



# JEYPORE COLLEGE OF PHARMACY

(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:

## 3.4.1(2) Internship



# JEYPORE COLLEGE OF PHARMACY

(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**

| Sl. 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 Namoo         | 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, Dist. Koraput-764 002, Odisha  
Ph: (06854) 291221, Admission Cell: 7978484794, 7978494262  
Visit us: [www.jcp.ac.in](http://www.jcp.ac.in) E-mail: [jcpprincipal2001@gmail.com](mailto:jcpprincipal2001@gmail.com)

*P. Mishra*  
**PRINCIPAL**  
JEYPORE COLLEGE OF PHARMACY  
RONDAPALLI, JEYPORE (K) 764002



# JEYPORE COLLEGE OF PHARMACY

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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 |

*P. M. Senapati*

**PRINCIPAL**  
JEYPORE COLLEGE OF PHARMACY  
RONDAPALLI, JEYPORE (K) 764002

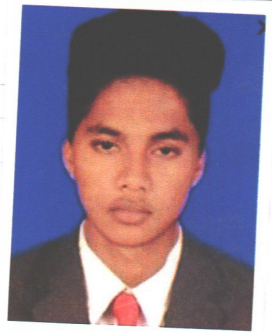
# JEYPORE COLLEGE OF PHARMACY

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

Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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



### SECTION-I

This form has been issued to Manas Ranjan Panigrahi (Name of Student Pharmacist)

s/o, D/o Madhav Panigrahi residing at phatiguda Nabarangpur Who has produced evidence before me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place: Nabarangpur  
Date: 18.6.24

P. Mahapatra

Head of the Teaching Institution  
**PRINCIPAL**

**JEYPORE COLLEGE OF PHARMACY  
RONDAPALLI, JEYPORE (S) 764002**

### SECTION II

Manas Ranjan Panigrahi Accept S. Chitra Sengupta (Name of Student Pharmacist) (Name of Apprentice Master)  
Of DHH Nabarangpur Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: DHH Nabarangpur  
Date: 26/6/24

Manas Ranjan Panigrahi  
Student Pharmacist

### SECTION III

S. Chitra Sengupta accept Manas Ranjan Panigrahi (Name of Apprentice Master) (Name of Student Pharmacist)  
As a trainee & agree to give him/her Training facilities in my organization so that during his/her Training he/she may acquire

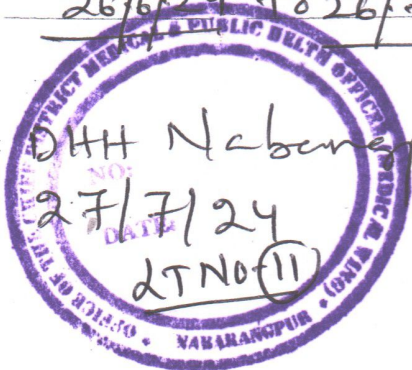
- Working knowledge of keeping of records required by various Acts affecting the profession of pharmacy &
- Practical Experience in :
  - The manipulation of Pharmaceutical Apparatus in common use.
  - The reading, Translation & Copying of Prescription including the checking of Doses.
  - The Dispensing of Prescriptions illustrating the commoner methods of administering medication &
  - The storage of Drugs & Medicinal preparations.

Place: DHH Nabarangpur Practical Training Periods from 26/6/24 to 26/7/24  
Date: 26/7/24  
S. Chitra Sengupta (Name of the Address of the Institution) Apprentice Master  
DHH, Nabarangpur Pharmacy office (186 hrs)

### SECTION-IV

I certify, that Manas Ranjan Panigrahi has undergone more than 150 Hours. Training spread over 1 months  
(From 26/6/24 to 26/7/24) in accordance with the details enumerated in SECTION-III.

Place: DHH Nabarangpur  
Date: 27/7/24  
DT No (11)



Head of the Training Organization  
With Seal  
**District Medical Officer (Medical Services) cum-Superintendent  
DHH Nabarangpur**

# JEYPORE COLLEGE OF PHARMACY

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

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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



### SECTION-I

This form has been issued to Jyotirmayi Sadangi

Pradip Sadangi (Name of Student Pharmacist)

Malkangiri Talasahi residing at

Who has produced evidence before me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place:

P. Mohapatra

Date:

Head of the Teaching Institution  
**PRINCIPAL**

### SECTION II

Jyotirmayi Sadangi

(Name of Student Pharmacist)

Accept Sudhir Kumar Haldar

(Name of Apprentice Master)

Of DHH Malkangiri

Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: Malkangiri

Date: 17/06/24

Jyotirmayi Sadangi  
Student Pharmacist

### SECTION III

Sudhir Kumar Haldar

accept

Jyotirmayi Sadangi

(Name of Apprentice Master)

(Name of Student Pharmacist)

As a trainee & agree to give 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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medication &
  - (D) The storage of Drugs & Medicinal preparations.

Place: Malkangiri

Date: 17/06/24

(Apprentice Master)

(Name of the Address of the Institution)

Sudhir Kumar Haldar  
Pharmacist  
Hospital Store, DHH, Malkangiri

### SECTION-IV

I certify that Jyotirmayi Sadangi

months

(From 12/06/24 to 16/07/24)

has undergone more than 150 Hours. Training spread over 1

) in accordance with the details enumerated in SECTION-III.

Place: Malkangiri

Date:

Sudhir Kumar Haldar  
Head of the Training Organization  
District Council Superintending  
DHH, 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 01 month (150 Hrs) of training at District Head Qtr. Hospital, Angul.

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

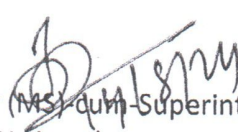
Sd/Dr. G. S. Bal

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 (MS)-cum-Superintendent

D.H.H. Angul

Memo No. 128 / (2) Date. 14.08.24

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

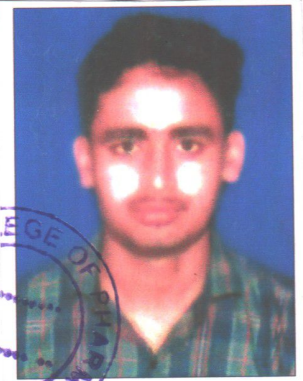
# JEYPORE COLLEGE OF PHARMACY

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

Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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



### SECTION-I

This form has been issued to Asish Swain

(Name of Student Pharmacist)

S/o, D/o Arjuna Charan Swain

residing at

At-Ganam, PO-Ghantala, Dist-Kendrapara

Who has produced evidence before

me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place: Kendrapara

P. Mohapatra  
3.07.05/2024  
Head of the Teaching Institution  
**PRINCIPAL**

Date: 30/05/2024

**JEYPORE COLLEGE OF PHARMACY**  
RONDAPALLI, JEYPORE (IN 764002)

### SECTION II

Asish Swain

Accept

Asish Swain  
Asish Swain

(Name of Student Pharmacist)

(Name of Apprentice Master)

Of DHH, Kendrapara

Hospital as my Apprentice Master for the above training

and agree to obey & respect him/her during the entire period of my training

Place: DHH, RDP

Asish Swain  
Student Pharmacist

Date: 11.6.24

### SECTION III

Asish Swain

accept

Asish Swain

(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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place: Kendrapada

Mohapatra  
Pharmacy  
Kendrapada - 2024

(Apprentice Master)

(Name of the Address of the Institution)

Date: 11/06/24

### SECTION-IV

I certify that Asish Swain

has undergone more than 150 Hours. Training spread over 1

months

(Form 11.6.24 to 20.7.24)

in accordance with the details enumerated in SECTION-III.

Place: Kendrapara

Head of the Training Organization

Date: 20/07/24

With Seal

Asish Swain  
7.24  
District Medical Officer  
(Medical Services)-cum-  
Superintendent DHH, Kendrapara

# JEYPORE COLLEGE OF PHARMACY

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



## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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

### SECTION - I

This form has been issued to Dinuara Behera

S/o, D/o Surendra Behera (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 framed under section 10 of the pharmacy Act. 1948.

Place: \_\_\_\_\_

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

Head of the Teaching Institution  
**PRINCIPAL**  
JEYPORE COLLEGE OF PHARMACY  
RONDAPALLI, JEYPORE (O) 764002

### SECTION II

Dr. Dinara Mishra Accept Dr. Sanyal Kanta Mohi

(Name of Student Pharmacist) (Name of Apprentice Master)  
Of CHC Kotpad Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: \_\_\_\_\_

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

Dinuara Behera  
Student Pharmacist

### SECTION III

Dr. Sanyal Kanta Mohi Accept Dinara Behera

(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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place: \_\_\_\_\_

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

Sanyal Kanta Mohi  
(Apprentice Master)  
(Name of the Address of the Institution)

### SECTION-IV

I certify that Dr. Dinara Behera has undergone more than 150 Hours. Training spread over 1 months

(From 14/08/24 to 14/09/24) in accordance with the details enumerated in SECTION-III.

Place: \_\_\_\_\_

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

CHC Kotpad

Head of the Training Organization  
With Seal CHC Kotpad  
Dist-Koraput



# JEYPORE COLLEGE OF PHARMACY

Banspali, Kendujhar, Jeypore, Dist: Koraput Pin: 764002, Odisha

Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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



### SECTION-I

This form has been issued to Anirudh Sharma

Raniprasad Sharma (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 framed under section 10 of the pharmacy Act. 1948.

Place: \_\_\_\_\_

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

P. Mahapatra  
Head of the Teaching Institution

### SECTION II

Anirudh Sharma Accept Sanjay Kumar Maik  
(Name of Student Pharmacist) (Name of Apprentice Master)  
Of CHC Banspal Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: CHC Banspal

Date: 21/06/2024

Anirudh Sharma  
Student Pharmacist

### SECTION III

Sanjay Kumar Maik accept Anirudh Sharma  
(Name of Apprentice Master) (Name of Student Pharmacist)  
As a trainee & agree to give him/her Training facilities in my organization so that during his/her Training he/she may acquire.

- Working knowledge of keeping of records required by various Acts affecting the profession of pharmacy &
- Practical Experience in :
  - The manipulation of Pharmaceutical Apparatus in common use.
  - The reading, Translation & Copying of Prescription including the checking of Doses.
  - The Dispensing of Prescriptions illustrating the commoner methods of administering medication &
  - The storage of Drugs & Medicinal preparations.

Place: CHC Banspal

Date: 26/07/2024

Sanjay Kumar Maik  
(Apprentice Master)  
(Name of the Address of the Institution)  
**PHARMACY OFFICER**  
**C.H.C. BANSPAL**  
**DIST : KENDUJHAR**  
Regd No-20124

### SECTION-IV

I certify that Anirudh Sharma has undergone more than 150 Hours. Training spread over 1 months (Form 21/06/24 to 21/07/24) in accordance with the details enumerated in SECTION-III.

Place: CHC Banspal

Date: 26/07/2024

[Signature]  
Head of the Training Organization

With Seal

**SUPERINTENDENT**  
**C.H.C. BANSPAL**  
**DIST : KENDUJHAR**

# JEYPORE COLLEGE OF PHARMACY

Banavilas, Bendaipalli, Jeypore, Dist: Koraput Pin: 764002, Odisha

Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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



### SECTION-I

This form has been issued to Anirudh Sharma

S/o, D/o Ram Prasad Sharma (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 framed under section 10 of the pharmacy Act. 1948.

Place: \_\_\_\_\_

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

P. Mishra  
Head of the Teaching Institution

**PRINCIPAL**  
JEYPORE COLLEGE OF PHARMACY  
BENDAPALLI, JEYPORE (IN) 764002

### SECTION II

Anirudh Sharma Accept Sanjay Kumar Naik  
(Name of Student Pharmacist) (Name of Apprentice Master)

Of C.H.C. Banspal Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: C.H.C. Banspal

Date: 21/06/2024

Anirudh Sharma  
Student Pharmacist

### SECTION III

Sanjay Kumar Naik accept Anirudh Sharma  
(Name of Apprentice Master) (Name of Student Pharmacist)

As a trainee & agree to give 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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place: C.H.C. Banspal

Date: 26/07/2024

Sanjay Kumar Naik  
Road no - 20134  
(Apprentice Master) (Name of the Address of the Institution)  
**PHARMACY OFFICER**  
**C.H.C. BANSPAL**  
**DIST : KENDUJHAR**

### SECTION-IV

I certify that Anirudh Sharma has undergone more than 150 Hours. -Training spread over 1 months (Form 21/06/24 to 21/07/24) in accordance with the details enumerated in SECTION-III.

Place: C.H.C. Banspal

Date: 26/07/2024

[Signature]  
Head of the Training Organization  
- With Seal -

**SUPERINTENDENT**  
**C.H.C. BANSPAL**  
**DIST : KENDUJHAR**

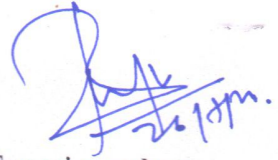
OFFICE OF THE SUPERINTENDENT, CHC BANSPAL, KEONJHAR.

LETTER NO: 283

DATE: 26/7/24

As per 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)

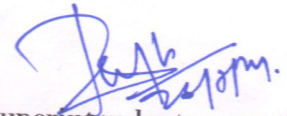
  
26/7/24

Superintendent  
CHC Banspal

SUPERINTENDENT  
C.H.C. BANSPAL  
DIST: KENDUJHAR

Memo No. 284 /Date 26/7/24

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

  
26/7/24

Superintendent  
CHC Banspal

SUPERINTENDENT  
C.H.C. BANSPAL  
DIST: KENDUJHAR

Memo No. 285 /Date 26/7/24

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

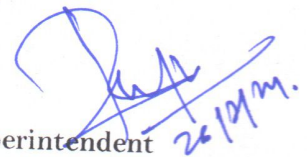
  
26/7/24

Superintendent  
CHC Banspal

SUPERINTENDENT  
C.H.C. BANSPAL  
DIST: KENDUJHAR

Memo No. 286 /Date 26/7/24

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

  
26/7/24

Superintendent  
CHC Banspal

SUPERINTENDENT  
C.H.C. BANSPAL  
DIST: KENDUJHAR

# JEYPORE COLLEGE OF PHARMACY

Banavhat, Ferozpalli, Jeypore, Dist: Koraput Pin: 764002, Odisha

Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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

### SECTION-I

This form has been issued to Manas Ranjan Mohanty

(Name of Student Pharmacist)  
S/O, D/o Dasarath Mohanty residing at Subotpada, Govindapally, Malkan Bidi Who has produced evidence before

me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

*P. Mohapatra*

PRINCIPAL

JEYPORE COLLEGE OF PHARMACY  
FEROZPALLI, JEYPORE (K) 764002

Place:

Date:

### SECTION II

Manas Ranjan Mohanty Accept Sanjeeb Kumar Subudhi

(Name of Student Pharmacist) (Name of Apprentice Master)  
Of \_\_\_\_\_ Hospital as my Apprentice Master for the above training  
and agree to obey & respect him/her during the entire period of my training

Place: Jeypore

Date: 31.07.2024

Manas Ranjan Mohanty  
Student Pharmacist

### SECTION III

Sanjeeb Kumar Subudhi accept Manas Ranjan Mohanty

(Name of Apprentice Master) (Name of Student Pharmacist)  
As a trainee & agree to give 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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place: Jeypore

Date: 31.08.2024

(Apprentice Master)  
(Name of the Address of the Institution)  
*[Signature]*  
PHARMACY OFFICER  
SUB STORE  
D.H.H., JEYPORE, KORAPUT

### SECTION-IV

I certify that Manas Ranjan Mohanty has undergone more than 150 Hours. -Training spread over 1 months

(Form \_\_\_\_\_ to \_\_\_\_\_) in accordance with the details enumerated in SECTION-III.

Place: Jeypore

Date: 31.08.2024

Head of the Training Organization  
- With Seal  
*[Signature]*  
DMO & Superintendent  
D.H.H., KPT, Jeypore

# JEYPORE COLLEGE OF PHARMACY

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

Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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

### SECTION-I

This form has been issued to Nibedita Chakrabarti

(Name of Student Pharmacist)

S/o, D/o Tukurani Chatterjee residing at

Mahadev nagan, Ambaguda Who has produced evidence before

me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place: Rondapali

Head of the Teaching Institution

**PRINCIPAL**  
**JEYPORE COLLEGE OF PHARMACY**  
**BONDAPALLI, JEYPORE (K) 764002**

Date:

### SECTION II

Nibedita Chakrabarti Accept Tripthimoyee Das

(Name of Student Pharmacist) (Name of Apprentice Master)

Of CHC Sunabeda Hospital as my Apprentice Master for the above training

and agree to obey & respect him/her during the entire period of my training

Nibedita Chakrabarti  
Student Pharmacist

Place:

Date:

Sunabeda  
24.07.24

### SECTION III

Tripthimoyee Das accept Nibedita Chakrabarti

(Name of Apprentice Master)

(Name of Student Pharmacist)

As a trainee & agree to give 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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place:

Date:

Sunabeda

24.07.24

Tripthimoyee Das  
\* pharmacy officer (I/c)  
(Apprentice Master) CHC Sunabeda  
(Name of the Address of the Institution)

### SECTION-IV

I certify that Nibedita Chakrabarti has undergone more than 150 Hours. Training spread over 1

months

(From 24.06.24 to 24.07.24) in accordance with the details enumerated in SECTION-III.

Place:

Date:

Sunabeda

24.07.24

Head of the Training Organization

With Seal

24.07.24  
**Superintendent**  
**Medical Officer In-Charge**  
**CHC, Sunabeda**

# JEYPORE COLLEGE OF PHARMACY

Banabhat, Bondapalli, Jeypore, Dist: Koraput. Pin: 764002, Odisha

Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(See Regulation 21 (1) 1991 framed under Section 10 of the pharmacy Act, 1948)

### SECTION-I

This form has been issued to Asha Biswakarma.

Ashok Biswakarma (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 framed under section 10 of the pharmacy Act, 1948.

Place: Jeypore

Date: 24.6.24

P. Mohapatra

Head of the Teaching Institution

### SECTION II

Asha Biswakarma Accept SANTEER KUMAR SURUHI  
(Name of Student Pharmacist) (Name of Apprentice Master)

Of DHH Koraput Jeypore Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: Jeypore

Date: 26.6.24

Asha Biswakarma  
Student Pharmacist

### SECTION III

SANTEER KUMAR SURUHI accept Asha Biswakarma  
(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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place:

Jeypore

Date: 26.6.24

(Apprentice Master)

(Name of the Address of the Institution)

S. S. S. S.  
PHARMACY OFFICER

SUB STORE

D.H.H., JEYPORE, KORAPUT

### SECTION-IV

I certify that Asha Biswakarma has undergone more than 150 Hours. Training spread over 1 months

(Form 26.6.24 to 28.7.24) in accordance with the details enumerated in SECTION-III.

Place:

Jeypore

Date: 30.7.24

Head of the Training Organization

With Seal

P. Mohapatra  
DMO & Superintendent  
D.H.H., KPT, Jeypore

# JEYPURE COLLEGE OF PHARMACY

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

Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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

### SECTION-I

This form has been issued to Beauty Bagh

S/o Shibalal Bagh

(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 framed under section 10 of the pharmacy Act. 1948.

Place: Jeypore

Date: 24.06.24

Head of the Teaching Institution

**PRINCIPAL**  
**JEYPURE COLLEGE OF PHARMACY**  
**ROMBAPALLI, JEYPURE (P) 764002**

### SECTION II

Beauty Bagh

Accept SANJEEB KUMAR SUBUDHI

(Name of Student Pharmacist)

(Name of Apprentice Master)

Of D.H.H. Koraput, Jeypore Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: Jeypore

Date: 26.06.24

Beauty Bagh  
Student Pharmacist

### SECTION III

SANJEEB KUMAR SUBUDHI accept

Beauty Bagh

(Name of Apprentice Master)

(Name of Student Pharmacist)

As a trainee & agree to give 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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place: Jeypore

Date: 26.06.24

(Apprentice Master)

(Name of the Address of the Institution)  
**D.H.H., JEYPURE, KORAPUT**

**PHARMACY OFFICER**  
**SUB STORE**

### SECTION-IV

I certify that Beauty Bagh has undergone more than 150 Hours. Training spread over 1 months

(From 26.06.24 to 26.07.24) in accordance with the details enumerated in SECTION-III.

Place: Jeypore

Date: 1/8/24

Head of the Training Organization

With Seal

**DMO & Superintendent**  
**D.H.H., KPT, Jeypore**

# JEYPORE COLLEGE OF PHARMACY

Bahadur, Fardappali, Jeypore, Dist: Koraput. Pin: 764002, Odisha  
Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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



### SECTION-I

This form has been issued to Susmita Talukdar

(Name of Student Pharmacist)

s/o, D/o Prabhush Talukdar residing at  
M.P.V-ST Pasugada Who has produced evidence before

me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place:

Date:

P. ...

Head of the Teaching Institution

**PRINCIPAL**

**JEYPORE COLLEGE OF PHARMACY**

**NONDAPALLI, JEYPORE (IN) 764002**

### SECTION II

Susmita Talukdar

(Name of Student Pharmacist)

Accept Sudhir Kumar Haldar

(Name of Apprentice Master)

Of D.H.H. Malkangiri Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place:

Date:

Malkangiri  
17/06/24

Susmita Talukdar  
Student Pharmacist

### SECTION III

Sudhir Kumar Haldar accept Susmita Talukdar

(Name of Apprentice Master)

(Name of Student Pharmacist)

As a trainee & agree to give 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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place:

Date:

Malkangiri

17/06/24

Sudhir Kumar Haldar  
Pharmacist

(Apprentice Master) Hospital Store, D.H.H, Malkangiri  
(Name of the Address of the Institution)

### SECTION-IV

I certify that Susmita Talukdar has undergone more than 150 Hours. Training spread over 1 months

(From 17/06/24 to 16/09/24) in accordance with the details enumerated in SECTION-III.

Place:

Date:

Malkangiri

B...  
10/12/24  
Head of the Training Organization

With the  
**District Medical Officer (Medical Services) cum Superintendent**  
**D.H.H, Malkangiri**



# JEYPORE COLLEGE OF PHARMACY

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

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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



### SECTION-I

This form has been issued to Bikash Sandar

(Name of Student Pharmacist)

S/o, D/o Parimal Sandar

residing at

AT-M.V.7, PO-Tamala, Dist. Malkangiri

Who has produced evidence before me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place:

P. Mohapatra

Head of the Teaching Institution

Date:

**PRINCIPAL**  
**JEYPORE COLLEGE OF PHARMACY**  
**RONDAPALLI, JEYPORE (K) 764002**

### SECTION II

Bikash Sandar

Accept

Sudhir Kumar Haldar

(Name of Student Pharmacist)

(Name of Apprentice Master)

Of DHH, Malkangiri

Hospital as my Apprentice Master for the above training

and agree to obey & respect him/her during the entire period of my training

Place:

Malkangiri

Bikash Sandar  
Student Pharmacist

Date:

17/6/24

### SECTION III

Sudhir Kumar Haldar accept Bikash Sandar

(Name of Apprentice Master)

(Name of Student Pharmacist)

As a trainee & agree to give 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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place:

Malkangiri

Date:

17/6/24

(Apprentice Master)

Sudhir Kumar Haldar  
Pharmacist (ATB) My

(Name of the Address of the Institution)

Hospital Store, DHH, Malkangiri

### SECTION-IV

I certify that Bikash Sandar has undergone more than 150 Hours. Training spread over 1 months

(From 17/6/24 to 16/7/24) in accordance with the details enumerated in SECTION-III.

Place:

Date:

Head of the Training Organization

With Seal

**District Medical Officer (Medical Services) cum Superintendent**  
**DHH, Malkangiri**

# JEYPORE COLLEGE OF PHARMACY

Bondapalli, Bondapalli, Jeypore, Dist: Koraput Pin: 764002, Odisha

Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(See Regulation 21 (1) 1991 framed under Section 10 of the pharmacy Act, 1948)



### SECTION-I

This form has been issued to Sarat Kumar Madhi

(Name of Student Pharmacist)

residing at Kamal Lashan Madhi

District Block - Malkangiri, at - Gangala Who has produced evidence before me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act, 1948.

Place:

Date:

Head of the Institution

**JEYPORE COLLEGE OF PHARMACY  
BONDAPALLI, JEYPORE (K) 764002**

### SECTION II

Sarat Kumar Madhi

(Name of Student Pharmacist)

Accept Sudhir Kumar Haldar

(Name of Apprentice Master)

Of DHH, Malkangiri Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place:

Date:

Malkangiri  
17/6/24

Sarat Kumar Madhi  
Student Pharmacist

### SECTION III

Sudhir Kumar Haldar accept Sarat Kumar Madhi

(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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place:

Date:

Malkangiri  
17/6/24

(Apprentice Master)

(Name of the Address of the Institution)

Sudhir Kumar Haldar  
Pharmacist  
Hospital Staff, DHH, Malkangiri

### SECTION-IV

I certify that Sarat Kumar Madhi has undergone more than 150 Hours. Training spread over 1 months

(From 17/6/24 to 16/7/24) in accordance with the details enumerated in SECTION-III

Place:

Date:

Head of the Training Organization  
District Medical Officer (Medical Services) cum Superintendent  
DHH, Malkangiri

Devi Prasad  
17/6/24

# JEYPORE COLLEGE OF PHARMACY

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

Phone: (06854) 246966, 246602

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

(See Regulation 21 (1) 1991 framed under Section 10 of the pharmacy Act, 1948)



### SECTION-I

This form has been issued to Ashish Mistry (Name of Student Pharmacist)

Ratan Mistry S/o, D/o residing at

ATMPV 12, PO - Pulindetta, Malkangiri who has produced evidence before me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act, 1948.

Place:

Date:

P. Mohapatra  
Head of the Teaching Institution  
**PRINCIPAL**  
**JEYPORE COLLEGE OF PHARMACY**  
**RONDAPALLI, JEYPORE (K) 764002**

### SECTION II

Ashish Mistry Accept Sudhin Kuman Haldan  
(Name of Student Pharmacist) (Name of Apprentice Master)

Of DHH, Malkangiri Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place:

Date:

Ashish Mistry  
Student Pharmacist

### SECTION III

Sudhin Kuman Haldan accept Ashish Mistry  
(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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place:

Date:

(Apprentice Master)

(Name of the Address of the Institution)

Sudhin Kuman Haldan  
Pharmacist  
Hospital Store, DHH, Malkangiri

### SECTION-IV

I certify that Ashish Mistry has undergone more than 150 Hours. Training spread over 1 months

(From 12/6/24 to 16/7/24) in accordance with the details enumerated in SECTION-III.

Place:

Date:

Head of the Training Organization

With S District Medical Officer (Medical Services) cum. Superintendent  
**DHH, Malkangiri**

# JEYPORE COLLEGE OF PHARMACY

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

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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



### SECTION-I

This form has been issued to Priyanka Bairagi (Name of Student Pharmacist)

s/o, D/o U. Dulal Ch. Bairagi residing at AT-MPV 82, PO-Lugel, Malkangiri Who has produced evidence before me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place:

P. Mishra

Head of the Teaching Institution  
**PRINCIPAL**

**JEYPORE COLLEGE OF PHARMACY  
RONDAPALLI, JEYPORE (IN) 764002**

Date:

### SECTION II

Priyanka Bairagi Accept Sudhir Kumar Holdar  
(Name of Student Pharmacist) (Name of Apprentice Master)

Of DHH, Malkangiri Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place:

Malkangiri

Date:

12/6/24

Priyanka Bairagi  
Student Pharmacist

### SECTION III

Sudhir Kumar Holdar accept Priyanka Bairagi  
(Name of Apprentice Master) (Name of Student Pharmacist)

As a trainee & agree to give him/her Training facilities in my organization so that during his/her Training he/she may acquire

- Working knowledge of keeping of records required by various Acts affecting the profession of pharmacy &
- Practical Experience in :
  - The manipulation of Pharmaceutical Apparatus in common use.
  - The reading, Translation & Copying of Prescription including the checking of Doses.
  - The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - The storage of Drugs & Medicinal preparations.

Place:

Malkangiri

Date:

12/6/24

(Apprentice Master)

(Name of the Address of the Institution)

Sudhir Kumar Holdar  
Pharmacist  
Hospital Store, DHH, Malkangiri

### SECTION-IV

I certify that Priyanka Bairagi has undergone more than 150 Hours. Training spread over 1 months

(From 12/6/24 to 12/7/24) in accordance with the details enumerated in SECTION-III.

Place:

Date:

[Signature]  
Head of the Training (District Medical Officer (Medical Services) cum Superintendent  
DHH, Malkangiri)

# JEYPORE COLLEGE OF PHARMACY

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

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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



### SECTION-I

This form has been issued to Anjana Namo

(Name of Student Pharmacist)

s/o, D/o Madhusudan Namo residing at

AT-M.V. 43, po-Malkangiri, Malkangiri who has produced evidence before me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place:

Date:

P. Anshu Prasad  
Head of the Training Institution  
**PRINCIPAL**  
**JEYPORE COLLEGE OF PHARMACY**  
**RONDAPALLI, JEYPORE (IO 764002)**

### SECTION II

Anjana Namo.

(Name of Student Pharmacist)

Accept Sudhir Kumar Haldar.

(Name of Apprentice Master)

Of D.H.H. Malkangiri Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place:

Date:

Malkangiri  
17/6/24

Anjana Namo  
Student Pharmacist

### SECTION III

Sudhir Kumar Haldar accept Anjana Namo

(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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place:

Malkangiri

Date:

17/6/24

Sudhir Kumar Haldar  
Pharmacist  
Hospital-Store, D.H.H. Malkangiri  
(Apprentice Master)  
(Name of the Address of the Institution)

### SECTION-IV

I certify that Anjana Namo has undergone more than 150 Hours. Training spread over 1 months

(From 17/6/24 to 16/7/24) in accordance with the details enumerated in SECTION-III.

Place:

Date:

Malkangiri

Head of the Training Institution  
With P. Anshu Prasad  
**District Medical Officer (Medical Services) cum Superintendent**  
**D.H.H. Malkangiri**

# JEYPORE COLLEGE OF PHARMACY

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



## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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

### SECTION-I

This form has been issued to Manoj Kumar Challan  
(Name of Student Pharmacist)

s/o, D/o Popal Challan residing at Machuliguda, po-papadahandi, Nabarangpur who has produced evidence before me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place: Nabarangpur

Date:

Head of the Teaching Institution  
**PRINCIPAL**  
JEYPORE COLLEGE OF PHARMACY  
RONDAPALLI, JEYPORE (O) 764002

### SECTION II

Manoj Kumar Challan Accept Dr. Chitra San Jene Pharmacy officer  
(Name of Student Pharmacist) (Name of Apprentice Master)

Of DHH Nabarangpur Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: DHH Nabarangpur

Date: 26/6/24

Manoj Kumar Challan  
Student Pharmacist

### SECTION III

Dr. Chitra San Jene accept Manoj Kumar Challan  
(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 &
- 2 Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place: DHH Nabarangpur

Date: 26/7/24

Practical Training Period from 26/6/24 to 26/7/24  
(one Month)

Chitra San Jene Pharmacy officer (186 hrs)  
(Name of Apprentice Master) (Name of the Institution)  
DHH, Nabarangpur

### SECTION-IV

I certify that Manoj Kumar Challan has undergone more than 150 Hours. Training spread over 1 months

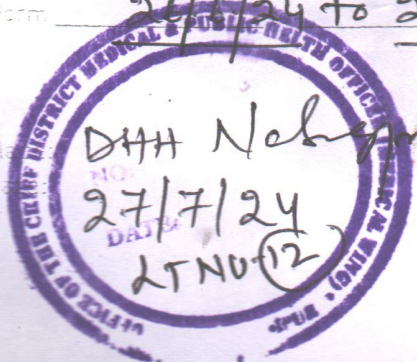
(Form 26/6/24 to 26/7/24 in accordance with the details enumerated in SECTION-III)

Place:  
Date:

DHH Nabarangpur  
27/7/24  
LTNU-12

Head of the Training Organization  
With Seal

District Medical Officer (Medical Services)-cum-Superintendent  
DHH Nabarangpur



# JEYPORE COLLEGE OF PHARMACY

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

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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



### SECTION-I

This form has been issued to Abhijeet Kuldip

(Name of Student Pharmacist)

Subash Chandan Kuldip residing at Chulipatna, Umeshkot.

Who has produced evidence before me that he/she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place: Nabarangpur

Date: 18/06/2024

P. Mahapatra

Head of the Teaching Institution

**PRINCIPAL**  
**JEYPORE COLLEGE OF PHARMACY**  
**RONDAPALLI, JEYPORE (O) 764002**

### SECTION II

Abhijeet Kuldip Accept

S. Chitra Sen Jene Pharmacy  
(Name of Apprentice Master)

Of DHH Nabarangpur Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: DHH Nabarangpur

Date: 26/6/24

Abhijeet Kuldip  
Student Pharmacist

### SECTION III

S. Chitra Sen Jene accept Abhijeet Kuldip

(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

- Working knowledge of keeping of records required by various Acts affecting the profession of pharmacy &
- Practical Experience in :
  - The manipulation of Pharmaceutical Apparatus in common use.
  - The reading, Translation & Copying of Prescription including the checking of Doses.
  - The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - The storage of Drugs & Medicinal preparations.

Place: DHH Nabarangpur

Date: 26/7/24

Practical Training period from 26/6/24 to 26/7/24 (one month)

S. Chitra Sen Jene  
(Apprentice Master)  
DHH, Nabarangpur Pharmacy  
186 hrs

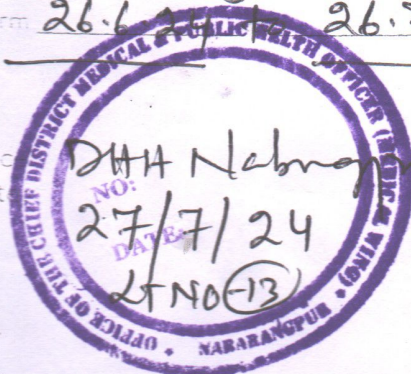
### SECTION-IV

I certify that Abhijeet Kuldip has undergone more than 150 Hours. Training spread over 1 months

(Form 26.6.24 to 26.7.24) in accordance with the details enumerated in SECTION-III.

Place: DHH Nabarangpur

Date: 27/7/24  
NO: 13



Head of the Training Organization  
With Seal District Medical Officer (Medical Services) - cum - Superintendent  
DHH Nabarangpur

# JEYPORE COLLEGE OF PHARMACY

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

## PRACTICAL TRAINING CONTACT FORM FOR PHARMACISTS

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

### SECTION-I

This form has been issued to santosh kumar pati

(Name of Student Pharmacist)

S/o, D/o Harsharca pati residing at \_\_\_\_\_

Who has produced evidence before

me that he/ she is entitled to receive the Practical Training under Education Regulation framed under section 10 of the pharmacy Act. 1948.

Place: Jeypore

Date: 24.06.24

P. Mohapatra

Head of the Teaching Institution

**PRINCIPAL**

**JEYPORE COLLEGE OF PHARMACY  
RONDAPALLI, JEYPORE (764002)**

### SECTION II

santosh kumar pati Accept SANJEEB KUMAR SUBUDHI

(Name of Student Pharmacist)

(Name of Apprentice Master)

Of D.H.H. Koraput, Jeypore Hospital as my Apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: Jeypore

Date: 26.6.24

Santosh kumar pati  
Student Pharmacist

### SECTION III

SANJEEB KUMAR SUBUDHI accept santosh kumar pati

(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 &
2. Practical Experience in :
  - (A) The manipulation of Pharmaceutical Apparatus in common use.
  - (B) The reading, Translation & Copying of Prescription including the checking of Doses.
  - (C) The Dispensing of Prescriptions illustrating the commoner methods of administering medicament &
  - (D) The storage of Drugs & Medicinal preparations.

Place: Jeypore

Date: 26.6.24

(Apprentice Master)

(Name of the Address of Institution) D.H.H., JEYPORE, KORAPUT

[Signature]  
**PHARMACY OFFICER**

**SUB STORE**

**D.H.H., JEYPORE, KORAPUT**

### SECTION-IV

I certify that Santosh Kumar Pati has undergone more than 150 Hours. Training spread over 1 months

(Form 26.6.24 to 26.7.24) in accordance with the details enumerated in SECTION-III.

Place: Jeypore

Date: 01/08/2024

Head of the Training Organization

With Seal

[Signature]  
**BMO & Superintendent**  
**D.H.H., KPT, Jeypore**