

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Shiv Kumar Yadav

(Name of student pharmacist)

of Megh Singh Yadav  
Shyazapur Post Arjunpur Dist Farrukhabad  
I hereby certify that he / she is entitled to receive the Practical Training as set out in the Regulations framed under section 11 of the Pharmacy Act, 1948.



प्रधान  
शुभम विद्यालय कलेज, आगरा

The Head of the Academic Training Institution.

12/11/19

Shiv Kumar Yadav  
(Name of the student pharmacist)

accept.

(Name of the Apprentice Master)

S. N. Medical College Aggra  
(Name of the Institution)

I hereby certify that my Apprentice Master for the above training and agree to obey and respect the regulations framed under section 11 of the Pharmacy Act, 1948.

Shiv Kumar Yadav  
Student Pharmacist.

Kalyan  
(Name of the Apprentice Master)

accept.

Shiv Kumar Yadav

as a trainee and I agree

I hereby certify that my organization is that of a training institution as defined in the Regulations framed under section 11 of the Pharmacy Act, 1948.

Principal  
S. N. Medical College  
AGRA

Head of the Academic Institution  
S. N. Medical College  
AGRA



