



(Under the patronage of Banagiri Development Trust)

Approved by Government of Odisha, Pharmacy Council of India, New Delhi

& Affiliated to Biju Patnaik University of Technology

ef No.:	Date

3.4.1(2) Internship





(Under the patronage of Banagiri Development Trust)

Approved by Government of Odisha, Pharmacy Council of India, New Delhi & Affiliated to Biju Patnaik University of Technology

Ref No.: Date:

TABLE-1: Internship in the Academic Year 2023-24

SI. No	Name of the Student	Date of Training	Year	Institution
1	Manas ranjan Panigri	18.06.2024	2024	Govt Hospital
2	Jyotirmayi Sadangi	17-06-2024	2024	Govt Hospital
3	Vicky Behera	14-08-2024	2024	Govt Hospital
4	Asish Swain	30-05-2024	2024	Govt Hospital
5	Diwana Behera	14-09-2024	2024	Govt Hospital
6	Anirudha Sharma	21-06-2024	2024	Govt Hospital
7	Manas Ranjan Mohanty	31-07-2024	2024	Govt Hospital
8	Nibedita Chakrabarti	24-07-2024	2024	Govt Hospital
9	Asha Biswakarma	24-06-2024	2024	Govt Hospital
10	Beauty Bagh	24-06-2024	2024	Govt Hospital
11	Susmita Talukdar	17-06-2024	2024	Govt Hospital
12	Bikash Sardar	17-06-2024	2024	Govt Hospital
13	Sarat Ku Madhi	17-06-2024	2024	Govt Hospital
14	Ashish Mistry	17-06-2024	2024	Govt Hospital
15	Priyanka Bairagi	17-06-2024	2024	Govt Hospital
16	Anjana Namo	17-06-2024	2024	Govt Hospital
17	Manoj Kumar Challan	26-07-2024	2024	Govt Hospital
18	Abhijeet Kuldip	26-06-2024	2024	Govt Hospital
19	Santosh Kumar Pati	26-06-2024	2024	Govt Hospital
20	B Shyam Kumar	26-06-2024	2024	Govt Hospital
21	Sarita Maharana	26-06-2024	2024	Govt Hospital
22	Akash Kumar Samal	24-06-2024	2024	Govt Hospital
23	Suchismita Meher	24-06-2024	2024	Govt Hospital
24	Deepak Kumar Polai	24-06-2024	2024	Govt Hospital
25	Eswari Behera	24-06-2024	2024	Govt Hospital
26	Anessa Maria	24-06-2024	2024	Govt Hospital
27	Mehghanad Rout	24-06-2024	2024	Govt Hospital
28	Trinetra Durga	24-06-2024	2024	Govt Hospital
29	Golak Ch Bala	26-06-2024	2024	Govt Hospital
30	Jyotirmayee Mishra	24-06-2024	2024	Govt Hospital
31	Anup Sarkar	24-06-2024	2024	Govt Hospital
32	Subhashree Padhi	24-06-2024	2024	Govt Hospital

RONDAPALLI, JEYPORE (K) 764002





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Ref No.: Date:

33	Bikram Swain	24-06-2024	2024	Govt Hospital
34	Himansu Tripathy	24-06-2024	2024	Govt Hospital
35	Rajesh Kumar Sabat	24-06-2024	2024	Govt Hospital
36	Akshaya Kumar Dandasena	24-06-2024	2024	Govt Hospital
37	Adity Panigrahi	24-06-2024	2024	Govt Hospital
38	Suresh Panda	24-06-2024	2024	Govt Hospital
39	Prem Joshu Milit	24-06-2024	2024	Govt Hospital
40	Simran Raul	24-06-2024	2024	Govt Hospital
41	Biswa Bihari Rout	24-06-2024	2024	Govt Hospital
42	Siba Mandal	24-06-2024	2024	Govt Hospital
43	Deepak Senapati	24-06-2024	2024	Govt Hospital
44	T Vivek Raju	24-06-2024	2024	Govt Hospital
45	Rahul Majumdar	24-06-2024	2024	Govt Hospital

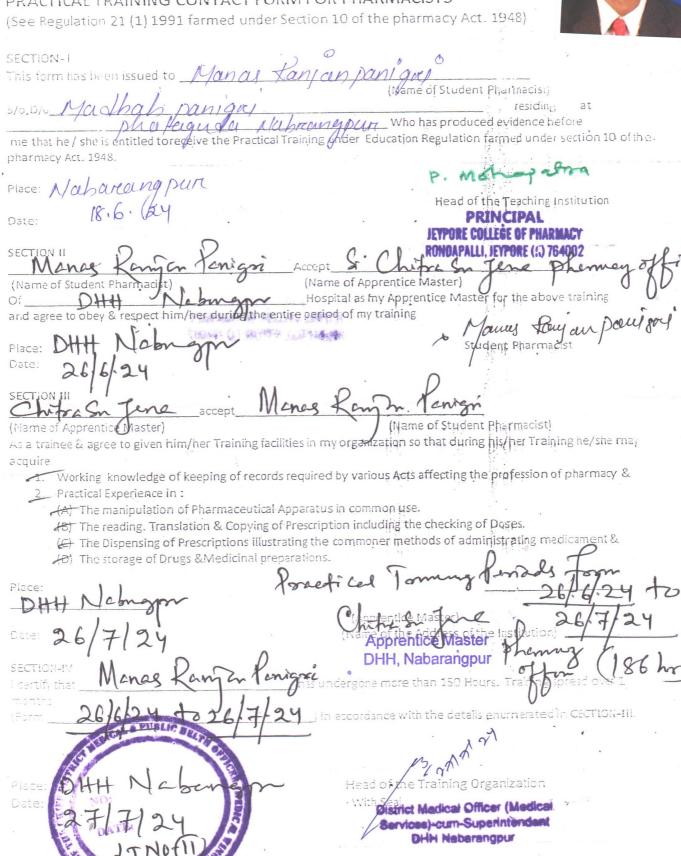
PRINCIPAL
JEYPORE GOLLEGE OF PHARMACY
RONDAPALLI, JEYPORE (K) 764002

Visit us: www.jcp.ac.in E-mail: jcpprincipal2001@gmail.com

Banavihar, Rondapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha

Phone: (06854) 246966, 246602

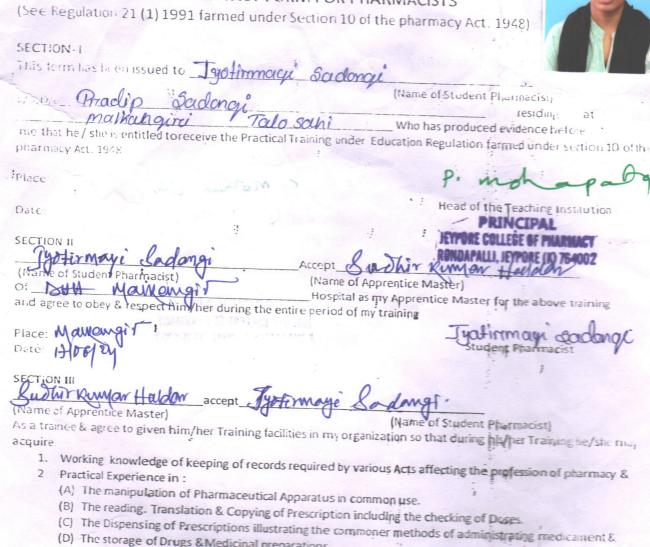
PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS



barroviha: Fr. 1-palli, Jeypore, Dist: Koraput Fin: 764002, Odisha

Phone: (06854) 246966, 746602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS



(D) The storage of Drugs & Medicinal preparations.

Place: M OW ON 91

Date: 1HOGLY (Apprentice Master) Store, DHH, Malkanger (Name of the Address of the Institution) SECTION-IV has undergone more than 150 Hours. -Training spread over 1) in accordance with the details enumerated in CECTION-III. Place: Markang With Sedicum Support Organization Date:

DHB1, Malkangiri

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, ANGUL (MEDICAL WING)

No/CS/ 126 /Date 14.08.24

In pursuance to Memo No.1819 Dated 27.06.2024 of Chief District Medical & Public Health Officer, Angul the following B. Pharm students of the following Pharmacy Institutions have completed their practical training for a period of o1 month (150 Hrs) of training at District Head Qtr. Hospital, Angul.

SI.No	Name of the Pharmacy Student	Name of the Pharmacy Institution
1	Manoj Kumar Sahu	Indira Gandhi Institute of Pharmaceutical
2	Sidhant Kumar Sahu	Sciences, Bhubaneswar-751015
3	Vicky Behera	Jeypore College Of Pharmacy, Jeypore- 764002

Sd/Dr. G. S. Bal District Medical Officer (MS)-cum-Superintendent

D.H.H. Angul

Memo No. 127 /(3) Date. 14.08.24

Copy to concerned B . Pharm Students for information and guidance.

District Medical Officer (NS) dum Superintendent

Memo No. 128 / (2) Date. 14.8.24

Copy- to forwarded to the Principal, Indira Gandhi Institute of Pharmaceutical Sciences, Bhubaneswar-751015, Jeypore College Of Pharmacy, Jeypore-764002 for information and the practical training Contact Form for Pharmacist are returned herewith for further action at your end.

> District Medical Officer (MS)-cum-Superintendent D.H.H. Angul

Memo No. 129 / Date. 14.08.24

Copy to forwarded to the Chief District Medical & Public Health Officer, Angul for favour of kind information.

> District Medical Officer (MS)-cum-Superintendent D.H.H. Angul

Banavihar, Rondapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(-,	O Dale.
SECTION-I	
This form has been issued to Ascsh Scual	1)
	(Name of Student Pharmacist)
S/O,D/o Arjuna Charan Savain	residing at
At-Ganam PO-Ghantalo, Dist-kendrape me that he / she is entitled to receive the Practical Training	
pharmacy Act. 1948.	
	P. mohapun
Place: Kendrapasa	3070572034
Date: and a sel a sale	Head of the Teaching Institution /
Date: 30/05/2024 :	PEYPORE COLLEGE OF PRARELACY
SECTION'II A - > L	ON O 106 I PONDAPALLI, IFPONE (10 764002)
	ne of Apprentice Master) pital as my Apprentice Master for the above training
and agree to obey & respect him/her during the entire period	
0.44 /2 mm O .	Asish Swach Student Pharmacist
Place: D#H PDP	Student Pharmacist
Date: 11.6.24	
SECTION IN	
Section in Stafforts a accept Asish	Scrain
(Name of Apprentice Master)	(Name of Student Huarmacist)
As a trainee & agree to given him/her Training facilities in macquire.	ly organization so that ouring his/her training ne/site thay
	d by various Acts affecting the profession of pharmacy &
2. Practical Experience in :	
(A) The manipulation of Pharmaceutical Apparatu	
(B) The reading. Translation & Copying of Prescrip	and the state of a designating and discount P
(D) The storage of Drugs & Medicinal preparations	commoner methods of administrating medicament &
	1 shoper after sextent as
Place: Kendrapada	Strahard and a sound as
	(Apprentice Master)
Date: 11 17 21	(Name of the Address of the Institution)
(10010-9)	
SECTION-IV ARICH CAROLIN	
ronths has un	ndergone more than 150 Hours. Training spread over 1
1111 01 0. 7.01.	accordance with the details enurnerated in CECTION-III.
The state of the s	X an
	A Vivi
	E/T
Place: Konmanana	Head of the Training Organization
Date: 2May 101	With Seal District Medical Officer
~ [0,4) m	(Medical Services)-cum-
1	Superintendent DHH Kendrapara

Banavihar, Roodapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha

Phone: (06854) 246966, 246602

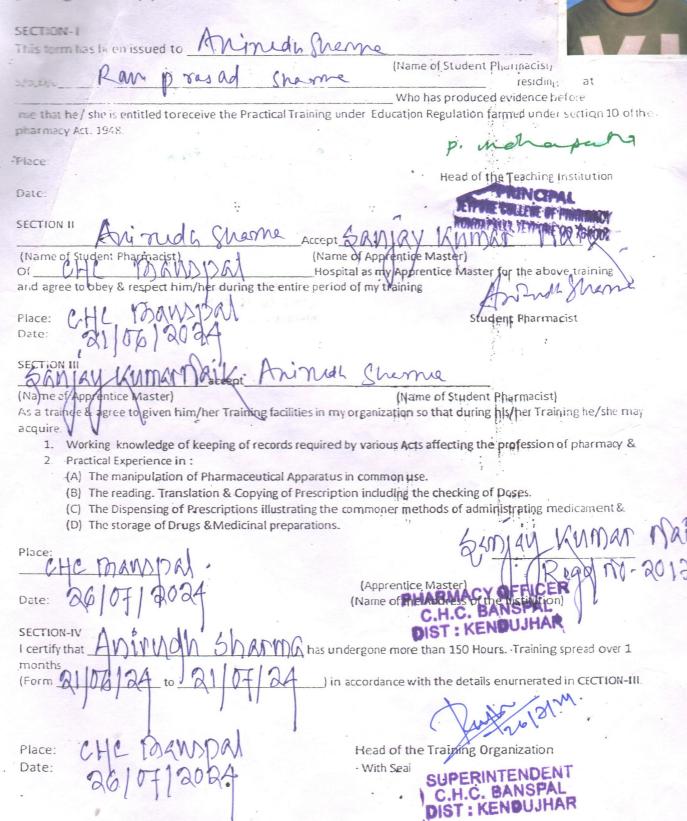
PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

SECTION-I	
This form has been issued to	Diviena Behera
	(Name of Student Pharmacist)
S/O,D/O Seenendro	a Behero residing at
5,5,5	Who has produced evidence before
me that he / she is entitled to receive the	e Practical Training under Education Regulation farmed under section 10 of th
pharmacy Act. 1948.	Tractical Halling and Cadedion negatation fulffice and Section to one
pharmacy Act. 1546.	
Place:	
riace.	Head of the Teaching Maria tion
Oato:	The add of the leading institution
Date:	PRINCIPAL AT DELEMENT
CECTION	PETPERS GELLESS OF FRAGINATION
SECTION II	ROMBAPALLI, JETPINE IN 164002
ON ON WORK MEN	mg Accept my sony a scorpe med!
(Name of Student Pharmacist)	(Name of Apprentice Master)
of the Lopes	Hospital as my Apprentice Master for the above training
and agree to obey & respect him/her dur	ring the entire period of my training
11.527474日日	Diwara Behena)
Place:	Student Pharmacist
Date:	
SECTION III	
	or Diwang below
(Name of Apprentice Master)	(Name of Student Pharmacist)
As a trainee & agree to given him/her Tra	aining facilities in my organization so that during his/her Training he/she may
acquire.	
1. Working knowledge of keeping	of records required by various Acts affecting the profession of pharmacy &
2. Practical Experience in :	
(A) The manipulation of Pharma	aceutical Apparatus in common use.
	Copying of Prescription including the checking of Doses.
	ions illustrating the commoner methods of administrating medicament &
(D) The storage of Drugs & Medi	
(b) me storage or brags arrica	
Place:	O L D-Shi
	Showe Kanta Paster
	(Apprentice Master)
Date:	(Name of the Address of the Institution)
SECTION-IV	
I certify that Si' BINONG DON	has undergone more than 150 Hours. Training spread over 1
	this difference that 130 hours. Training spread over 1
months Hilard 16 16 Lag 1	1.96
(Form	in accordance with the details enurnerated in CECTION-III.
1/	
	-anun-
Place: CHC LOMM	Head of the Harring Organization Ve
Date:	- With Seei CHC. Kotpad
. /	Dist-Koraput

Banaschae, Francia de palli, Jeypore, Dist: Koraput Pin: 764002, Odisha

Phone: (06854) 246966, 246602

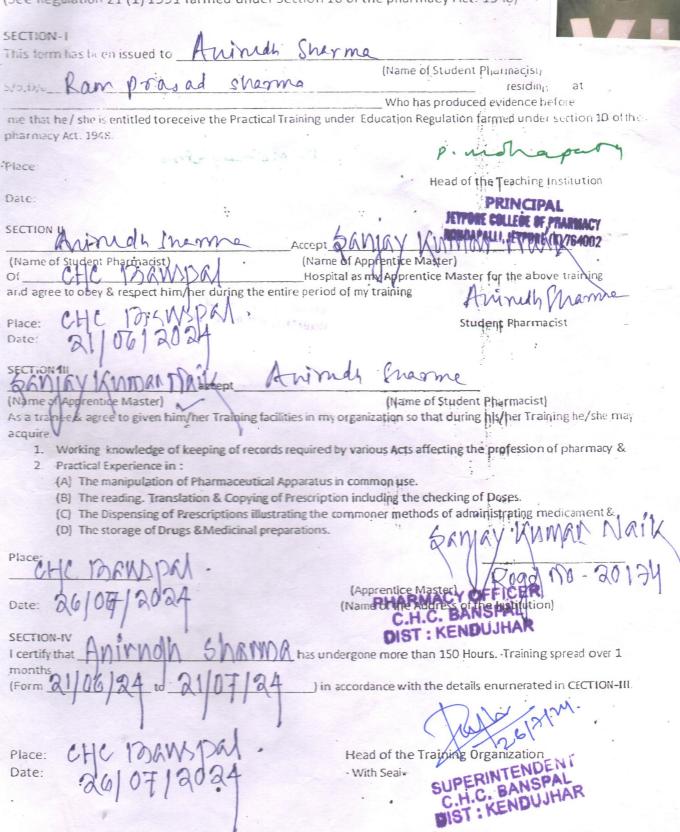
PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS



Banavihar, Foodapalli, Jeypore, Dist: Koraput Pin: 764002, Odisha

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS



OFFICE OF THE SUPERINTENDENT, CHC BANSPAL, KEONJHAR.

LETTER NO: 283

DATE: 26/7/24

As rer the Vide Order No-3117 Dt=13.06.2024 CDM & PHO Keonjhar the following Bachelor in Pharmacy Student Anirudh Sharma of Jaypore College of Pharmacy, Jaypore, Dist-Koraput has been completed 30 days apprentice period on dt. 21.07.2024 and hereby relief from CHC Banspal on dt.26.07.2024 and he is instructed to join at their institute immediately.

1- Anirudh Sharma (Batchlor in Pharmacy)

Memo No. 284 /Date 26/9/24

Superintendent

CHOPERINTENDENT

C.H.C. BANSPAL

DIST: KENDUJHAR

Copy forwarded to B.Pharm student for information and guidance.

Memo No.

/Data

Memo No. 286 /Date 3612

Superintender CHC Banspa

endent INTENDENT

BIST : KENDUJHAF

Copy forwarded to the Principal of Jaypore college of Pharmacy, Jaypore ,Dist-Koraput for information and necessary action.

Superintendent

CHC Banspal SUPERINTENDENT

C.H.C. BANSPAL DIST : KENDUJHAR

Copy forwarded to the CDM & PHO, Keonjhar for information and necessary action.

Superintendent V

SUPERINTENDENT C.H.C. BANSPAL DIST: KENDUJHAR

de

Banasha: For capalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha **Phone: (06854) 246966,** 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

SECTION-I	411
This form has been issued to Manas Rans	an Mohan 19
Duran 11: MINI on AY	(Name of Student Pharmacist)
SIDIO LUSTICATION TO NAME TO	(Name of Student Pharmacist) residing at Wow 8757 Who has produced evidence before
	raining under Education Regulation farmed under section 10 of the
pharmacy Act. 1948.	p. not a para
*Place	PRINCIPAL
Place:	He ETBOOK CALLEGE OF CHAMBATON
Date:	BENGAMALLI, JETTORE (K) 784002
Date.	A STATE OF THE STA
SECTION II	
Margas Kansan Mananty	Accept Bay CP b Rayer Subudy,
(Name of Student Pharmacist)	(Name of Apprentice Master)
01	Hospital as my Apprentice Master for the above training
and agree to obey & respect him/her during the enti	re period of my training
THE PROPERTY WATER	Manas Ranjan Mohants
Place: 589 Port	Student Pharmacist
Date: 31.07.2024	
SECTION III	134
Senter branch subuch accept Mary	is Rawan Mehanto
(Name of Apprentice Master)	(Name of Student Pharmacist)
	ies in my organization so that during his/her Training he/she may
acquire.	
1. Working knowledge of keeping of records in	required by various Acts affecting the profession of pharmacy &
2 Practical Experience in :	
(A) The manipulation of Pharmaceutical Ap	pparatus in common use.
	Prescription including the checking of Doses.
	ting the commoner methods of administrating medicament &
(D) The storage of Drugs & Medicinal prepa	arations.
Place: Bly Porl	
300 here	PHARMACY-OFFIGER
	(Apprentice Master) SUB STORE
Date: 31,69,2024	(Name of the Address of the Histiletica) RE, KORAPUT
	U.tar of
SECTION-IV	
1 certify that Wines Ranjan Mohant	Thas undergone more than 150 HoursTraining spread over 1
months	
(Form to	in accordance with the details enurnerated in CECTION-III.
	1.00
	1 ans d
5.0	
Place: Jeyport	Head of the Training Organization not
Date: 31:08.2024	- With Seal OMO & Supt Jeypon
	With Seal DMO & Super Jeypore D.H.H., KPT, Jeypore

Banavihar, Foodapalli, Jeypore, Dist: Koraput Fin: 764002, Odisha

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

SECTION-I	
This form has been issued to Nibedita	Chakreaharti
	(Name of Student Pharmacist
S/0,0/0 Tukurani chatterjee	residin _i ; at
Mahader nagan, Amhaguda	Who has produced evidence before
me that he / she is entitled to receive the Practical Training	ng under Education Regulation farmed under section 10 of the
pharmacy Act. 1948.	
	P. ma
Flace Rondapali	
Date	Head of the Teaching Institution
Date:	JEYPORE COLLEGE OF PHARMACY
SECTION II	RONDAPALLI, JEYPORE (K) 764002
Kliberila Chakesus PACC	ept Troughtimense Das
(Name of Student Pharmacist) (N	Name of Apprentice Master)
of CHE Swatch H	Hospital as my Apprentice Master for the above training
and agree to obey & respect him/her during the entire po	eriod of my training Nibedita Chak reabo
Place: Smolowa Date: 24.07.24	
Place: Swalla	Student Pharmacist
24.01	
	01 11 17
TrupHimoni Des accept wise	Irla- Chakrabosti
(Name of Apprentice Master)	(Name of Student Pharmacist)
As a trainee & agree to given him/her Training facilities in	n my organization so that during his/her Training he/she may
acquire.	
	ired by various Acts affecting the profession of pharmacy &
2. Practical Experience in :	
(A) The manipulation of Pharmaceutical Appara	
(B) The reading. Translation & Copying of Presc.	the commoner methods of administrating medicament &
(D) The storage of Drugs & Medicinal preparation	
(=) The storage of 21 ago amedicator preparation	
Place:	* Pharmey Officer (I/c) (Apprentice Master) eyes ynorbedg
Shasely	pharmay officer (I/c)
01 - 7 244	(Apprentice Master) eyes unabeda
Date: 24.07. W	(Name of the Address of the Institution)
SECTION-IV	
in the state of th	s undergone more than 150 Hours. Training spread over 1
months	s direct gone more than 130 hours. Training spread over 1
(4) 1 4 0 44) in accordance with the details enurnerated in CECTION-III.
	1
	A
10	24.07.24
Place: Surelieve	Head of the Training Organization
Place: Surebede Date: 94.0724	· With Seai Superintendent
. 2.	With Seal Superinter Charge Medical Officer In-Charge
	· · · · · · · · · · · · · · · · · · ·

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(2) 2002 1011100 01100	3
SECTION-I This term has the en issued to Asha Bis	swakayma.
Shok Biswayanna.	(Name of Student Pharmacist) residing at Who has produced evidence before
me that he / she is entitled to receive the Practical pharmacy Act. 1948. *Place: Jeyborl	Training under Education Regulation farmed under section 10 of the
SECTION II Asha Biswalkarma.	Head of the Teaching Institution PRINCIPAL IETPOR COLLEGE OF PRARMACT Accept SANTEER KUNAK SUKUM HIM TEACHO?
and agree to obey & respect him her during the er	(Name of Apprentice Master) Hospital as my Apprentice Master for the above training ntire period of my training Asha Biscallaruma. Student Pharmacist
Working knowledge of keeping of record Practical Experience in: (A) The manipulation of Pharmaceutical.	(Name of Student Pharmacist) illities in my organization so that during his/her Training he/she may s required by various Acts affecting the profession of pharmacy & Apparatus in common use.
	of Prescription including the checking of Poses. rating the commoner methods of admiristrating medicament & parations.
Place: Teypore Date: 26.6.24	(Apprentice Master) SUB STORE (Name of the Address of the Mistigation of the
SECTION-IV I certify that Asha Biswakarma months	has undergone more than 150 Hours. Training spread over 1
(Form <u>26.6.24</u> to <u>28.7-24</u>) in accordance with the details enurnerated in CECTION-III.
Place: Feyfoge Date: 30.704	Head of the Training Organization T, Jeypore With Seai

Banawhar, Fordapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(See regulation 21 (1) 1991 farmed under Se	ection 10 of the pharmacy Act. 1948)
SECTION-1	oh.
Olol III hala	(Name of Student Planmacist)
storie quibala pagn	
me that he / she is entitled to receive the Practical Tra	ining under Education Regulation farmed under section 10 of the
pharmacy Act. 1948. Place: Jeypottl	
11 Parka greats	Head of the Teaching Institution
Date: 24.06,24	DETPONE COLLEGE OF PRANSACY
SECTION II O A D	RONBAPALLI, IFYPORE (K) 784007
	ACCEPT SANTEEB KUMAR SUBUDHI
Of DHH Korapu Jeupore	(Name of Apprentice Master) _Hospital as my Apprentice Master for the above training
and agree to obey & respect him/her during the entire	ederiod of my training of a o
Tourse	Beauty Bagh
Place: Lupord	Student Pharmacist
Date: 26.66.24	
SANTEEB KUMARSURUDH Beccept Blau	A. Back
(Name of Apprentice Master)	(Name of Student Pharmacist)
	is in my organization so that during his/her Training he/she may
acquire.	
 Working knowledge of keeping of records re- Practical Experience in : 	quired by various Acts affecting the profession of pharmacy &
(A) The manipulation of Pharmaceutical App	aratus in common use.
(B) The reading. Translation & Copying of Pro	escription including the checking of Doses.
 (C) The Dispensing of Prescriptions illustrating (D) The storage of Drugs & Medicinal prepara 	ng the commoner methods of administrating medicament &
(b) The storage of Drugs & Medicinal prepara	RIOTIS
Place:	DUADIMACY OFFICED
- Regione	PHARMACY OFFICER (Apprentice Master) SUB STORE
Date: 26.06.24	(Name of the Address of hewstie PORE, KORAPUT
certify that Beauty Bagh	has undergone more than 150 Hours. Training spread over 1
(Form 26.06.24 to 26.07.24) in accordance with the details enurnerated in CECTION-III.
*	
place Tourson	Head of the Training Organization
Date: 1/2/04	· With Seal
10121	DMO & Supering DMO &

Banavihar, Rospani, Jeypore, Dist: Koraput Pin: 764002, Qdisha

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(See Regulation 21 (1) 1991 farmed under Section 10 of the pharmacy Act. 1948).



This form has been issued to Simila	Tabellada .
has form has been issued to Jumina	
310,000 Prostur Talukda	(Name of Student Pharmacist) Residing at
M.P.V-ST Pasugada	Who has produced evidence before
	Training under Education Regulation farmed under section 10 of the
pharmacy Act. 1948.	
- port and	P- mathey and
Place:	
	Head of the Teaching Institution PRINCIPAL
Date:	JETPONE COLLEGE OF PRANMACY
SECTION II	O- CO MONIONPALLI, IEVPONE (II) 764002
Susmita Talundon.	Accept Swahir Kumar Hardon.
(Name of Student Pharmacist)	(Name of Apprentice Master)
of Dett. Marrangin	Hospital as my Apprentice Master for the above training
and agree to obey & respect him her during the e	ntine period of my training
Tu Leans Mann	Sumfa Talukela Student Pharmacist
Place: Mamongin	Student Pharmacist
Date. 17/08/09	
SECTION III	0 0
Sudir Rumow Haldon accept Su	smite laukalin
(Name of Apprentice Master)	(Name of Student Pharmacist)
	ilities in my organization so that during his/her Training he/she may
acquire	
	s required by various Acts affecting the profession of pharmacy &
2. Practical Experience in :	
(A) The manipulation of Pharmaceutical	
	f Prescription including the checking of Doses. rating the commoner methods of administrating medicament &
(D) The storage of Drugs & Medicinal pre	
(c) master ago at 2, ago at most a marginal pro-	
Place:	Sur li 1914
Manconti	Pharmacist
Date: 13/06/24.	(Apprentice Master) Hospital Store. DHH, Malkangiri
Date: 19 11 01 1.	(Name of the Address of the Institution)
SECTION-IV A	
I certify that Susunta Tayundon	has undergone more than 150 Hours. Training spread over 1
months	
(Form 1706/24 to 1607/24	in accordance with the details enumerated in CECTION-III.
	9.
14140000	18/8/24
Place: Malkengin	Head of the Training Organization
	A STATE OF THE STA

Services) cum Superintendent DHH, Malkangiri

Banavhar, Rondapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(See Regulation 21 (1) 1991 farmed under Section 10 of the pharmacy Act. 1948)



SECTION-I	
This form has been issued to Bikash	CARGAI.
This forth has been assued to	
V D O C. 1\	(Name of Student Pharmacist)
S10,010 Parumal Sangare.	residing at
HT-M.V.7, PO-Tamasla. De	Make-who has produced evidence before
me that he / she is entitled to receive the Practical T	raining under Education Regulation farmed under section 10 of the
pharmacy Act. 1948.	
· Paga	P. notapaly
Place:	
	Hoad of the Teaching (and the
Date:	Head of the Teaching Institution
Date.	PRINCIPAL
CCC ION II	JEYPORE COLLEGE OF PMARWACY
SECTION II	THE MUNICIPALLY PROPERTY OF ADDR.
Bikash Sangar	Accept Sughir Kuman Halgan
(Name of Student Pharmacist)	(Name of Apprentice Master)
of DHH, Malkangiru	Hospital as my Apprentice Master for the above training
and agree to obey & respect him/her during the enti	re period of my training
pers # 111 140 1711 111111	Bikash Sandan Student Pharmacist
Place: Markangn	tudent Pharmacist
Date: 1216/M	Student Planting ISC
[7]	
SECTION III	
udhire Kumar Haldan accept Bik	ach Gardan
Comme Flangaraccept DIN	asi) Jacquit.
(Name of Apprentice Master)	(Name of Student Pharmacist)
As a trainee & agree to given him/her Training faciliti	es in my organization so that during his/her Training he/she may
acquire	
1. Working knowledge of keeping of records re	equired by various Acts affecting the profession of pharmacy &
2. Practical Experience in :	a service and a
(A) The manipulation of Pharmaceutical Ap	apratus in commonius
(B) The reading. Translation & Copying of Pr	escription including the checking of Doses.
(C) The Dispensing of Prescriptions illustrati	ng the commoner methods of administrating medicament &
(D) The storage of Drugs & Medicinal prepar	ations.
	0 000
Place:	- Luly III u
mann angri	Pharmacist
210194	(Apprentice Master) Hospital Store, DHH, Malkangiri
Date: 19-16/19	(Name of the Address of the Institution)
SECTION-IV	
Certify that Paikash Sandow	has an domain a margarithm 150 Hz.
months.	has undergone more than 150 Hours. Training spread over 1
(Farm 1) 1424 11 124	
to by y	in accordance with the details enumerated in CECTION-III.
	\mathcal{G}
•	7/
Place:	Constitution of the second
Date:	Head of the Trushing Ofenization
11270	With District Medical Officer (Medical

Services) cum Superintendent DHH, Malkangiri

barrashas, Estapalli, Jeypore, Dist: Koraput Pin: 764002, Odisha

Phone: (06854) 246966, 746602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS



	District Control of the Control of t
SECTION-I	
This term has been issued to Som	at ku maghi
hamal Balas	(Name of Student Pharmacist)
kamal lackan	residing at
Block - malkanging	Who has produced evidence before ractical Training under Education Regulation farmed under section 10 of the
pharmacy Act. 1948	actical training under Education Regulation farmed under section 10 of the
	P. mohapang
Place 150 100	
	Head of the Teaching Institution
Date:	HYPORE COLLEGE OF PHARMACY
SECTION II	RORDAPALLI, JEYPORE (II) 764002
	i Accept Sudhin Kunga Haldar
(Name of Student Pharmacist)	(Name of Apprentice Master)
of DHH, Malkangini	Hospital as my Apprentice Master for the above training
and agree to obey & respect him her during	
Place: Mallongin	Student Pharmacist
Date: 12/6/24	Student Pharmacist
(2)(4)	
SECTION III Sudhin Kuman Haldan accept	Oanal ki maa madi.
(Name of Apprentice Master)	
	(Name of Student Pharmacist) ing facilities in my organization so that during his/her Training he/she may
acquire.	ing requires in this of Paris adding All Miles at suiting her 21st 11st
1. Working knowledge of keeping of	records required by various Acts affecting the profession of pharmacy &
2 Practical Experience in :	
(A) The manipulation of Pharmace	
	pying of Prescription including the checking of Doses. as illustrating the commoner methods of administrating medicament &
(D) The storage of Drugs & Medici	nal preparations
	not proportions.
Place:	2 JW - TO
mamengs"	Pharmacist T3
Date: 176/14	(Name of the Address of the Pist (Name of the Address of the Address of the Pist (Name of the Address of the Address of the Pist (Name of the Address of
	(Name of the Address of the Abelianon)
SECTION-IV 0	. \$ 1.
I certify that Savas Ruman N	has undergone more than 150 HoursTraining spread over 1
months (Same 12) M24	4.
(Form 1) by to 16/3/2) in accordance with the details enurnerated in CECTION-III.
	2
	Dr. and
Place:	Head of the Training Organization
Date:	With Seal Officer (Medical
	Services) cum Superintendent
	Diffi, Malkangiri

Date:

Banavhar, Rondapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(See Regulation 21 (1) 1991 farmed under Section 10 of the pharmacy Act. 1948).

	A CALL CANTER
This form has been issued to Ashish	Mistry
	(Name of Student Pharmacist) residing at Walk angle Who has produced evidence before Training under Education Regulation farmed under section 10 of the
Place:	P. mohapatia
Date:	Head of the Teaching Institution JETPORT COLLEGE OF PHARMACY
(Name of Student Pharmacist)	Accept Sidhin Kumen Haldan (Name of Apprentice Master)
Of DHL, Malkangini and agree to obey & respect him/her during the ent	Hospital as my Apprentice Master for the above training
Place: Mamengir Date: 1916/by,	ASWA MISHOS Student Pharmacist
SECTION III Suchin Kuman Halden accept (Name of Apprentice Master) As a trainee & agree to given him/her Training facility acquire	high Mishry [Name of Student Pharmacist] ties in my organization so that during his/her Training he/she may
 Working knowledge of keeping of records Practical Experience in : (A) The manipulation of Pharmaceutical Application (B) The reading. Translation & Copying of I 	Prescription including the checking of Doses. ting the commoner methods of administrating medicament &
Place: Mallangil	Pharmaciat
Date: 19614	(Apprentice Master) (Name of the Address of the Partial Store. DHH, Malkangii
SECTION-IV ACMEN MICHAGE	has undergone more than 150 Hours. Training spread over 1
(Form 146124 to 1617124) in accordance with the details enumerated in CECTION-III.
Place:	Head of the Training Organization

- With S District Medical Officer (Medical

Services) cum Superintendent DHH, Malkangiri

Banavihar, Rondapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(See Regulation 21 (1) 1991 farmed under Section 10 of the pharmacy Act. 1948)



SECTION-1 This form has been issued to priyanka B	sairagi
	2 Viene of Student Characterist
S/0,0/0 Lt. Dulalch. Lainag	1 residing at
AT-MPV82, PO-LUGEI, Markato	Who has produced evidence before
me that he / she is entitled to receive the Practical Training u	nder Education Regulation farmed under section 10 of the
pharmacy Act. 1948.	P. molnes and
Place:	
Date:	Head of the Teaching Institution
Date.	JEYPORE COLLEGE OF PHARMACY
SECTION II Periyanga Bairagi Accept	RONDAPALLI, JEYPORE (N) 764002
The special states and the states are states as the states are states are states as the states are states are states are states as the states are stat	e of Apprentice Master)
	ital as my Apprentice Master for the above training
and agree to obey & respect him/her during the entire period	
Place: Manager	Student Pharmacist
Date: 1216/24	Student Hatthacist
1717	
Judhir Kuman Haldarbacept Priyonk	a germogi
(Name of Apprentice Master)	(Name of Student Pharmacist)
As a trainee & agree to given him/her Training facilities in my	
acquire.	burning fate official at his second of a borrows 2
 Working knowledge of keeping of records required Practical Experience in : 	by various Acis attenting the profession of pharmacy &
(A) The manipulation of Pharmaceutical Apparatus	in common use.
(B) The reading. Translation & Copying of Prescripti	
(C) The Dispensing of Prescriptions illustrating the (D) The storage of Drugs & Medicinal preparations.	commoner methods of administrating medicament &
	0 5
Place:	Sun by Jakon
	(Apprentice Master)
Date: 17644	(Name of the Address of the Institution
SECTION-IV	
1) \	iergone more than 150 Hours. Training spread over 1
months	
(Form 1916/14 to 1017/14) in a	accordance with the details enurnerated in CECTION-III.
*	7.
	D821812
Place:	Head of the dialog officer quedicel
Date:	· With Segarvices) cum Superintendent

DHH, Malkangiri

Banavinar, Rondapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(See Regulation 21 (1) 1991 farmed under Section 10 of the pharmacy Act. 1948)



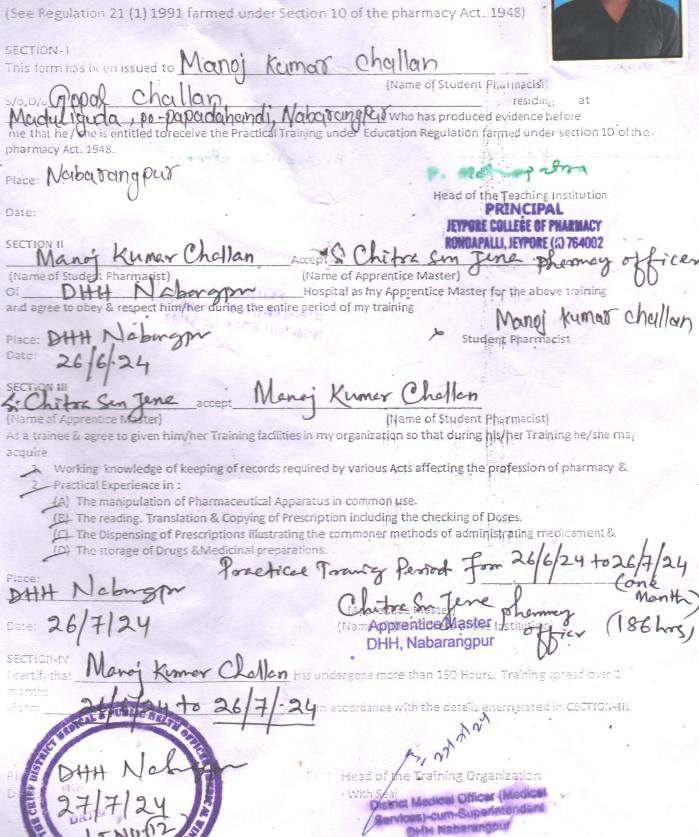
This form has been issued to Anjana	Namo
Vull Codon NO	residing at
A I . I 7 DA MAILYONG EL	raning under Securation Regulation farmed under section 10 of the
pharmacy Act. 1948.	1 1
Place:	HeaptinGEA he Institution
Date:	JETPORE COLLEGE OF PHARMALT MEMOAPALLL, RYPORE (II) 764082
Among Nome.	Accept Sudhir Kuman Haldar.
(Name of Student Pharmacist)	(Name of Apprentice Master for the above training
and agree to obey & respect him/her during the en	tire period of my training Andono Nono
Place: Malloward Date: 176704	Student Pharmacist
	10-44-0
(Name of Approprise Master)	(Name of Student Pharmacist)
As a trainee & agree to given him/her Training facil	ities in my organization so that during his/her Training he/she may
acquire 1. Working knowledge of keeping of records	required by various Acts affecting the profession of pharmacy &
 Practical Experience in : (A) The manipulation of Pharmaceutical A 	
(P) The reading Translation & Conving of	Prescription including the checking of Doses. ating the commoner methods of administrating medicament &
(D) The storage of Drugs & Medicinal pre-	parations.
Place:	Pharmacist 17 19 14
mark on gir	(Apprentice Master) (Name of the Address of the Institution)
Date: 1914'M	(Maine of the Address of the Indiana
SECTION-IV I certify that Among Namo	has undergone more than 150 Hours. Training spread over 1
months (Form 146/24 to 16/4/24	in accordance with the details enurnerated in CECTION-III.
	9
make angive.	Head of the Train of a 1999
Place: Mallangir.	With Dightict Medical Offices (Medical

Services) cum Superintendent DHH, Malkangiri

Banavihar, Rondapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS



1

Banawhar, Rondapalli, Jeypore, Dist: Koraput Pin: 764002, Odisha

Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS



	(See Regulation 21 (1) 1991 farmed under Section 10 of the pharmacy Act. 1948)
	MARIN
	SECTION-I
	This form has been issued to Abhijeet Kuldip
	Subash Chandra Kuldip (Name of Student Pharmacist) residing at
	Who has produced evidence before
	me that he she is entitled to receive the Practical Training under Education Regulation farmed under section 10 of the
	pharmacy Act. 1948.
,	Place: NIA brana Pro
	Place Nabrang Mo
	Date: 18/06/2024 PRINCIPAL
	JEYPORE COLLEGE OF PHARMACY
	Abrilet Macp. Accepts Chitra Sen June Phemay
	(Name of Student Pharmacist) (Name of Apprentice Master)
	Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training
	Third Ludit
	Place: DHH Nabengon Student Pharmacist
	Date: / . /
	26/6/24
-	Chipa Sen Jene accept Abhijeet Kuldip.
a	(Name of Apprentice Master) (Name of Student Pharmacist)
	As a trainee & agree to given him/her Training facilities in my organization so that during his/her Training he/she may
	acquire
	1. Working knowledge of keeping of records required by various Acts affecting the profession of pharmacy &
	Practical Experience in :
	A) The manipulation of Pharmaceutical Apparatus in common use.
	The reading. Translation & Copying of Prescription including the checking of Doses. (C) The Dispensing of Prescriptions illustrating the commoner methods of administrating medicament &
	(D) The storage of Drugs & Medicinal preparations
	Place: Practicel Training Period from 26/6/24 to
	Place:
	Diff Nebragar alla lone
	Date: 26/7/24 IN Apprentised Masterne Institution
	DHH Nabararopur Phony
	SECTION-IV Alles a VI. O.O 186 ha
	I certify that Abhilet Kuldin has undergone more than 150 Hours. Training presd over 1 ———————————————————————————————————
	911
	(Form 26.6 - 36.7.24) in accordance with the details enumerated in CECTION-III.
	m Ada
	By or
	Place DHA Nelmole Head of the Training Organization
	Dat & NO: With Sedistrict Medical Officer (Medical
	Services)-cum-Superintendent
	- I Mahambuli

Banavihar, Rondapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha Phone: (06854) 246966, 246602

PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(See Regulation 21 (1) 1991 farmed under Sec	tion 10 of the pharmacy Act. 1948)	
SECTION-I This form has been issued to Santosh	(Name of Student Pharmacist)	
s/o,D/o Harábarca Pati	who has produced evidence before	
me that he / she is entitled to receive the Practical Train pharmacy Act. 1948.	ning under Education Regulation farmed under section 10 of the	he.
Place: Jeypone	P. mohapara	(
Date: 24 .06 . 24	Head of the Teaching Institution	21
Place: Jeyporte Date: 26.6.24	Santoch kumar Poutis Student Pharmacist	
Working knowledge of keeping of records red Practical Experience in : (A) The manipulation of Pharmaceutical Appa (B) The reading. Translation & Copying of Pre	(Name of Student Pharmacist) in my organization so that during his/her Training he/she may uired by various Acts affecting the profession of pharmacy & ratus in common use. scription including the checking of Doses. g the commoner methods of administrating medicament &	^
Place: Jeyporte	PHARMACY OFFICER	
Date: 26.6.24	(Apprentice Master) SUB STORE (Name of the Address of the Matheway Revenue Company)	
months	as undergone more than 150 Hours. Training spread over 1 _) in accordance with the details enumerated in CECTION-III.	
	Superintendent	
01 0 180 000	Land at the Learning Directory	

Place: Jeypore Date: 01/08/2024 Head of the Training Organization T, Jeypore · With Seai