDDINPUR, DISTT MEERUT



Ph: 9220451111
9220451111
9220451111
9220451111

Date: 01-12-2022



संकेत

R2

Internship Completion Certificate

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

His internship posting started on 15-Oct-2022 & 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 work done by him.

SHARVAN HOSPITAL
Opp Sugar Mill
Mohiuddinpur, Meerut



NOT FOR MEDICO LEGAL PURPOSE

एम्बुलेंस व सभी प्रकार की इमरजेंसी 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 Shreya Medicare Pvt. Ltd.)
NH-58, Near Toll Plaza
Roorkee Road, Meerut (U.P.)





लोकप्रिय हॉस्पिटल

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

☎ : 247555
☎ : 247556
Fax : 229500

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. UMESH
MEERUT
FAIS
General and Surgeon
Dr. Umesh Tyagi



Consultant

NOT FOR MEDICO LEGAL PURPOSE



लोकप्रिय हॉस्पिटल

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

☎ : 247555
: 247556
Fax : 229500

दिनांक 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.

Lokpriya Hospital
Dr. UMESH TYAGI
M.B.B.S.
F.A.S. (P.A.)
General and L.D.O.

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.

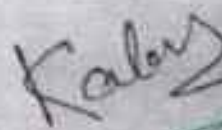


Ms. Shilpi Gupta
(Project Supervisor)
Meerut Institute of Technology,
Meerut



Countersigned by

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



Mr. Kailash Tripathi
(HOD-CSE)
Meerut Institute of Technology
Meerut



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 Yadav | (1829210040) |
| Abhishek | (1829210004) |
| Akash Kumar | (1829210008) |
| Harsh Kumar | (1829210025) |

Under the Supervision of

Mr. K.N Tripathi (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

We hereby declare that the work which is being presented in the project report entitled, "Helps" by **Abhishek** (1829210004), **Akash Kumar** (1829210008), **Harsh Kumar** (1829210025), and **Prashant Yadav** (1829210040) 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.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.

Kanlay

Supervisor
Mr.K.N Tripathi
Associate Professor
Meerut Institute of Technology,
MEERUT.

Kalay

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 belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award 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: *Aayush Goel*

Name: Aayush Goel

Roll No: 1829210002

Date: *26/8/22*

Signature: *Ankit*

Name: Ankit Rath

Roll No: 1829210013

Date: *26/8/22*

Signature: *Abhishek*

Name: Abhishek

Roll No.: 1829210005

Date: *26/8/22*

Signature: *Deepak*

Name: Deepak Kumar Kashyap

Roll No.: 1829210021

Date: *26/8/22*



HealthCare ChatBot

A project report submitted in partial fulfillment of the requirements for the
Award of degree of
Bachelor of 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) Prateek kumar Singh(1829210041) 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 own supervision. The matter embodied in this Project report is original and has not been submitted for the award of any other degree.

Singhal
Supervisor

Mr. Ayush Singhal
(Assistant Professor)
Department of CSE
MIT, Meerut

Koulari
Countersigned by

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

Kalan
01/06/2022

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 | (1829210003) |
| AKSHAT KUMAR | (1829210009) |
| KANAK | (1829210027) |
| PRIYA SHARMA | (1829210042) |

Under the supervision of

Dr. Mohd. SADIM (Associate Professor)

MEEERUT

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

We hereby declare that the work which is being presented in the project report entitled, "Netkart", 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. 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.

Mohd. Sadim
02/06/2022

(Dr. Mohd. Sadim)

Countersigned

(Associate Professor)
Meerut Institute of Technology,
MEERUT.

Kaulay

(Name of Project Coordinator)
Designation
Meerut Institute of Technology,
MEERUT.

Kaulay

(Mr. K.N. Tripathi)
HOD - CSE
Meerut Institute of Technology,
MEERUT.



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

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 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.

Akshay Tyagi
Ayush Rastogi
Purva Chandhary
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 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's own work carried out by him/her under my/our supervision. I hereby approved the topic as 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:

Dr. Mohd Sadim



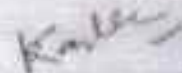
(Associate Professor)

Department of CSE

MIT, Meerut

Head of Department:

Mr. KN Tripathi



(Assistant Professor)

Department of CSE

MIT, Meerut



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**



Affiliated to



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

Certificate

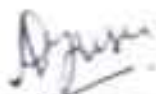
I hereby declare that the work which is being presented in the report entitled, "XDC Pay", in partial fulfilment of the requirements for the award of the degree of Bachelor of Technology submitted in Computer Science and Engineering of Meerut Institute of Technology, Meerut, is an authentic record of my own work 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 degree at this or any other university.

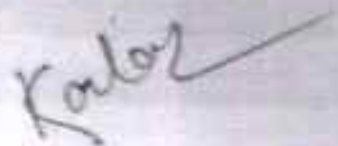
Shailja Tyagi

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,
MEERUT.



MR. K.N. Tripathi
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



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, "**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 Joshi
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. 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



“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

CERTIFICATE

I hereby declare that the work which is being presented in the project report entitled, "Alien Smart Chatbot" 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 Mrs. Srishti Agarwal and relates 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 B.Tech. of any other university.

Jigyanshu Gupta (1829210026)

Abhishek (1829210006)

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



Mr. Kailash Tripathi
Project Coordinator
HOD - CSE
Meerut Institute of Technology,
MEERUT



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)



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



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

May, 2022

CERTIFICATE

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 Computer Science & Engineering of Dr. A.P.J. Abdul Kalam Technical University, Lucknow, embodies the bonafide work done by them under my supervision. I hereby 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:

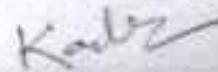
Dr. Mohd Sadim



(Associate professor)
Department of CSE
MIT, 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



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.

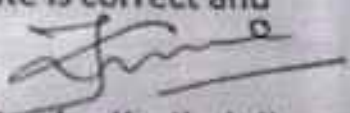
The matter presented in this Project has not been submitted for the award of any other degree of this or any other university.

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. Jitendra Kr. Jindal)

Associate Professor

Department Of CSE

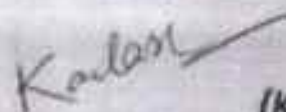
Meerut Institute of Technology, MEERUT.


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

Dhyananshu Gupta (1829210022)

Parul Aswal (1829210037)

Sahil Mishra (1829210046)

Shivam Singh (1829210051)

Under the supervision of

Dr. Mohd Sadim

Associate Professor Department of CSE



Department of Computer Science & Engineering
Meerut Institute of technology, Meerut



Dr. A.P.J. Abdul Kalam Technical University,

Uttar Pradesh, Lucknow

CERTIFICATE

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.

Kauln
Signature of HOD:

Mr. K.N Tripathi - CSE
Associate Professor
Meerut Institute of Technology, Meerut

Signature of Project Coordinator:

Mohd Sadim
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



DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING

MEERUT INSTITUTE OF TECHNOLOGY, MEERUT



Affiliated to

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

CERTIFICATE

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 degree of this or any other university.

Kartik Tyagi
(KARTIK TYAGI)

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

Ajad Kumar
02/06/2022
Mr Ajad Kumar
(Project Supervisor) Meerut
Institute of
Technology, MEERUT.

Countersigned by

Ayash Singh
Mr. Ayash Singhal
Project Coordinator
Meerut Institute of Technology,
MEERUT.

Kailash Tripathi
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)



List of Students:

| Meerut Institute of Technology (PC) | | | | |
|-------------------------------------|---------------|-----------------------------------|------------------------|--------------------|
| 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 |

Janet



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)



2:55 PM

Industrial Visit at Astrea IT Services - Google Docs

Astrea IT Services Pvt. Ltd.

Web: www.astrealit.com
IN: U72900 DL2011 PT C 215103
GSTIN: 09AAJCA3001H1Z2


C-52, Sector-85, Noida-201 301
Contact: +91 98183 48509
ngabrani@astrealit.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

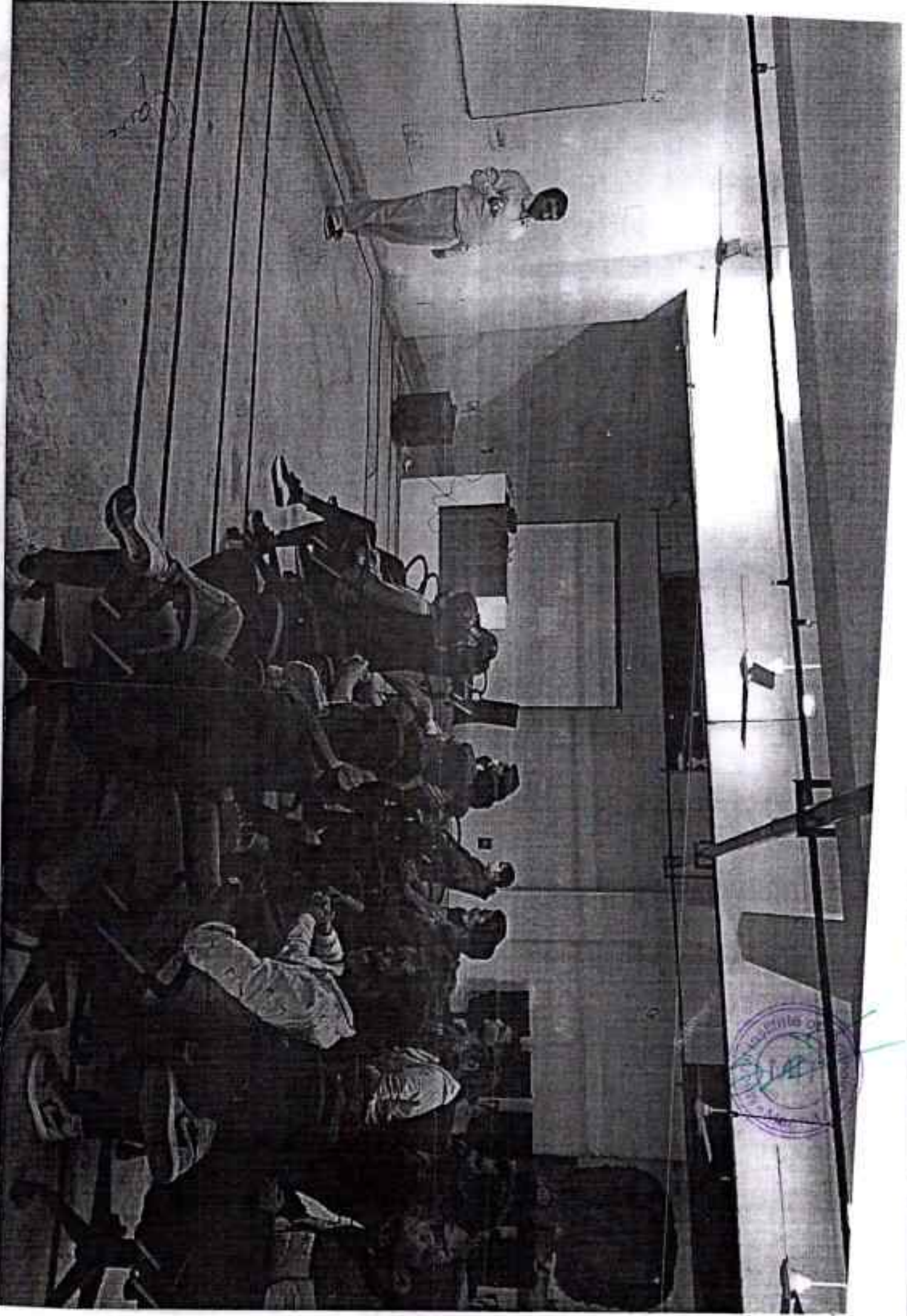
March 7, 2022





National Institute of Technology
MIT





MEERUT INSTITUTE OF TECHNOLOGY

Department of BCA

Internship detail

Academic Session: 2021-22 (Batch 2019-22)

| S. N. | Name of Student | Roll No. | Name of Company/Organization with address | Duration (Fro-To) |
|-------|------------------|---------------|---|--------------------------------|
| 1 | AAKASH BAISLA | R191110106002 | NBIT | 10 Aug. 2021 To 11 Oct. 2021 |
| 2 | AAKASH BAISLA | R191110106002 | Skill Vertex | 05 March 2022 To 05 April 2022 |
| 3 | AAKASH BAISLA | R191110106002 | Skill Vertex | 05 April 2022 To 05 May 2022 |
| 4 | DEEPALI ADHIKARI | R191110106033 | Sopra Steria | 28 March 2022 To 20 May 2022 |
| 5 | HARITIKA ANAND | R191110106039 | NIIT Foundation | 10 March 2022 To 06 May 2022 |
| 6 | RISHABH KADAM | R191110106065 | Skill Vertex | 05 March 2022 To 05 April 2022 |
| 7 | VAIBHAV KUMAR | R191110106082 | Skill Vertex | 5 April 2022 To 05 May 2022 |


Mr. Lalit Kumar
(HOD-BCA)



Certificate

Estd. in 2005

Issue Date : 8-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
 Tract (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, Nai 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.nbitmeerut.com



CERTIFICATE

OF TRAINING COMPLETION

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

Certificate no. : RA1717153





CERTIFICATE

OF INTERNSHIP COMPLETION

THIS CERTIFICATE IS PROUDLY PRESENTED TO

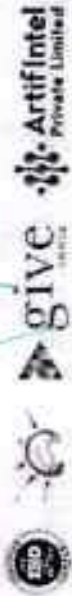
◀ **AAKASH BEASLA** ▶

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)

Certificate ID: - RAI1717153





28th March

109-D Jawala gang house Saket, Merrut -250001

Subject: Offer of Internship

Dear Deepali Adhikari,

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;

1. 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 Noida
5. The internship will be offered on a full-time basis during normal office hours (9 a.m. – 6 p.m.), 5 days a week.
6. You will be entitled for 1.5 day leave per completed month of internship
7. The internship period may be extended on 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 on 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 it may be withdrawn at the discretion of the Company at any time without assigning any reason



Certificate

This to Certify that

Certificate No. 22F0714770002293230

SDMS Enrollment
No. TC132687/B2074425/CAN_16703597

Mr. / Ms. HAIRITIKA ANAND

has successfully completed Program in Global Service Desk on 06-May-2022
conducted at New Delhi
during the period 10-Mar-2022 to 06-May-2022
He / She has been awarded " Very Good " grade.

Date Of Issue: 10 Jun 2022 Issued by: NIIT Foundation
Place : New Delhi An Approved Training Partner of NSDC

Lokendra Sethi
HR, DXC Technology India
DXC Technology



Sapna Moudgil
Director
NIIT Foundation

Grade : Outstanding : 90-100%, Excellent : 80-89%, Very Good : 70-79%, Good : 60-69%, Satisfactory : 50-59%
NIIT Foundation: 8, Balaji Estate, Guru Ravi Das Marg, Kalkaji, New Delhi - 110019, India. Email ID: contact@niitfoundation.org

C E R T I F I C A T E

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 5th March to 5th April 2022

During this internship he/she showed diligence, consistency & determination.



Mayank Gathole
(Academic Head)



C E R T I F I C A T E

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)

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.

RSingh
27/8/2022
(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

Department 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



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|-------------------|--|---|-----------------|
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ROHIT KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | RUCHI KUMARI |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SAHIL KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SANJANA KUMARI |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SATYAM KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Aastha |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Abhinav Shubham |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Ajay Gupta |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Akansha Singh |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Amar Ranjan |



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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. | Anamika Sahu |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kissan 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 mela & List of Students Enclosed. | Arth Sangwan |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | Avinash Kumar |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | Ayush Raj |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | Chandan Kumar |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | Imran Aziz |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | Kapil Soam |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | 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 kisan mela & List of Students Enclosed. | Moh. Tabish |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Omi Kumari |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Prince Raj |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Rakhee Kumari |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Shivangi |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Sonali Kumari |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Sourabh Jadon |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Vishesh Chaudhary |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ASHU CHAUDHARY |



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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. | 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 kisan mela & List of Students Enclosed. | VINEET KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Abhay Kumar |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Abhishek Chaudhary |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Abhishek Sangwan |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Aditya Bhadana |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Ajeet Singh |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Aman Kumar |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Aman Panwar |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Anurag Sharma |



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| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Arif |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Arit Singh |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Deepak Kumar |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Deepanshu |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Devesh Singh |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Divyanshu Chauhan |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Gunjan Yadav |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Harsh Chaudhary |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | Harsh Kansal |



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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. | Ibranul Haque |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | 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 |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | Rajan Kumar |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | Ritik Choudhary |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Shamli & Baghra Muzaffarnagar 30/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | Sanjeev Kumar |
| B.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. 1 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

A handwritten signature in black ink, appearing to read "Himanshu".

(Dr. Himanshu Sharma)
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. 1 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

Himanshu

(Dr. Himanshu Sharma)
Principal
Meerut Institute of Technology
(Professional Courses)



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 programme 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 talk about Organic Farming & Natural farming system in agriculture. He made students aware about the merit and demerits of Traditional & Modern 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 & plant waste, pest and disease control, farmers can reduce cost of cultivation.

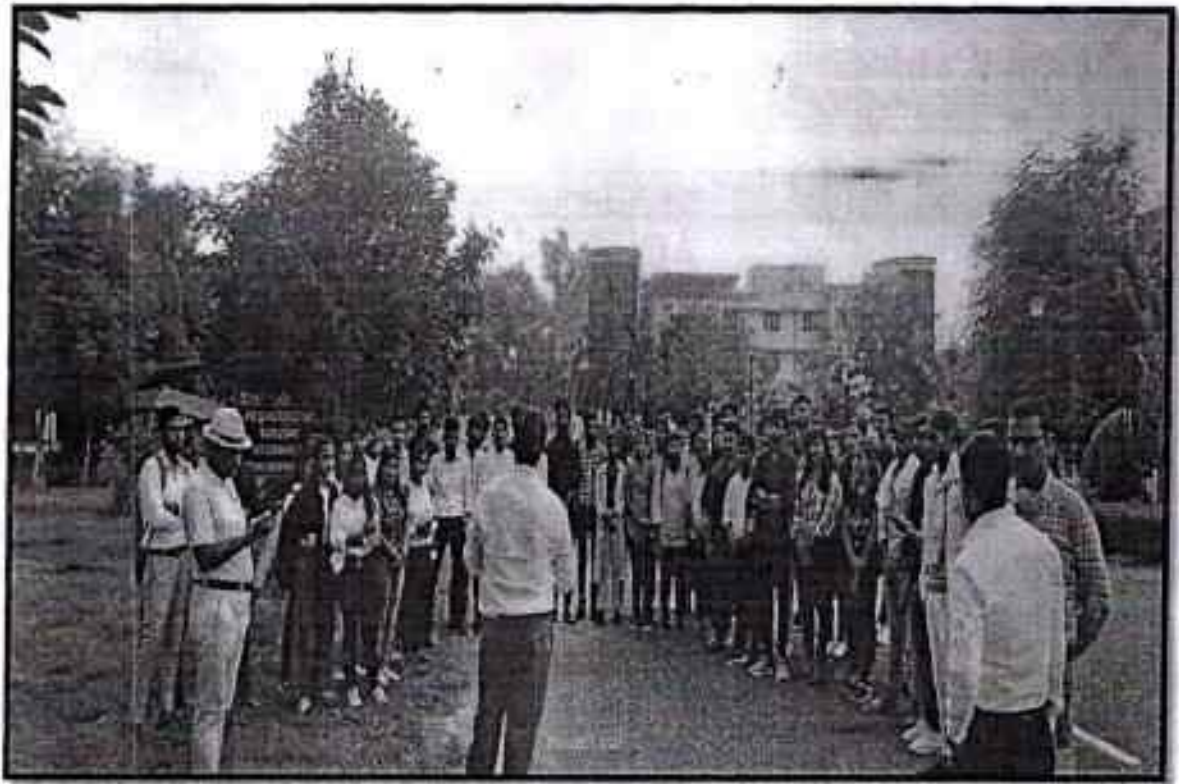
Students also visited A Farmer- NGO in Ghaziabad where Dr. Jagpal (Secretary) of Farmer's - NGO interacted with students and faculty about the importance of animal waste, natural resources and by products in organic farming. He said that these are the important component of organic farming. He also stated 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.





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|-------------------|--|--|-------------------------|
| B.Sc. Agriculture | Educational Trip to NCONF& KRBL Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | AASHISH RAJ |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | ABHIMANYU KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | ABHISHEK KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | ABHISHEK KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | ABHISHEK KUMAR VERMA |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | ADARSH KUMAR |
| B.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 |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | AGNI KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | AJAY SHARMA |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | AMISHA SINGH |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | ANIKET KUMAR PRASAD |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kissan mela & List of Students Enclosed. | ANKIT ANAND |



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|-------------------|-------------------------------|--|---------------------|
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ANKIT KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ANSHU KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ARUN |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ASHISH KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ASLAM |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | AYUSH KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | BIPIN KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | DEVANSH MANAV |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | HARVEENA KUMARI |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | JITENDRA KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | KAMLESH KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | KARAN KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | KASHISH JHA |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | KHAGESH NANWARI |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | KOMAL KUMARI |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | MANISH KUMAR SHARMA |



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| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | MANUJIT KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | MD SHADAB ALAM |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | MUSKAN BHARTI |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | NANDANI KUMARI |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | NEHA KUMARI |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | NEHA KUMARI |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | NISHU KUMARI |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | PARDUM KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | PINTU KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | PRIYANSHU KUMAR RAJ |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | RAHUL KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | RAIS UDDIN |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | RAKESH KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | RANDHIR KUMAR URANW |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | RAVI KUMAR |
| B.Sc. Agriculture | NCONF Ghaziabad 25/08/2022 | Photo, Report of kisan mela & List of Students Enclosed. | RICHA KUMARI |



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.

R. Singh
24/5/2022
(Dr. Raghuvir 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 1st 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 mela & 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 mela & List of Students Enclosed. | AMISHA SINGH |



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| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ANIKET KUMAR PRASAD |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ANKIT ANAND. |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ANKIT KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ANSHU KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ARUN |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ASHISH KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ASLAM |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | AYUSH KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | BIPIN KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | DEVANSH MANAV |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | HARVEENA KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | JITENDRA KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | KAMLESH KUMAR |
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| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | KASHISH JHA |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | KHAGESH NANWARI |



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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. | MANISH KUMAR SHARMA |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kissan mela & List of Students Enclosed. | MANUJIT 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. | RAKESH KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kissan mela & List of Students Enclosed. | RANDHIR KUMAR URANW |



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| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | RICHA KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | ROHIT KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | RUCHI KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SAHIL KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SANJANA KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SATYAM KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SAURABH |
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| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SHALINI KUMARI |
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| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SHRUTI KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SHUDHANSHU KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SHWETA |



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| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SUBHASH KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SUHANI KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SUJIT KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SUMAN KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SUMIT KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SUMIT KUMAR |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SUPRIYA KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | SWEETY KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | TANYA PRIYESHI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | TEJASWANI BHARDWAJ |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | UJJAWAL ADHANA |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | VANDANA KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | VANDANA KUMARI |
| B.Sc. Agriculture | Visit to Krishi Vigyan Kendra, Hastinapur 28/05/2022 | Photo, Report of kisan mela & List of Students Enclosed. | VIVEK KUMAR |

