ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES
ANDHAPASARA ROAD, BERHAMPUR-760 002, Dist. GANJAM, ODISHA, INDIA
(Approved by P.C.I., A.I.C.T.E. and Govt. of Odisha)
Phone : (0680) 2260024, Fax (0680) 2260025
e-mail: royalberhampur@yahoo.com Website: www.royalcollegeofpharmacy.in

2.3.1: Student centric methods, such as experiential learning, participative learning and problem solving methodologies are used for enhancing learning experiences using ICT tools

The college provides all possible facilities to students and staff to promote the process of teaching learning. Good infrastructure and IT facilities are provided with highly qualified and experienced faculty. The college conducts and encourages students to participate in various seminars, workshops, group discussions, practice schools, practicals, extracurricular activities, industrial training, industrial visits etc. to promote experiential learning, participative learning, problem solving learning etc. ICT tools like smart boards, LCD projectors and WiFi facilities are provided in the campus.

Overall learning and teaching activities are good.

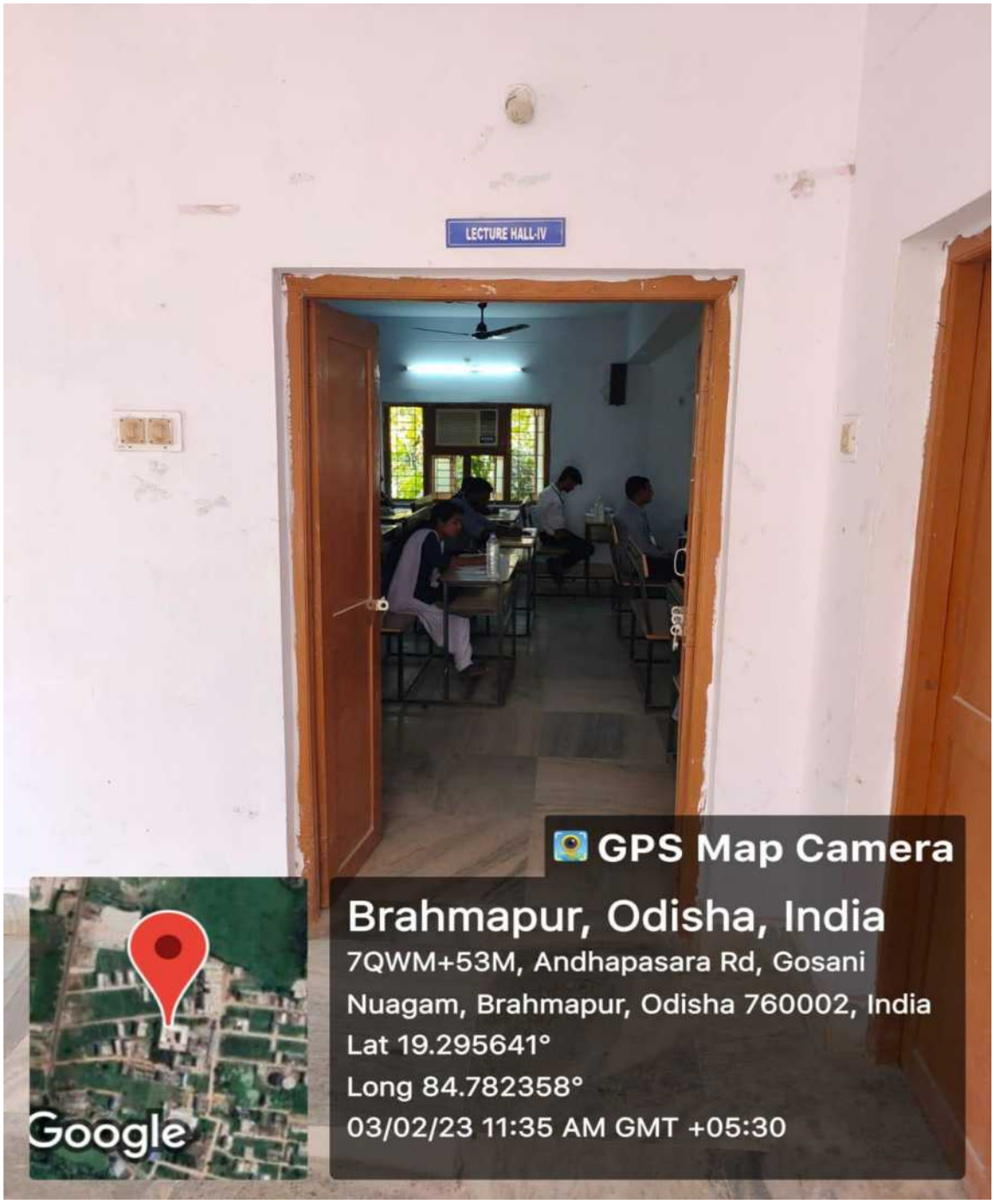
Director
Royal College of Pharmacy and
Health Sciences, Berhampur (Gm.)

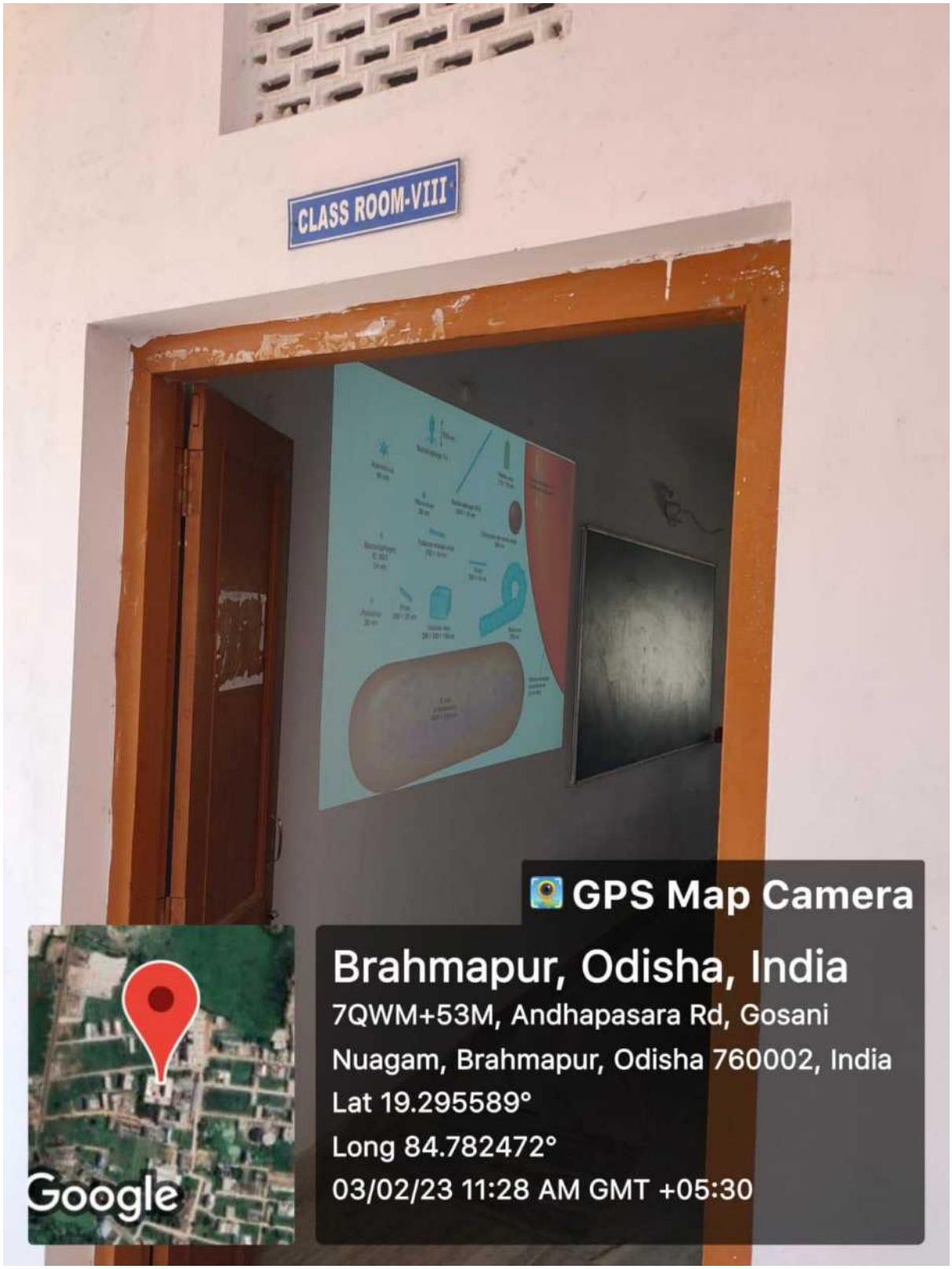
Conferences and Seminar

Aiming to help out students for their exposure and out reach the colleges tries its level best to promote seminars and conferences participation for both its staff and students. This enables the students develop a positive attitude towards Research basically for advance learners while promotes positiveness among slow learners where they develop enthusiasm for professional activities. It generates a feel of moving ahead and I can attitude in students. They also get exposed to other professional fellow colleague that helps in building leadership quality along with professional exposure to top level researchers or scientists of the field. They learn about advance process, latest technology and information about business or industry or research or academics the list goes on, all these enhance their outlook.

Year	Name of the workshop/ seminar/ conference	Number of Participants	Date From – To
2021-22	IPR and Patent Filling	100	21.11.2021
2021-22	Profession Ready Training and Placement Program	70	24.12.2021
2021-22	Integrating Institutional Education and Research with Industrial Requirements	341	09.10.2021
2021-22	Industry Institute Cell Interaction Quality Audits : An inevitable part of pharmaceutical operations	75	10.07.2022
2021-22	Industry Institute Cell Interaction Technology transfer - Vital skills for Pharmaceutical Industry Aspirants	80	05.06.2022
2021-22	Industry Institute Cell Interaction Encouraging start ups and enterpreneurship	260	08.05.2022
2021-22	Industry Institute Cell Interaction Bridging gap between Academia and industry	341	03.04.2022
2020-21	Bioequivalence study Industry Prospections	70	17.01.2020
2020-21	Role of FDG PET in malignancy	45	17.01.2020
2020-21	Physicians guidelines for suspected cancer	45	17.01.2020
2019-20	Talk on biodegradable sanitary napkins	40	09.08.2019
2019-20	Career Counselling	120	20.07.2019
2019-20	How to go for patent filling and recent innovations in medicines	40	03.07.2019
2019-20	Steps and guidelines for NBA	40	02.07.2019
2018-19	Enterpreneual Skills need of the hour	65	08.06.2019
2018-19	Orientation cum campus drive	65	08.06.2019
2018-19	Advance manufacturing techniques	80	31.03.2019
2018-19	Medical coding : The business side of health care	94	31.03.2019
2017-18	Opthalmic dosgae forms Industrial prospectives	75	03.10.2018
2017-18	Assisted reproductive techniques	45	07.02.2018
2017-18	Different aspects od dental hygiene	80	18.03.2017
2017-18	Financial Literacy and credit counselling	120	18.03.2017

Classroom with smart board and LCD




CLASS ROOM-VIII
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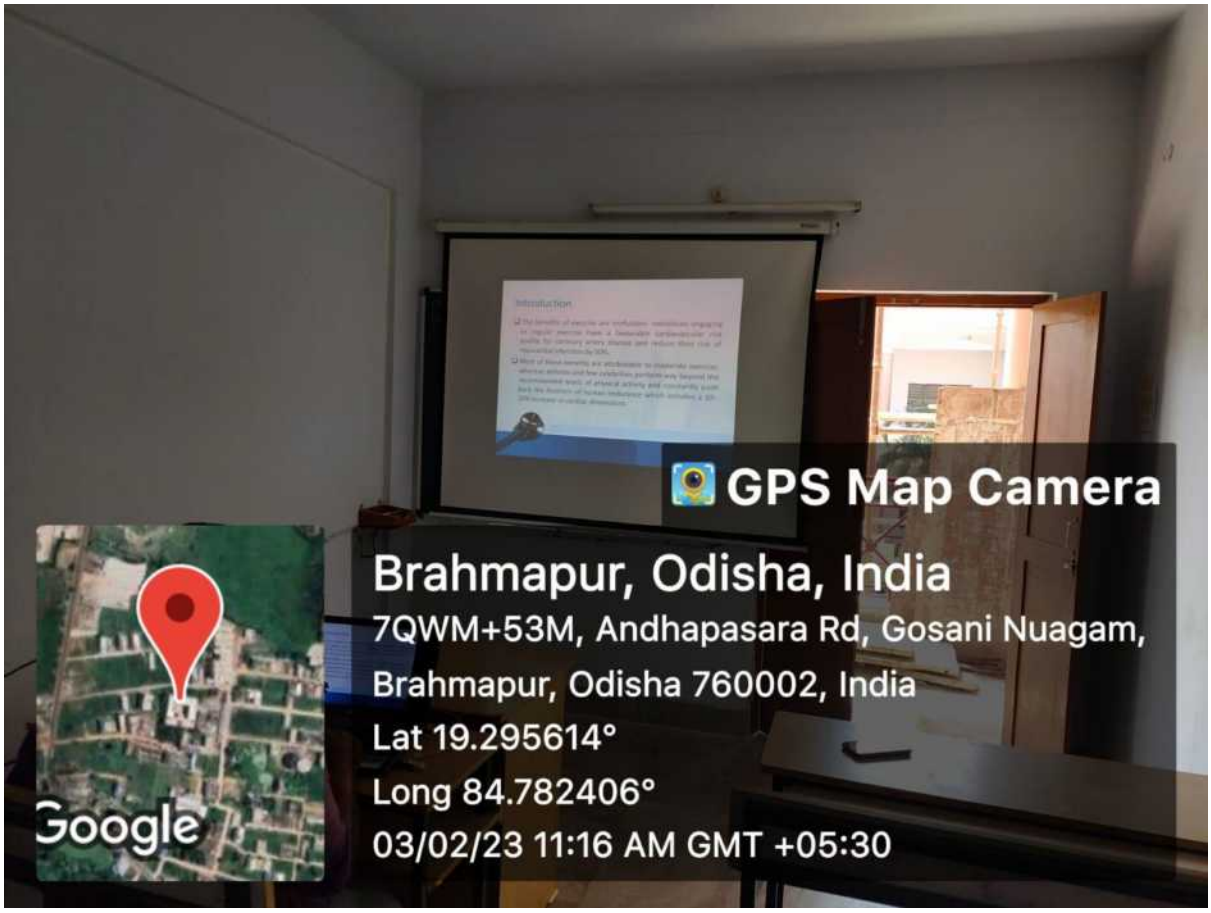
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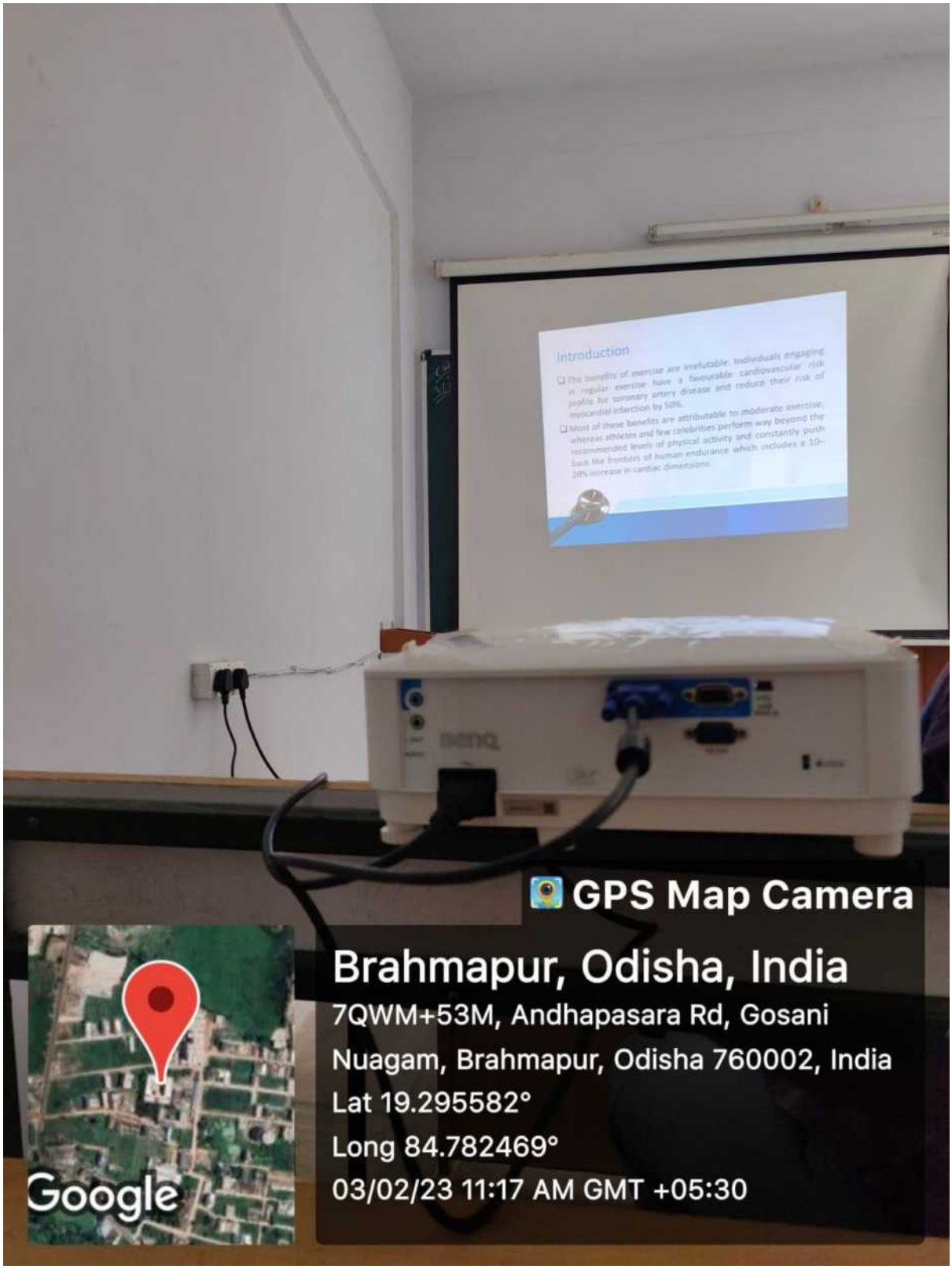
Introduction
The benefits of exercise are irrefutable. Individuals engaging in regular exercise have a favourable cardiovascular risk profile, for coronary artery disease and reduce their risk of myocardial infection by 50%.
Most of these benefits are attributable to moderate exercise, whereas athletes and few celebrities perform way beyond the recommended levels of physical activity and constantly push back the frontiers of human endurance which includes a 10-20% increase in cardiac dimensions.
GPS Map Camera
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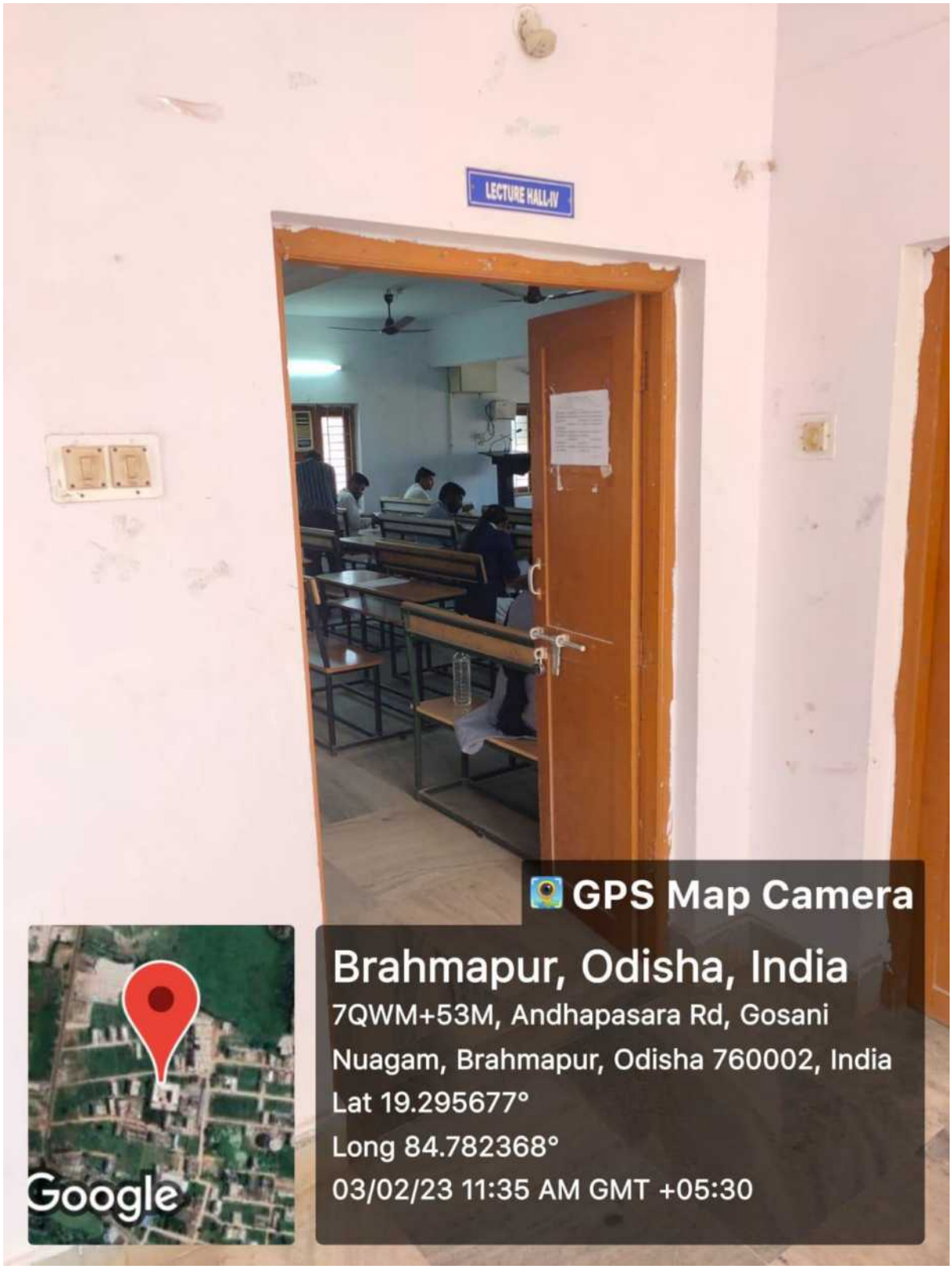
LECTURE HALL-IV
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Google

Laboratories with equipment


SHAK
An ISO 9001:2000 Company
FLUIDIZED BED
DRYER
GPS Map Camera
Brahmapur, Odisha, India
7QWM+53M, Andhapasara Rd, Gosani
Nuagam, Brahmapur, Odisha 760002, India
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karnavati
RIMEK
WARNING
High Voltage
TABLET COMPRESSION MACHINE
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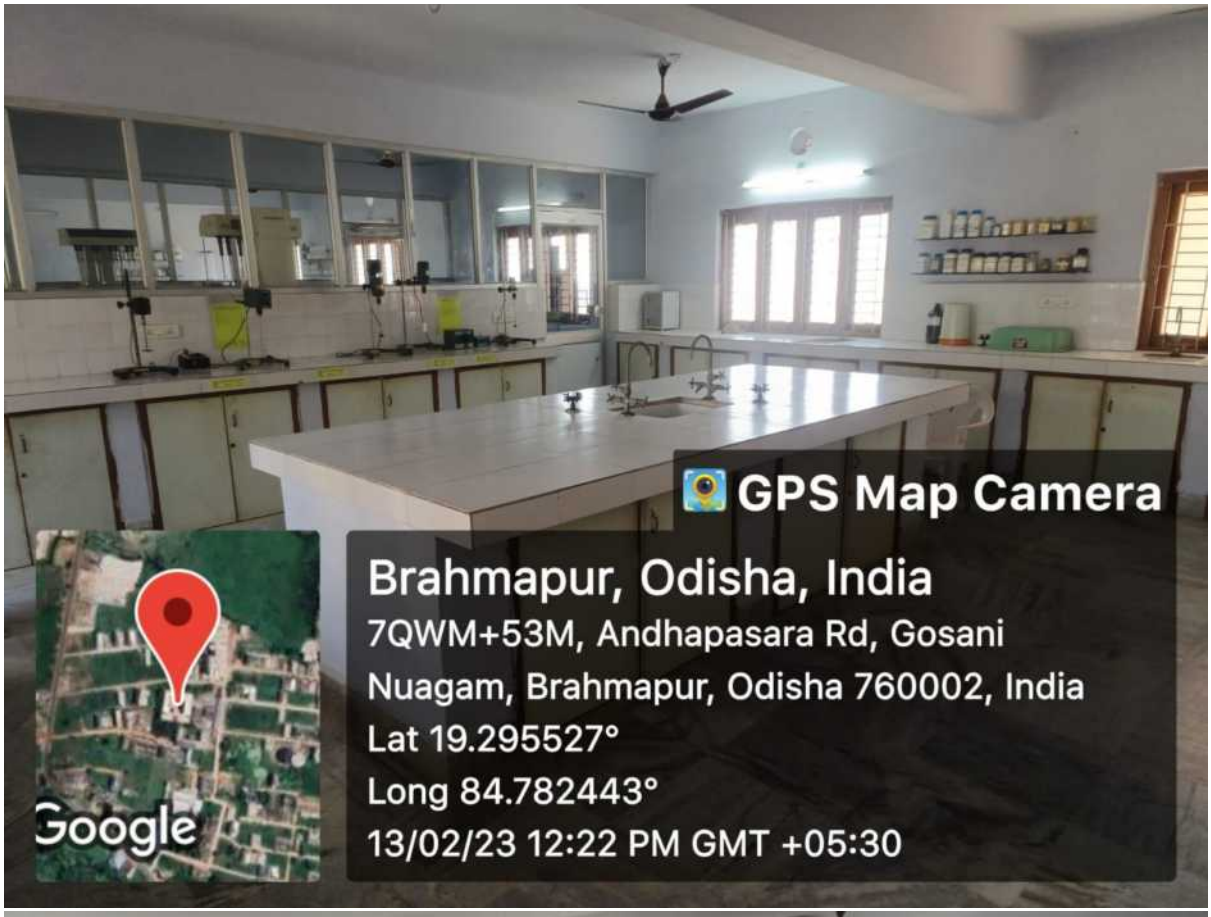
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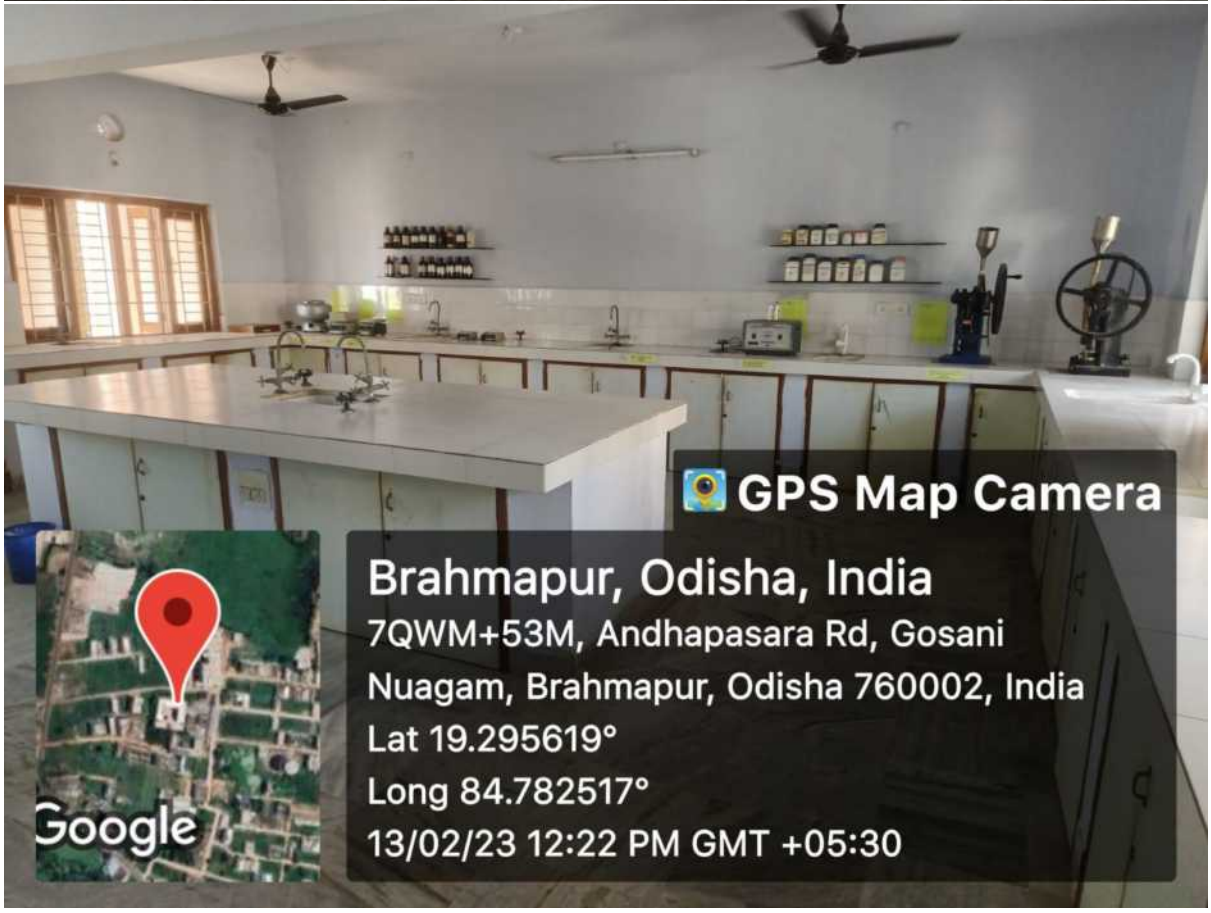
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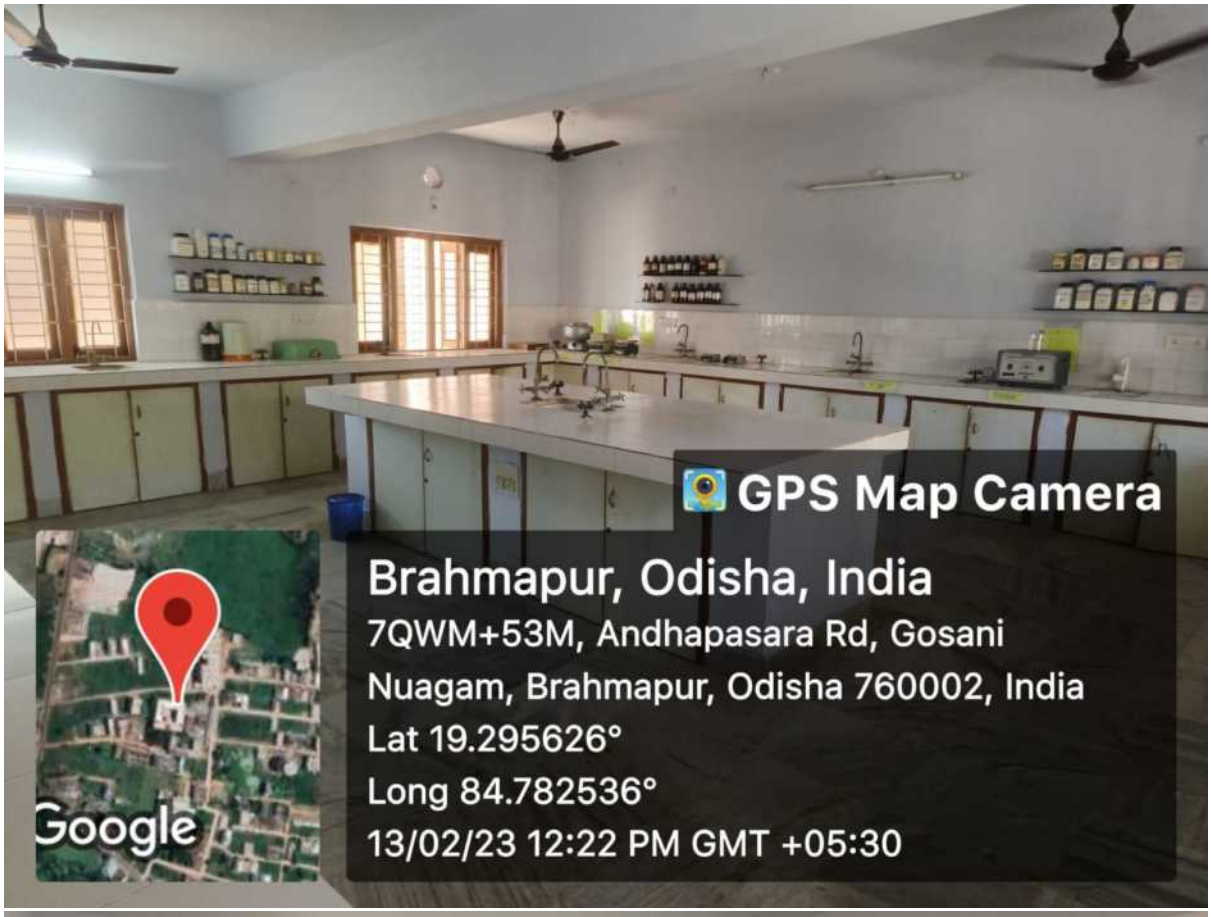
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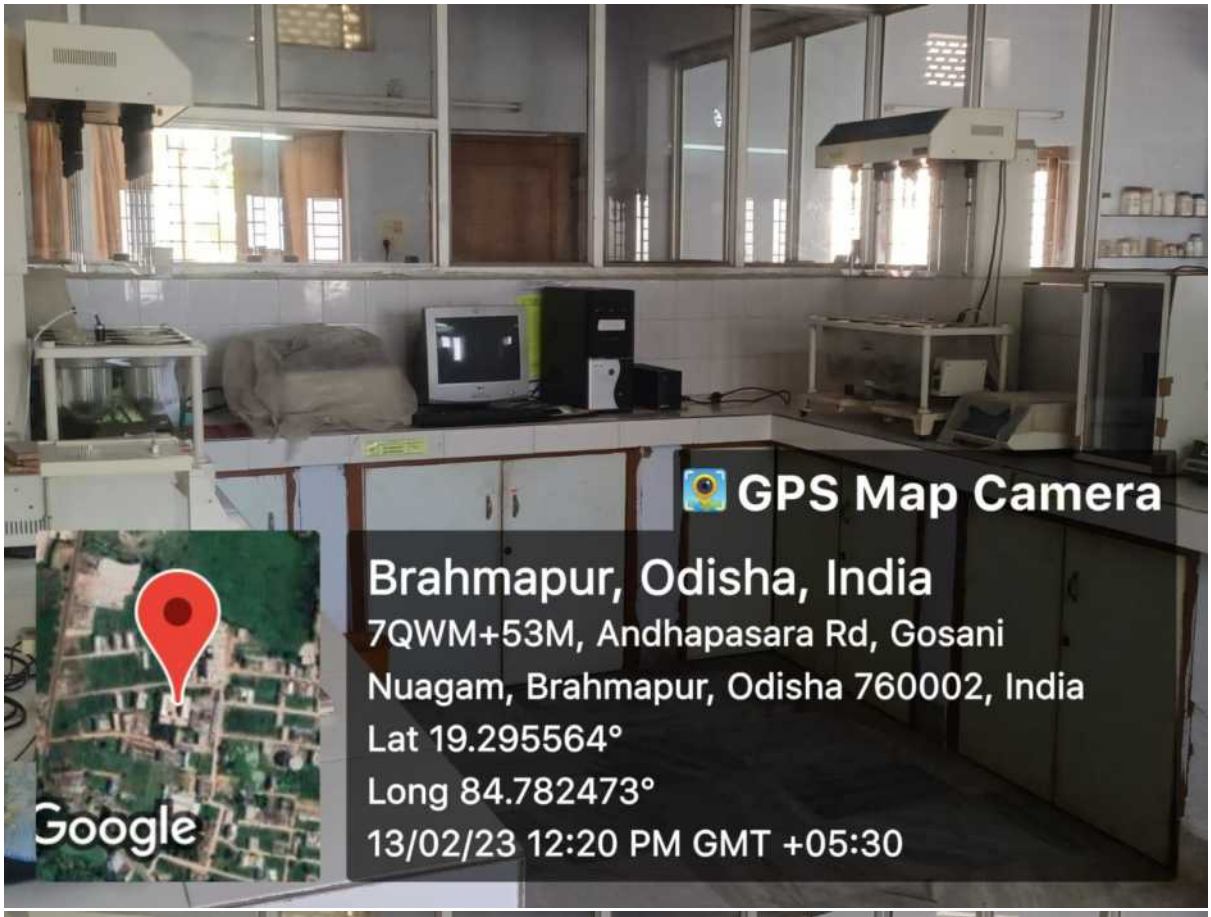
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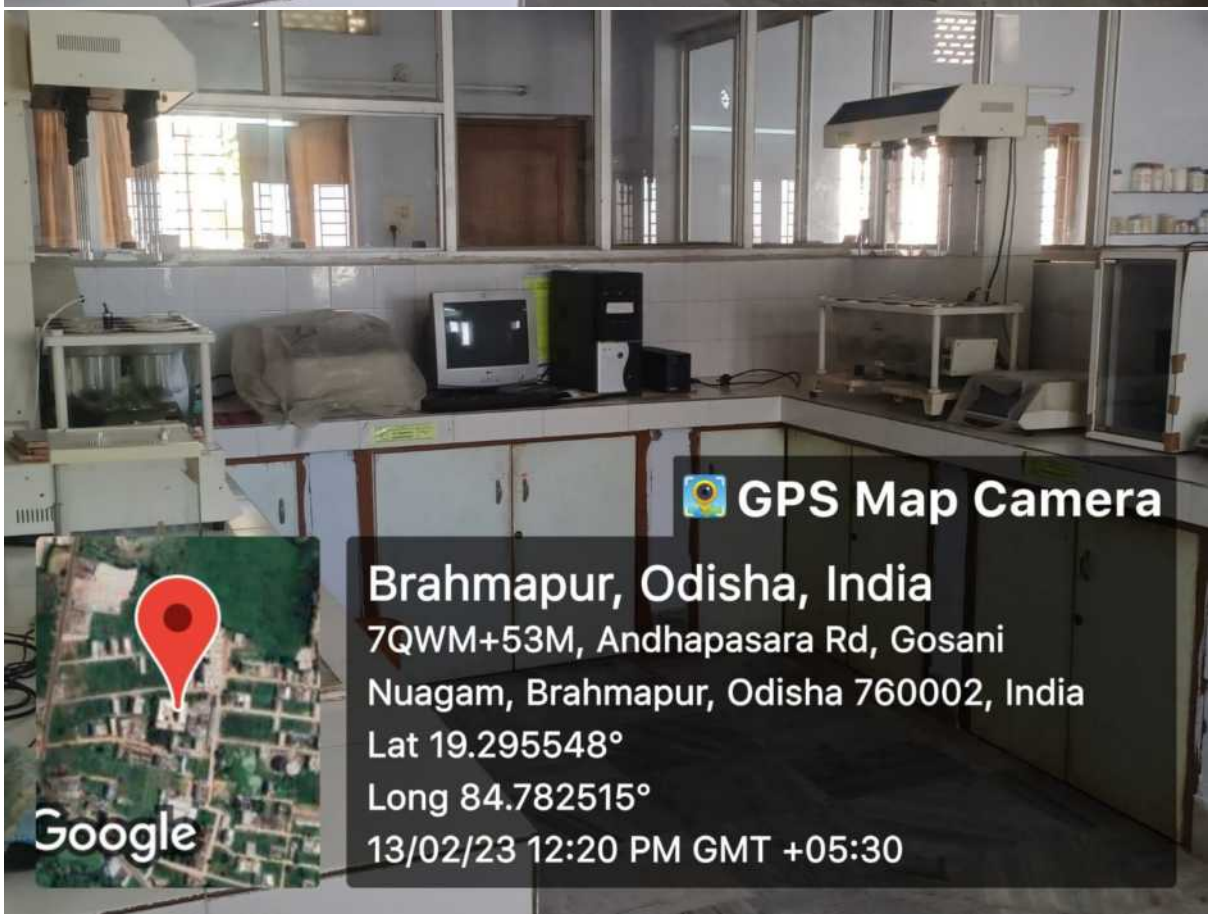
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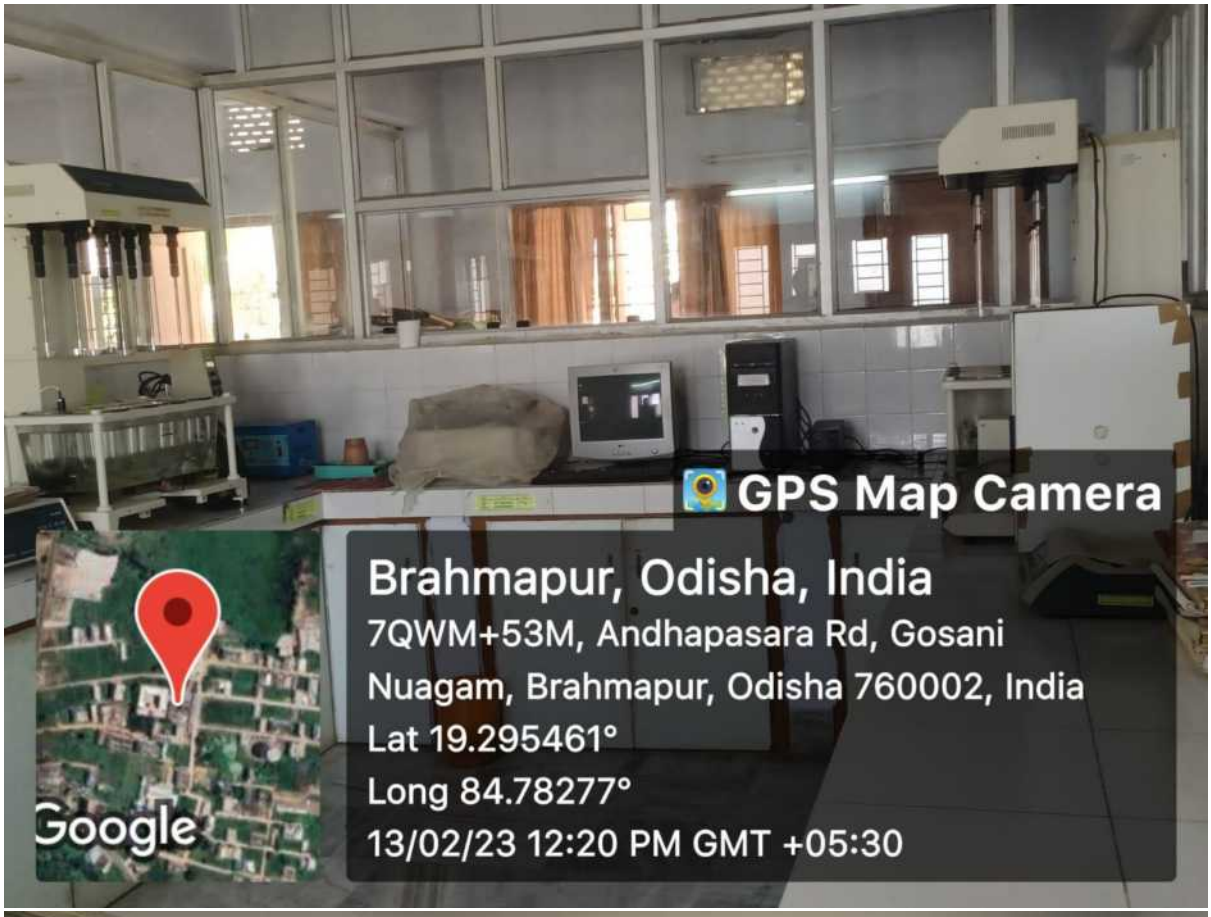
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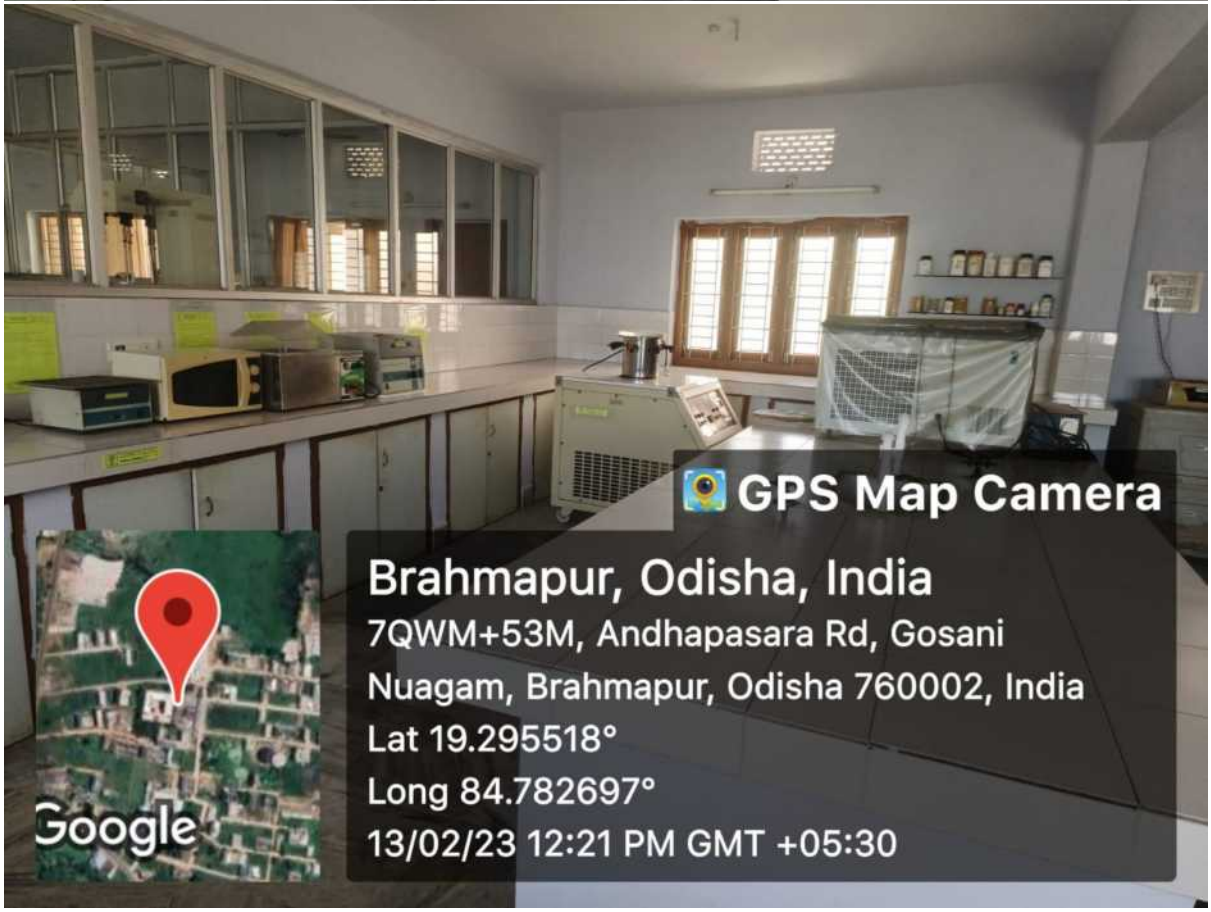
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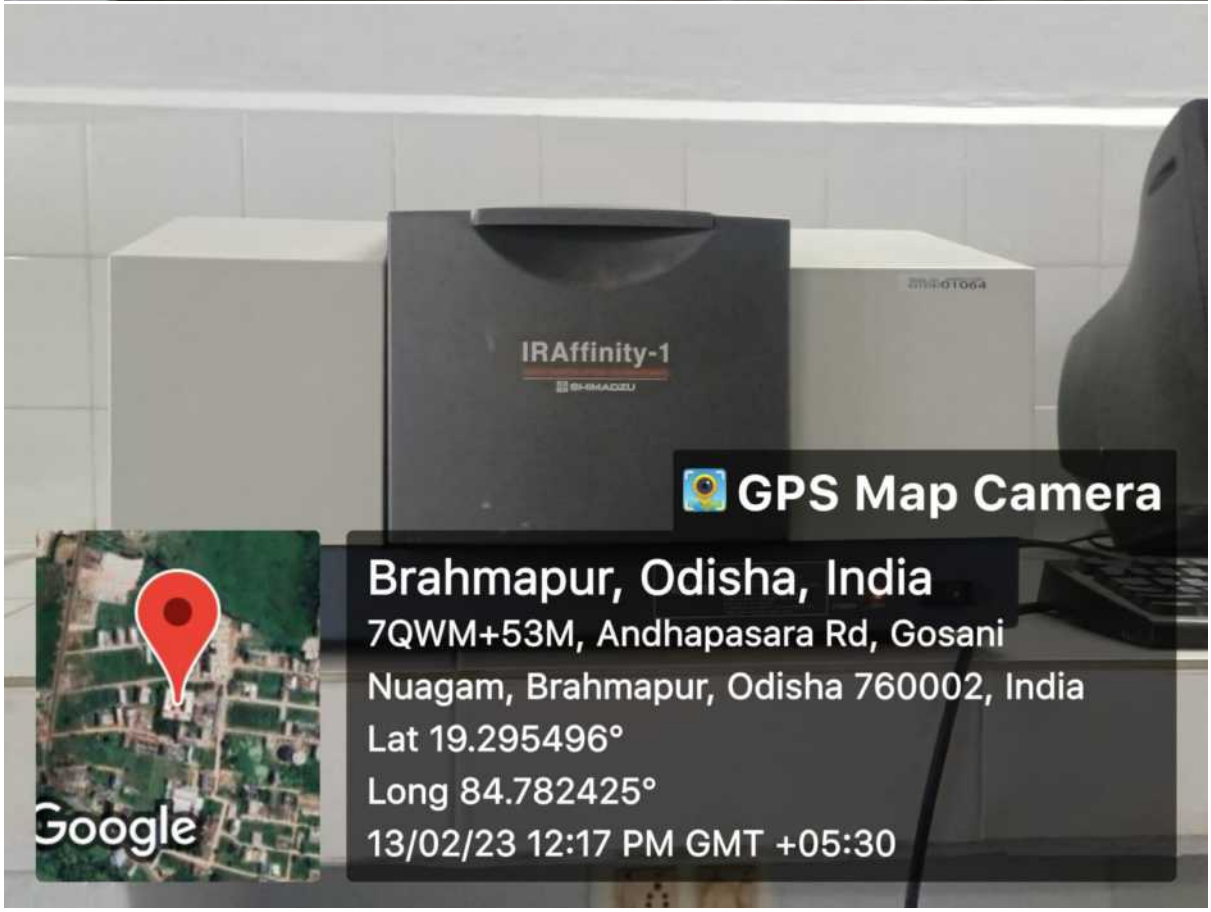
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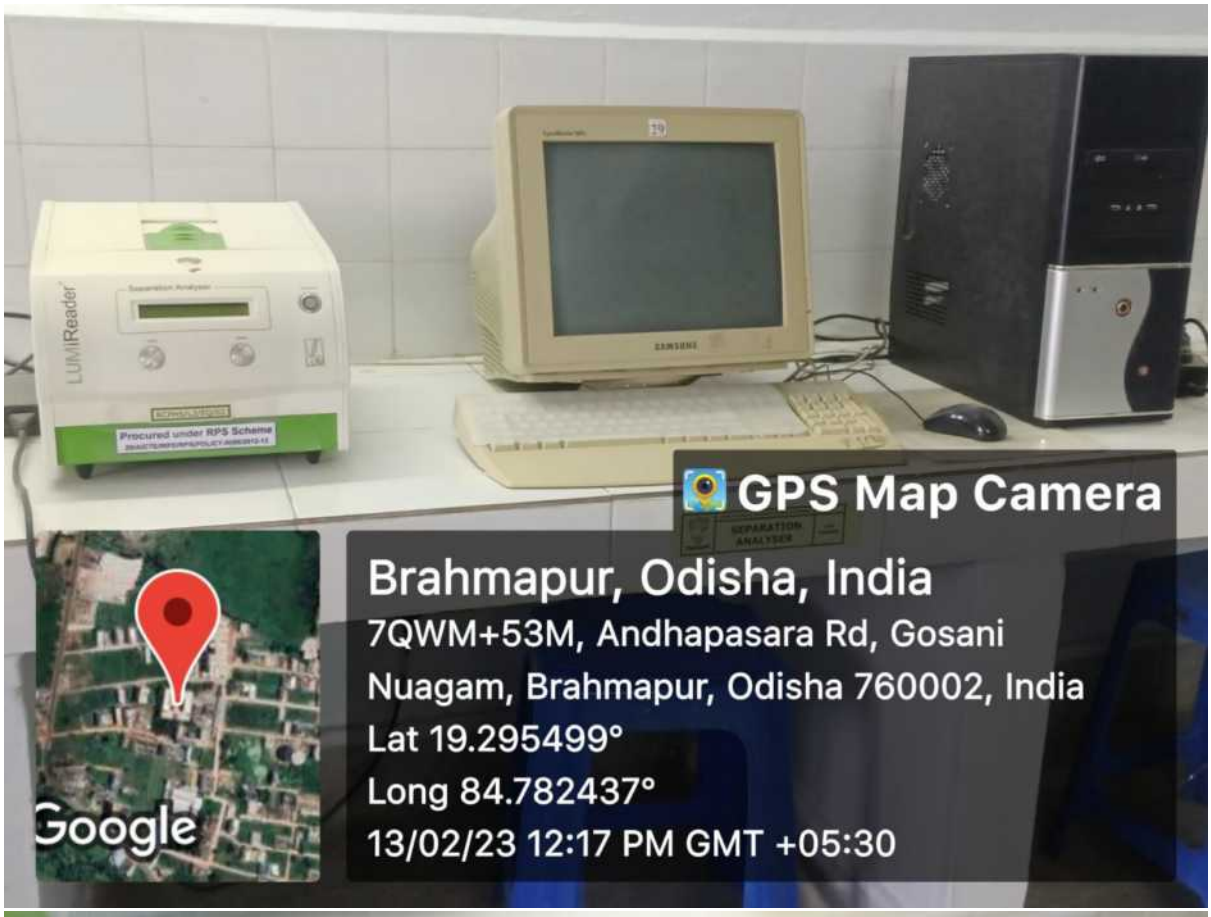
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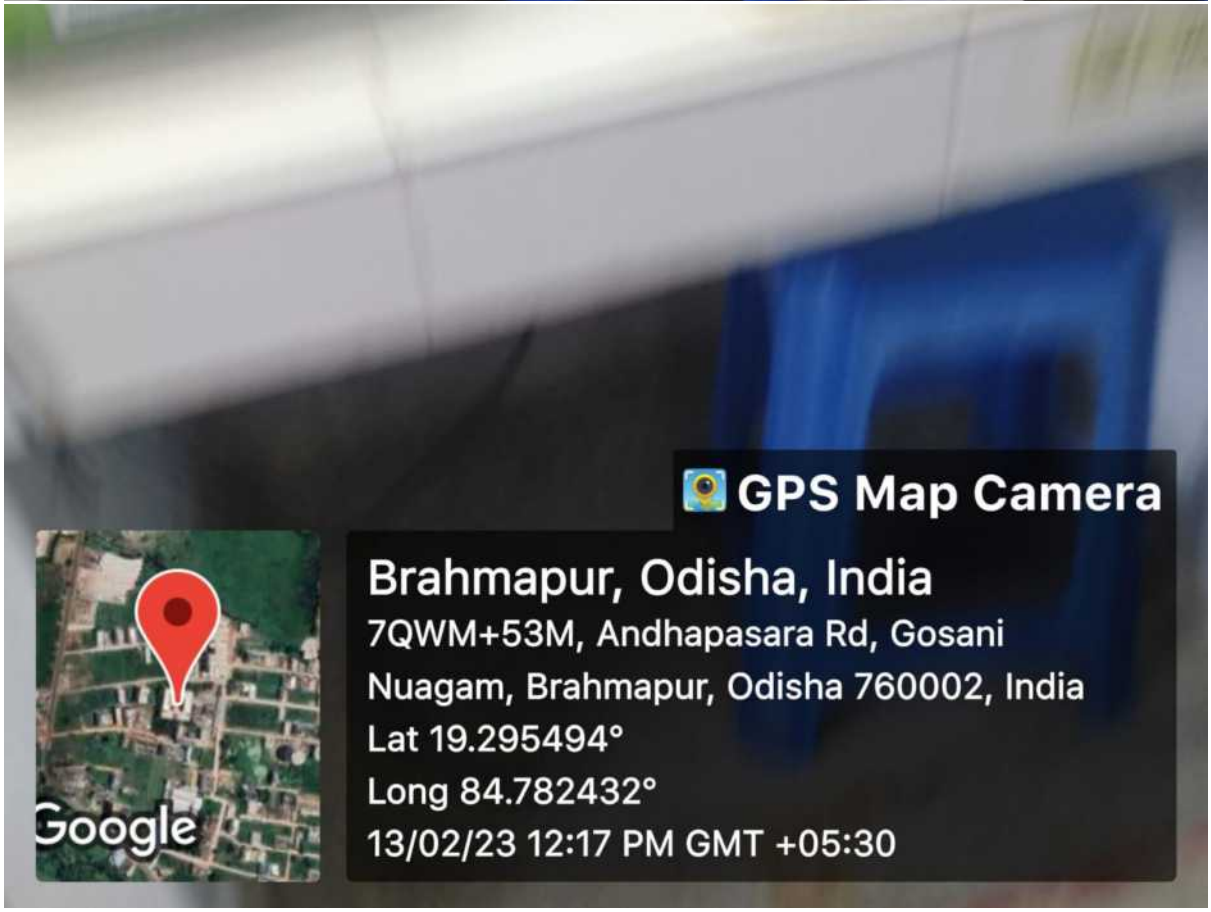
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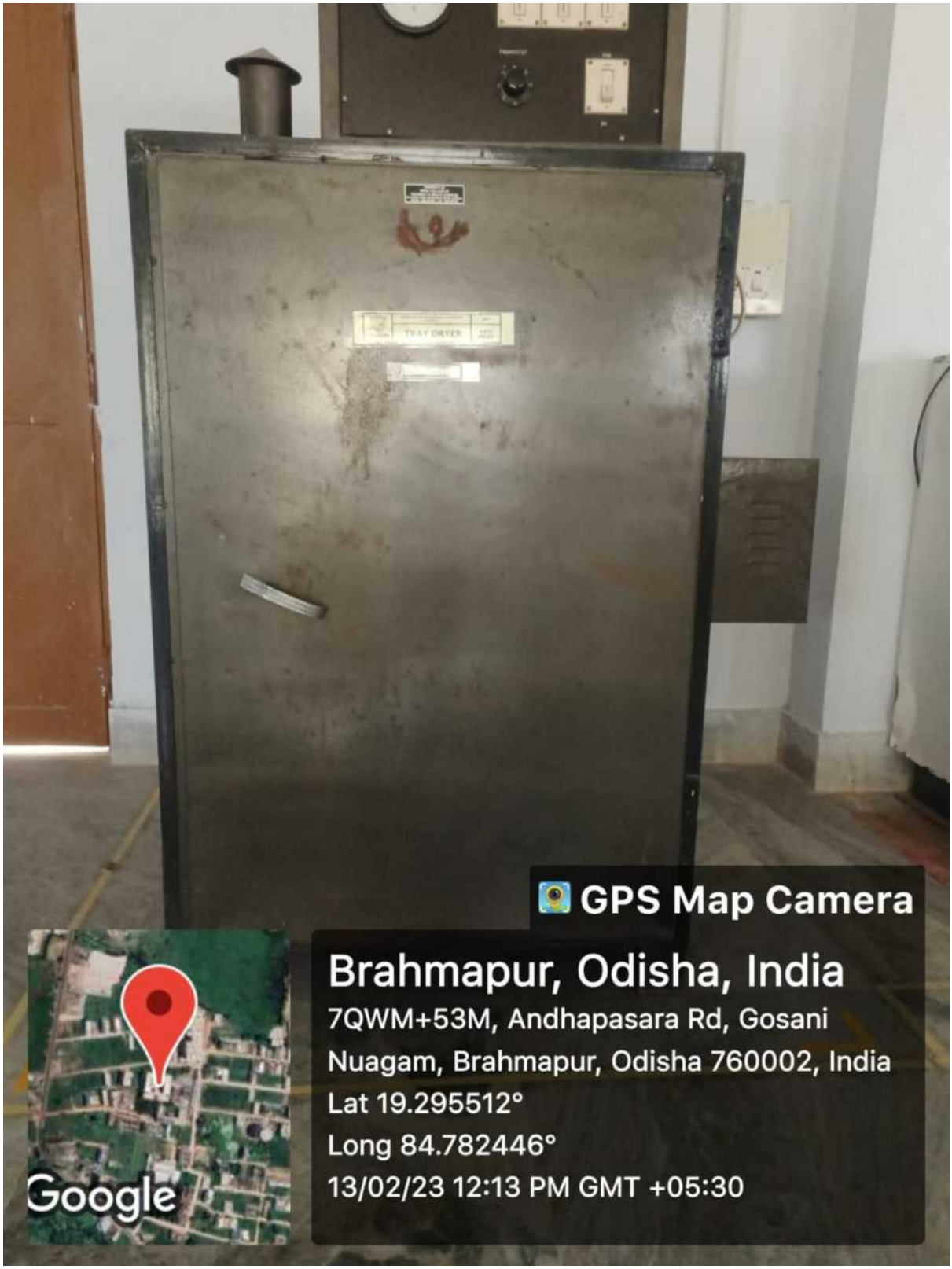
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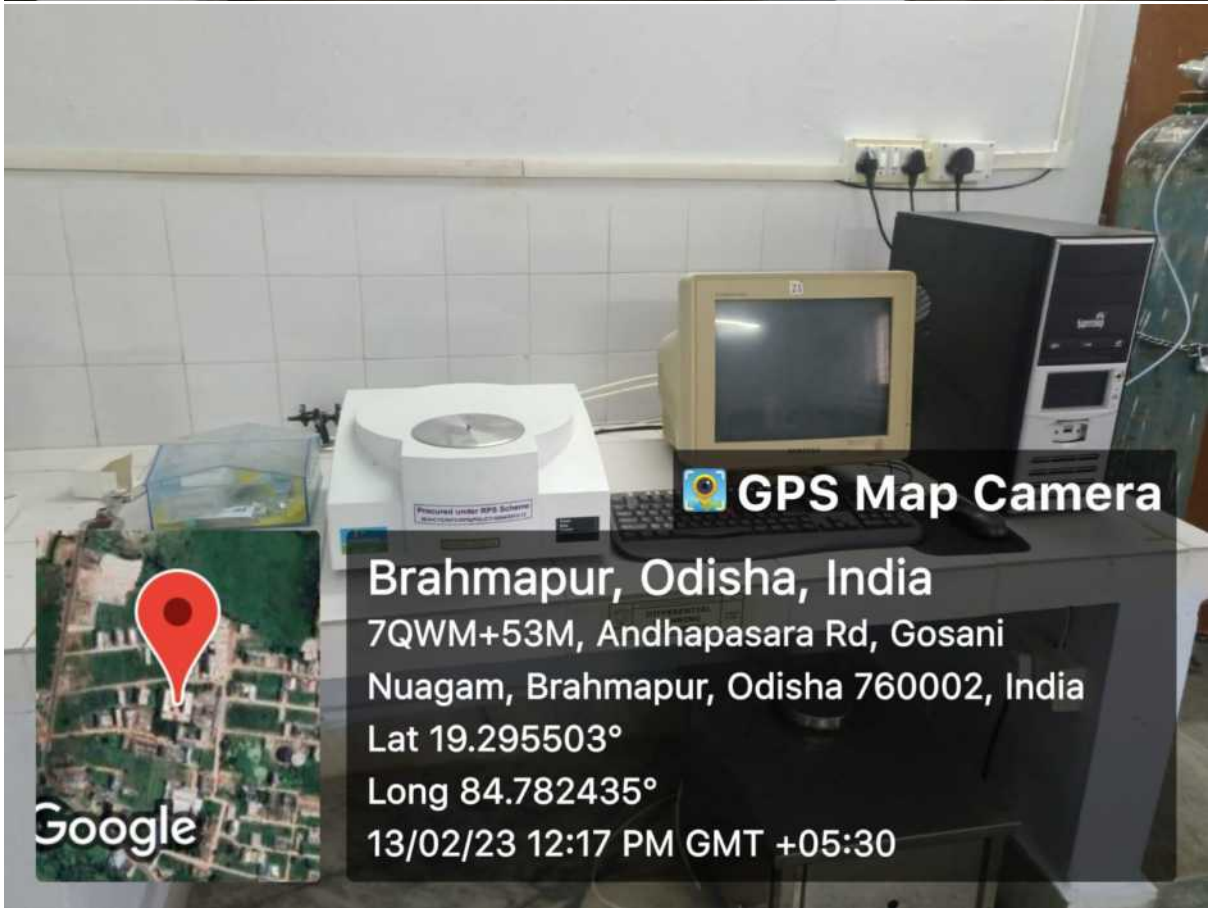
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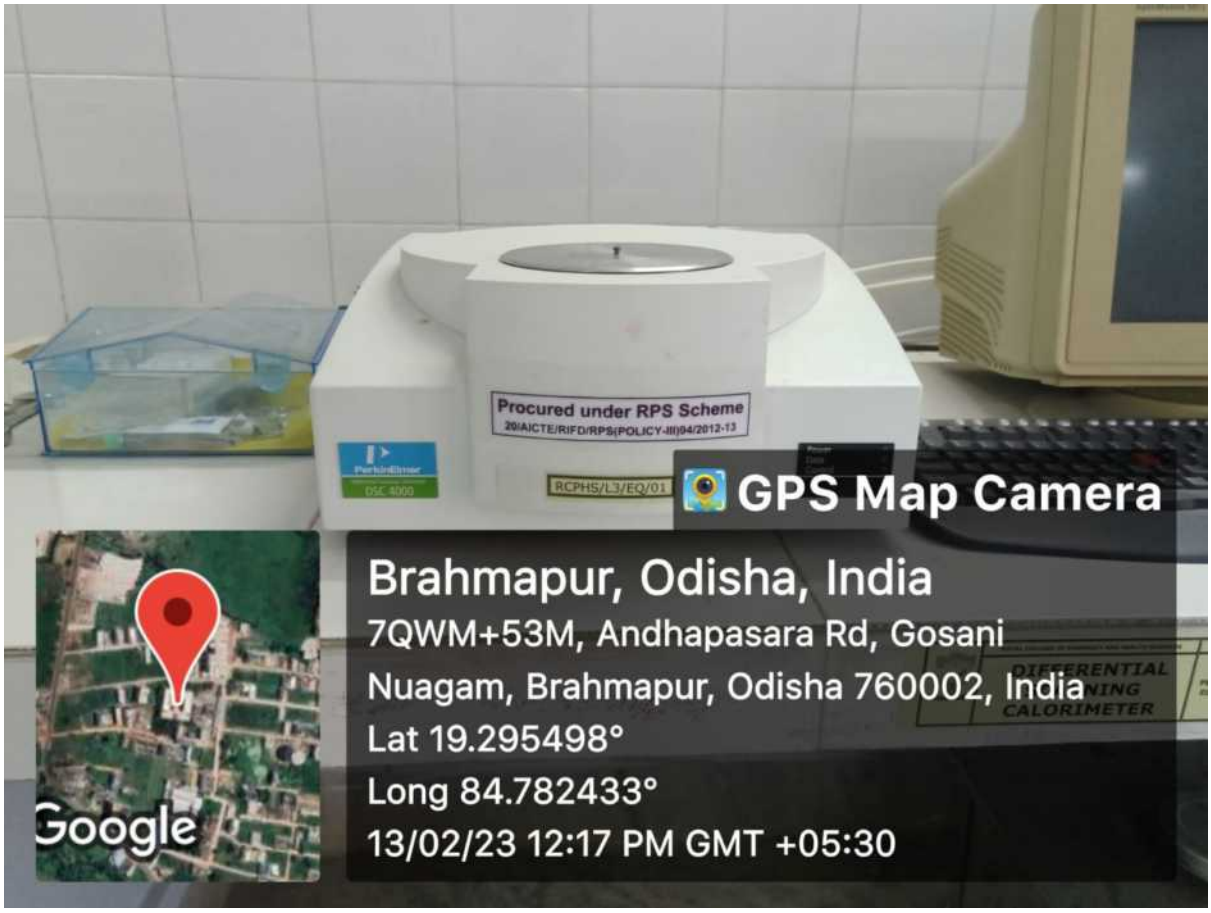
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TRAY DRYER
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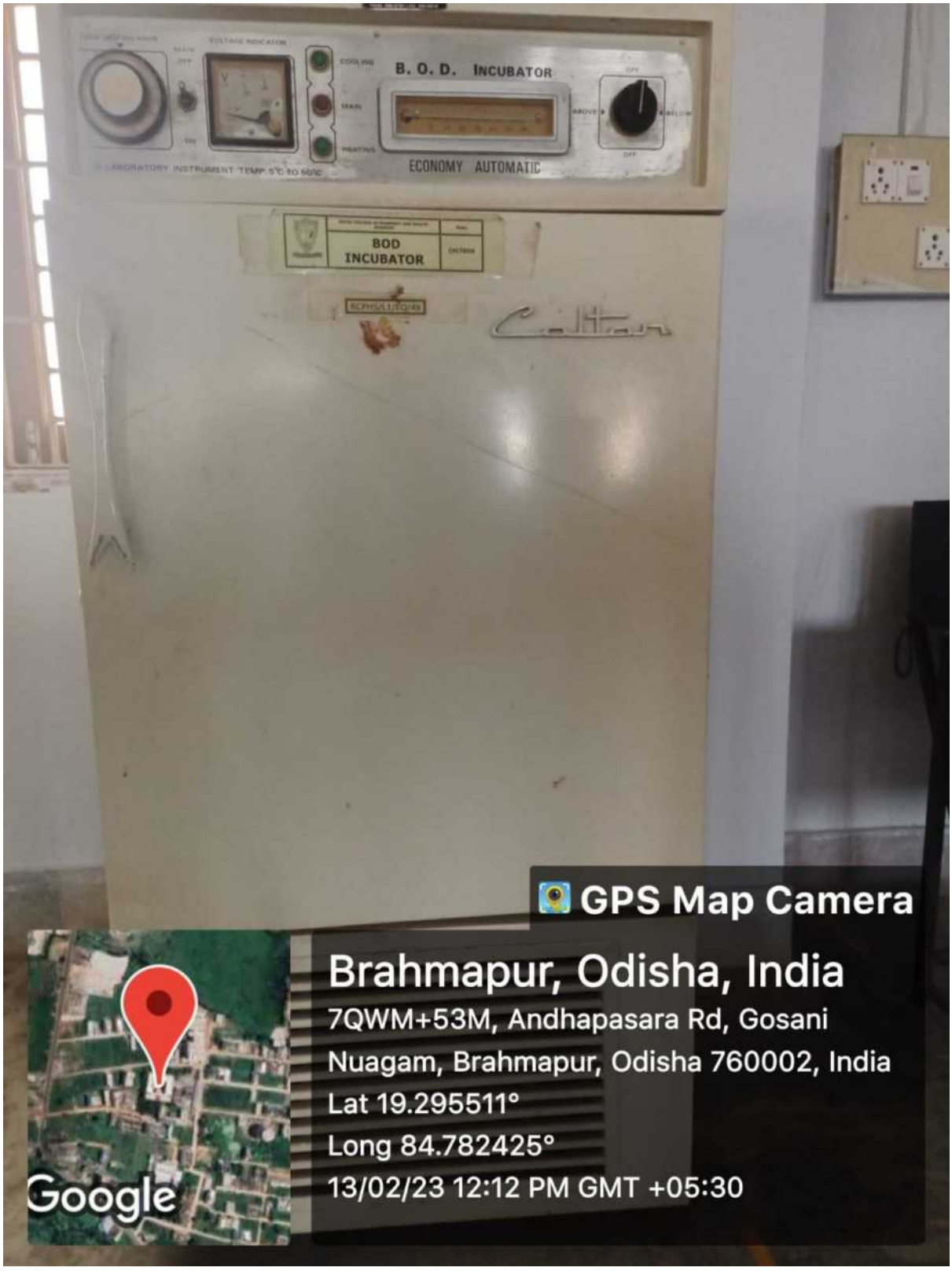
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ECONOMY AUTOMATIC
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INCUBATOR
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Nuagam, Brahmapur, Odisha 760002, India
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INCUBATOR SHAKER
INCUBATOR SHAKER
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Google

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. K. VENKETESWAR DORA
(Name of the Student Pharmacist)

S/o./D/o. K. TIRUPATI DORA residing at PO- BADAPADARA, NACHUNI DIST- KHORDHA who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR
Date 18/08/22

PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)
Head of the Teaching Institution
(With Seal)

SCETION II

I Mr. K. Venkateswar Dora accept Sri. Malaya Kr. Sahu
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of MKCG Medical College Hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training.

Place: Berhampur
Date: 19/08/22

K. Venkateswar Dora
(Student Pharmacist)

SCETION III

I Sri. Malaya Kumar Sahu accept Mr. K. Venkateswar Dora
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: Berhampur
Date: 19/08/22

(Apprentice Master)
STORE-PHARMACIST
(Name & Address of the Institution)
M.K.C.G. MEDICAL COLLEGE
BERHAMPUR-4

SCETION IV

I certify that Mr. K. Venkateswar Dora has undergone more than 150 hour training spread over 1 month (from 19/08/2022 to 17/09/2022) in accorance with the enumerated in SECTION III

Place: Berhampur
Date:

(Head of the Training Organisation)
Store Pharmacist
M.K.C.G. Medical College
Berhampur (Gm.)
(With Seal)

SCETION V

I certify that Mr K Venkateswar Dora has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR
No. 935 /Dt. 06. X. 2022

11/10/22
Head of the Teaching Institution
PRINCIPAL
(With Seal)

YAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. RASHMIRANJAN NAYAK (Name of the Student Pharmacist)

S/o./D/o. GAGAN BIHARI NAYAK residing at ODAPADA, PO - HINDOL ROAD DIST-DHENKANAL who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 02/09/22

Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Rashmi Ranjan Nayak (Name of the Student Pharmacist) accept Naresh ch. Pany (Name of the Apprentice Master)

of District Head Quarter 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, Dhenkanal.

Date: 5.9.22

Rashmi Ranjan Nayak
(Student Pharmacist)

SCETION III

I Naresh chandra Pany (Name of the Apprentice Master) accept Rashmi Ranjan Nayak (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: D.H.H, Dhenkanal.

Date: 5.9.22

Naresh chandra Pany
(Apprentice Master)
Pharmacist
Dist. Hqrs. Hospital
Dhenkanal
(Name & Address of the Institution)

SCETION IV

I certify that Rashmi Ranjan Nayak has undergone more than 150 hour training spread over 1 month (from 05.09.2022 to 07.10.2022) in accorance with the enumerated in SECTION III

Place: D.H.H, Dhenkanal.

Date: 07.10.2022

District Medical Officer
(Medical Services) Cum-Supdt.
DHH, Dhenkanal
(With Seal)

SCETION V

I certify that RASHMI RANJAN NAYAK has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR
No. 963 /Dt. 19/10/22

19/10/22
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)
Head of the Teaching Institution
(With Seal)

(AL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. ALOK KUMAR GOUDA
(Name of the Student Pharmacist)

S/o /D/o JAYAKRUSHNA GOUDA residing at- HARIPUR, PO- B.K.KHAMA DIST- GANJAM who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 18/08/22

Head of the Teaching Institution
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Mr. Alok Kumar Gouda accept Sri Malaya Ku. Sahu
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of MKCG Medical College Hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training.

Place: Berhampur

Date: 19/08/22

Alok Kumar Gouda
(Student Pharmacist)

SCETION III

I Sri. Malaya Kumar Sahu accept Mr. Alok Kumar Gouda
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: Berhampur

Date: 19/08/22

(Apprentice Master)
(Name & Address of the Institution)
STORE PHARMACIST
M.K.C.G. MCH
BERHAMPUR-4

SCETION IV

I certify that Mr. Alok Kumar Gouda has undergone more than 150 hour training spread over 1 month (from 19/08/2022 to 17/09/2022) in accorance with the enumerated in SECTION III

Place: Berhampur

Date:

Store Medical Officer
M.K.C.G. Medical College
Berhampur (Gm.)
(Head of the Traning Organisation)
(With Seal)

SCETION V

I certify that Mr Alok Kumar Gouda has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR

No. 935 /Dt. 06.X.2022
11.X.22

11/10/22
Head of the Teaching Institution
(With Seal)
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to MISS. RASMI RANJITA PRIYADARSINI (Name of the Student Pharmacist)

S/o./D/o. GOPABANDHU UTTARKABAT residing at SADANANDA VIHAR 7TH LANE BERHAMPUR, GANJAM who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 18/08/22

PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

Head of the Teaching Institution (With Seal)

SCETION II

I Miss. Rasmi Ranjita Priyadarsini accept Sri. Malaya Kumar Sahu

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

of MKCG Medical College Hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training.

Place: Berhampur

Date: 19/08/22

Rasmi Ranjita Priyadarsini
(Student Pharmacist)

SCETION III

I Sri. Malaya Kumar Sahu accept Miss. Rasmi Ranjita Priyadarsini

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

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: Berhampur

Date: 19/08/22

STORE (PHARMACIST)
M.K.C.G. MCH
BERHAMPUR

(Apprentice Master)
(Name & Address of the Institution)

SCETION IV

I certify that Miss. Rasmi Ranjita Priyadarsini has undergone more than 150 hour training spread over 1 month (from 19/08/2022 to 17/09/2022) in accorance with the enumerated in SECTION III

Place: Berhampur

Date:

(Head of the Traning Organisation)
(With Seal)
Store Medical Officer
M.K.C.G. Medical College
Berhampur (Gm.)

SCETION V

I certify that Miss. Rasmi Ranjita Priyadarsini has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR

No. 935 /Dt. 06.09.2022

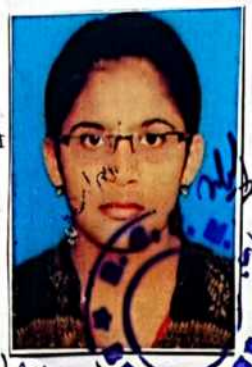
Head of the Teaching Institution
(With Seal)
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)



SCETION I

This form has been issued to MISS. AVIPSA MOHANTY
(Name of the Student Pharmacist)

S/o./D/o. RAJENDRA MOHANTY residing at PARICHHA COLONY, HILL PATNA BERHAMPUR, GANJAM who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 18/08/22

Head of the Teaching Institution
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)
(With Seal)

SCETION II

I Miss. Avipsa Mohanty accept Sri. Malaya Kumar Sahu
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of MKCG Medical College Hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training.

Place: Berhampur

Date: 19/08/22

Avipsa Mohanty
(Student Pharmacist)

SCETION III

I Sri. Malaya Kumar Sahu accept Miss. Avipsa Mohanty
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: Berhampur

Date: 19/08/22

STORE-PHARMACIST
(Apprentice Master) MCH
(Name & Address of the Institution) M.K.C.G. MEDICAL COLLEGE BERHAMPUR-4

SCETION IV

I certify that Miss. Avipsa Mohanty has undergone more than 150 hour training spread over 1 month (from 19/08/2022 to 17/09/2022) in accorance with the enumerated in SECTION III

Place: Berhampur

Date:

(Head of the Training Organisation)
Store Medical Officer
M.K.C.G. Medical College
Berhampur (Gm.)
(With Seal)

SCETION V

I certify that Miss Avipsa Mohanty has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR

No. 935 /Dt. 06.9.2022

11/9/22

Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

YAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. SANGRAM KESHARI MEHENA (Name of the Student Pharmacist)

S/o./D/o. KRUSHNA CHANDRA residing at PRUSTYPATANA, BHUBAN DIST- DHENKANAL who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date

Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Sangram keshari mehena. accept Manoj Ku. Jena.

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

of DHH, Bhadrak. 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 :

Sangram keshari Mehena
(Student Pharmacist)

SCETION III

I Manoj Ku. Jena, accept Sangram keshari mehena,

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

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place : Bhadrak
Date : 27/09/22

MK Jena 27.09.2022
Manoj Ku. Jena
(Apprentice Master) Pharmacist, DHH, Bhadrak
(Name & Address of the Institution) Regd. No. 12039

SCETION IV

I certify that Sangram keshari mehena, has undergone more than 150 hour training spread over 1 month (from 25/08/2022 to 26/09/2022) in accorance with the enumerated in SECTION III

Place : Bhadrak
Date : 27/09/22

(Head of the Traning Organisation)
(With Seal)
DMO (MS) Cum Superintendent DHH, Bhadrak

SCETION V

I certify that SANGRAM KESHARI MEHENA has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR
No. 954 /Dt. 17/10/22

17/10/2022
PRINCIPAL
Head of the Teaching Institution
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. SANGRAM KESHARI MEHENA (Name of the Student Pharmacist)

S/o./D/o. KRUSHNA CHANDRA MEHENA residing at- PRUSTYRATANA, BHUBAN DIST-DHENKANAL who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date

Head of the Teaching Institution
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)
(With Seal)

SCETION II

I Sangram Keshari Mehena. accept Manoj Ku. Jena.
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of DHH, Bhadrak Hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training.

Place: Bhadrak
Date: 25/08/22

Sangram Keshari Mehena
(Student Pharmacist)

SCETION III

I Manoj Ku. Jena. accept Sangram Keshari Mehena.
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place : Bhadrak
Date : 27/09/22

27.09.2022
Manoj Ku. Jena
Pharmacist, DHH, Bhadrak
Regd. No.-12039
(Apprentice Master)
(Name & Address of the Institution)

SCETION IV

I certify that Sangram Keshari Mehena. has undergone more than 150 hour training spread over 1 month (from 25/08/2022 to 26/09/2022) in accorance with the enumerated in SECTION III

Place: Bhadrak
Date: 27/9/22

27/9/22
DMO (MS) Cum
Superintendent
DHH, Bhadrak
(Head of the Training Organisation)
(With Seal)

SCETION V

I certify that Mr. Sangram Keshari Mehena has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR
No. 954 /Dt. 17/10/22

17/10/2022
Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. HRITIK ROSHAN RAY GOCHHAYAT (Name of the Student Pharmacist)

S/o./D/o CHHABINDRA KUMAR residing at Qr.No-3123B/3, OF BADAMAL DIST-BALANGIR who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 24.8.22

Head of the Teaching Institution
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)
(With Seal)

SCETION II

I Hritik Roshan Ray accept Kalyan Kumar Bose
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of SDH Titlagarh. 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:

Hritik Roshan Ray
(Student Pharmacist)

SCETION III

I Kalyan Kumar Bose accept Hritik Roshan Ray
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: Titlagarh.

Date: 24.8.22

Kalyan Kumar Bose
(Apprentice Master)
(Name & Address of the Institution)

SCETION IV

I certify that Hritik Roshan Ray has undergone more than 150 hour training spread over 1 month (from 24-8-22 to 23.9.22) in accorance with the enumerated in SECTION III

Place: SDH. Titlagarh

Date: 24.9.22

24/9/22
Superintendent
SDH Titlagarh
(Head of the Traning Organisation)
(With Seal)

SCETION V

I certify that Mr. Hritik Roshan Ray has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR
No. 954 /Dt. 17/10/22

17/10/2022
Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. MUKESH KUMAR BAUG
(Name of the Student Pharmacist)

S/o /D/o. SUDHANIDHI BAUG residing at At-DUNDAKOT, VIA-JAMSUNI DIST-BALASORE who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 23/08/22

Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Mukesh Kumar Baug accept Maleen Kumar Pal
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of DHH Balasore 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 Balasore

Date: 16.08.22

Mukesh Ku. Baug
(Student Pharmacist)

SCETION III

I Maleen Kumar Pal accept Mr Mukesh Kumar Baug
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.

   C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and

   D) the storage of Drugs & Medicinal Preparations.

Place: DHH Balasore

Date: 16.08.22

Maleen Kumar Pal
(Apprentice Master)
(Name & Address of the Institution)
Pharmacist DHH Balasore

SCETION IV

I certify that Mukesh Kumar Baug has undergone more than 150 hour training spread over 1 month (from 16.08.22 to 19.09.22) in accorance with the enumerated in SECTION III

Place: DHH Balasore

Date: 19.09.22

Chief District Medical & Public Health Officer Balasore

19/9/2022
(Head of the Traning Organisation)
(With Seal)
District Medical Officer -cum- Superintendent, DHH, Balasore

SCETION V

I certify that Mr Mukesh Ku. Baug has completed in all respects his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: Berhampur
No. 921 Dt. 01.10.2022

Received a Copy
Mukesh Kumar Baug
04-01/10/2022

01/10/22
Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. TAPAN BRAHMACHARY (Name of the Student Pharmacist)

S/o./D/o. SUNIT KUMAR BRAHMACHARY residing at PO- BAMANGI, BHANJANAGAR DIST - GANJAM who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR
Date 21/08/22

Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Mr. Tapan Brahmachari accept Debi Prasad Sahu
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of DHH, Phulbani Hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training.

Place: Phulbani
Date: 22/08/22

Tapan Brahmachary
(Student Pharmacist)

SCETION III

I Debi Prasad Sahu accept Tapan Brahmachary
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place : Phulbani
Date : 22/08/22

Debi Prasad Sahu
(Apprentice Master)
(Name & Address of the Institution)

SCETION IV

I certify that Mr. Tapan Brahmachary has undergone more than 150 hour training spread over 1 month (from 22-08-2022 to 21-09-2022) in accorance with the enumerated in SECTION III

DHH. Phulbani
Place: 28/09/2022
Date :

28/9/22
D.M.O.(Medical Services)
-Cum-Superintendent,
D.H.H., Kandhamal
(Head of the Training Organisation)
(With Seal)

SCETION V

I certify that MR. TAPAN BRAHMACHARY has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR
No. 918(1) Dt. 30-09-2022

30/09/22
PRINCIPAL
Head of the Teaching Institution
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. ASWINI KUMAR PADHY

(Name of the Student Pharmacist)

S/o./D/o. PRABHAKAR PADHY residing at- HEMAGIRI STREET, BISSAM CUTTACK, RAYAGADA who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 (2018-22)

Place: BERHAMPUR (9348444523) (9348444523)

Date (aswinipadhy16@gmail.com)

Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Aswini Kumar accept Trilochana Sahoo.

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

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

Place: D.H.H, Rayagada

Date: 23.8.22

Aswini Kumar Padhy

(Student Pharmacist)

SCETION III

I Trilochana Sahoo accept Aswini Kumar Padhy

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

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and .
   - D) the storage of Drugs & Medicinal Preparations.

Place: D.H.H, Rayagada

Date: 23.8.22

Trilochana Sahoo

(Apprentice Master)
(Name & Address of the Institution)

SCETION IV

I certify that Aswini Kumar Padhy has undergone more than 150 hour training spread over 1 month (from 23.8.22 to 21.9.22) in accorance with the enumerated in SECTION III

Place: Rayagada

Date: 22.09.2022

(Head of the Training Organisation)
(With Seal)
District Medical Officer (Medical Services)-cum-Superintendent
D.H. Rayagada (Odisha)

SCETION V

I certify that Mr. Aswini Kumar Padhy has completed in all respects his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: Berhampur

No. 919 (ii) /Dt. 30/09/22

30/09/22

Head of the Teaching Institution
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. DIGBIJAY MALLICK
(Name of the Student Pharmacist)

S/o./D/o. JAGABATI MALLICK residing at - JHATI MATI COLONY 91ST - MALKANGIRI who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 28/09/22

Head of the Teaching Institution
(With Seal)
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Digbijay Mallick accept Bharat Chandra Dey
(Name of the Student Pharmacist) (Name of the 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: 18.8.22

Digbijay Mallick
(Student Pharmacist)

SCETION III

I Bharat chandra Dey accept Digbijay Mallick
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place : Malkangiri

Date : 18.8.22

18/8/22
DHH. Malkangiri
(Apprentice Master)
(Name & Address of the Institution)

SCETION IV

I certify that Digbijay Mallick has undergone more than 150 hour training spread over 1 month (from 18/8/22 to 26/9/22) in accorance with the enumerated in SECTION III

Place: Malkangiri

Date: 27/9/22

27/9/22
District Medical Officer (Medical
(Head of the Traning Organisation)
(With Seal)

SCETION V

I certify that Mr. Digbijay Mallick has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: Berhampur

No. 919 /Dt. 30/09/22

30/09/22
Head of the Teaching Institution
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

YAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. OM PRASAD GOUDA (Name of the Student Pharmacist)

S/o./D/o. SANTOSH KUMAR GOUDA residing at PO- ATHAGADA PATNA

DIST- GANJAM who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 23/09/22

Head of the Teaching Institution (With Seal)

PRINCIPAL Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I OM PRASAD GOUDA accept P. KEDARNATH PATRO

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

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

Place: SDH ASKA

Date: 22-08-2022

Om Prasad Gouda

(Student Pharmacist)

SCETION III

I P. KEDAR NATH PATRO accept OM PRASAD GOUDA

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

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.

C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and

D) the storage of Drugs & Medicinal Preparations.

Place: SDH Aska

Date: 27-09-2022

P. Kedar Nath Patro
Pharmacist SDH Aska

(Apprentice Master)
(Name & Address of the Institution)

SCETION IV

I certify that OM PRASAD GOUDA has undergone more than 150 hour training spread over 1 month (from 22-08-2022 to 27-09-2022) in accorance with the enumerated in SECTION III

Place: SDH Aska

Date: 27-09-2022

27/9/22

Superintendant SDH Aska (Gm.)

(Head of the Training Organisation)
(With Seal)

SCETION V

I certify that MR. OM PRASAD GOUDA has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR

No. 918(ii) Dt. 30.09.2022

30/09/22

PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

27/9/22

Head of the Teaching Institution
(With Seal)

Superintendant SDH Aska (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to MR. CHINMAYA MISHRA (Name of the Student Pharmacist)

S/o./D/o. SRIKANTA MISHRA residing at PO-KANTILO, KHANDAPADA Dist-NAYAGARH who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date

Head of the Teaching Institution (With Seal)

PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Chinmaya Mishra accept K. Satyabrata Prusty (Name of the Apprentice Master)

(Name of the Student Pharmacist)

of CHC, Khandapada 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, Khandapada

Date: - 24/09/2022

Chinmaya Mishra
(Student Pharmacist)

SCETION III

I K. Satyabrata Prusty accept Chinmaya Mishra

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

Pharmacist
CHC Khandapada

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: - CHC, Khandapada

Date: - 24/09/2022

K. Satyabrata Prusty
(Apprentice Master)
Pharmacist
(Name & Address of the Institution) CHC Khandapada

SCETION IV

I certify that Chinmaya Mishra has undergone more than 150 hour training spread over 1 month (from 18/08/2022 to 24/09/2022) in accorance with the enumerated in SECTION III

Place: - CHC, Khandapada

Date: - 24/09/2022

Medical Officer-IC
(Head of the Traning Organisation) C.H.C. Khandapara
(With Seal) Dist - Nayagarh

SCETION V

I certify that MR. CHINMAYA MISHRA has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR

No. 903 /Dt. 29.09.22

29/09/22
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)
Head of the Teaching Institution (With Seal)

AL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

ee Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

CETION I

This form has been issued to Mr. SANTANU KUMAR NAYAK (Name of the Student Pharmacist)

S/o./D/o. ASHOK KUMAR NAYAK residing at KANDARAPATI, RAGHUNATHPUR DIST-JAGATSINGHPUR who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date

23/08/22

Head of the Teaching Institution (With Seal)

PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Santanu Kumar Nayak accept Pravat Kumar Sahoo
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of DHH, Jagatsinghpur 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, Jagatsinghpur

Date: 16.8.2022

Santanu kumar Nayak
(Student Pharmacist)

SCETION III

I Pravat Kumar Sahoo accept Santanu kumar Nayak
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: DHH, Jagatsinghpur

Date: 16.8.2022

Pravat Kumar Sahoo
Regd. No. 3911 (Apprentice Master) Pharmacist
(Name & Address of the Institution)
DHH, J.S.Pur

SCETION IV

I certify that Santanu Kumar Nayak has undergone more than 150 hour training spread over 1 month (from 16.8.2022 to 22.09.2022) in accorance with the enumerated in SECTION III

Place: DHH, Jagatsinghpur

Date: 22.09.2022

22/09/2022

District Medical Officer (M.S.)
-cum-Superintendent
DHH, Jagatsinghpur
(Head of the Traning Organisation) (With Seal)

SCETION V

I certify that MR. SANTANU KUMAR NAYAK has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR

No. 898/IV/Dt 28/09/22

28/09/22

PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)
Head of the Teaching Institution (With Seal)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. ASHUTOSH PRADHAN
(Name of the Student Pharmacist)

S/o./D/o. RAJU PRADHAN residing at G.UDAYAGIRI, MALIKAPADI DIST-KANDHAMAL who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date

Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Ashutosh Pradhan accept B. Srinibas Patra
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of CHC, G.Udayagiri Hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training

Place: G. Udayagiri

Date: 19.8.2022

Ashutosh Pradhan
(Student Pharmacist)

SCETION III

I B. Srinibas Patra accept Ashutosh Pradhan.
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.

C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and

D) the storage of Drugs & Medicinal Preparations.

Place: G. Udayagiri

Date: 19.8.2022

B. Srinibas Patra
(Apprentice Master)
(Name & Address of the Institution)
(Pharmacist, CHC, G. Udayagiri)

SCETION IV

I certify that Ashutosh Pradhan has undergone more than 150 hour training spread over 1 month (from 19.8.2022 to 20.9.2022) in accorance with the enumerated in SECTION III.

Place: CHC, G. Udayagiri

Date: 20.9.2022

27/9/2022
(Head of the Traning Organisation)
(With Seal)
Block Public Health Officer
C.H.C.G. Udayagiri, Dist.-Kandhamal

SCETION V

I certify that MR. ASHUTOSH PRADHAN has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR
No. 898/1 /Dt. 28/09/22

28/09/22
Head of the Teaching Institution
(With Seal)
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. SAHABHAGEE SABYASACHEE PARAMGURU (Name of the Student Pharmacist)

S/o./D/o. HAREKRUSHNA residing at -TRUTIYARADA, PO-BOLAGARH DIST- KHORDHA who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 28/08/22

Head of the Teaching Institution (With Seal)

PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Sahabhagee Sabyasachee accept Sandhyarani Kalash (Name of the Student Pharmacist) (Name of the 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:

Date :

Sahabhagee Sabyasachee
(Student Pharmacist)

SCETION III

I Sandhyarani Kalash. accept Sahabhagee Sabyasachee Paramguru

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

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place : Ranpur
Date : 18-9-22

Sandhyarani Kalash
(Apprentice Master)
(Name & Address of the Institution)
Pharmacist
Store, CHC Ranpur

SCETION IV

I certify that Sahabhagee Sabyasachee has undergone more than 150 hour training spread over 1 month (from 19.8.22 to 18.9.22) in accorance with the enumerated in SECTION III

Place: Ranpur.
Date: 22/9

(Head of the Training Organisation)
Medical Officer In Charge
C.H.C. Ranpur
Dist-Nayagarh

SCETION V

I certify that MR. SAHABHAGEE SABYASACHEE has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR
No. 898/IV/Dt. 28/09/22

28/09/22

PRINCIPAL
Head of the Teaching Institution
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

OYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. BHAKTABANDHU MARANDI (Name of the Student Pharmacist)

S/o./D/o. KSHYAMANT OHT MARANDI residing at - DAKSHINASARISA, DARA

DIST- BALASORE who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 23/09/22

Head of the Teaching Institution

PRINCIPAL (With Seal)

Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Bhaktabandhu Marandi accept Sri Gautam Kumar Sahu (Name of the Apprentice Master)

(Name of the Student Pharmacist)

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

Place: Bhanjangar.

Date: 22.8.2022

Bhaktabandhu Marandi

(Student Pharmacist)

SCETION III

I Sri Gautam Kumar Sahu. accept Bhaktabandhu Marandi

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

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.

C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and

D) the storage of Drugs & Medicinal Preparations.

Place: Bhanjanga.

Date: 22.8.22.

Gautam Kumar Sahu.

(Apprentice Master)

Name & Address of the Institution)

S.D.H. Bhanjanga.

SCETION IV

I certify that Bhaktabandhu Marandi has undergone more than 150 hour training spread over 1 month (from 22.8.2022 to 20.9.2022) in accorance with the enumerated in SECTION III

Place:

Date:

26/9/2022

(Head of the Traning Organisation)

Superintendent (With Seal)

SDH, Bhanjanagar

SCETION V

I certify that Mr. Bhaktabandhu Marandi has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: Berhampur

No. 889 /Dt. 27/09/22

27/09/22

Head of the Teaching Institution

PRINCIPAL (With Seal)

Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

YAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. NIRMALA RANJAN PRADHAN
(Name of the Student Pharmacist)

S/o./D/o. NIRANJAN PRADHAN residing at - BHAGABANPUR, TAKARADA DIST- GANJAM who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date

Head of the Teaching Institution
(With Seal)

SCETION II

I Nirmala Ranjan Pradhan accept Sri. Gautam Kumar Sahu.
(Name of the Student Pharmacist) (Name of the Apprentice Master)

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

Place: Bhanjanagar.

Date: 22.8.2022

Nirmala Ranjan Pradhan

(Student Pharmacist)

SCETION III

I Sri Gautam Kumar Sahu. accept Nirmala Ranjan Pradhan
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: Bhanjagar
Date: 22.8.2022

Gautam Kr. Sahu

(Apprentice Master)
(Name & Address of the Institution)
S.D.H. Bhanjanagar.

SCETION IV

I certify that Nirmala Ranjan Pradhan has undergone more than 150 hour training spread over 1 month (from 22.8.2022 to 20.9.2022) in accorance with the enumerated in SECTION III

Place:
Date:

26.9.2022

(Head of the Traning Organisation)
Superintendent (With Seal)
SDH, Bhanjanagar

SCETION V

I certify that Mr. Nirmala Ranjan Pradhan has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: Berhampur
No. 8892 /Dt. 27/09/22

27/09/22

Head of the Teaching Institution
(With Seal)
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Ga

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. KANHU CHARAN BEHERA (Name of the Student Pharmacist)

S/o./D/o. PRAMOD CHANDRA BEHERA residing at PO- BELLAGUNTA, T.P. ROAD

DIST- GANJAM who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date

Head of the Teaching Institution
(With Seal)
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Kanhu charan Behera accept Sri Gautam Kumar Sahu
(Name of the Student Pharmacist) (Name of the Apprentice Master)

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

Place: Bhanjagar.

Date: 22.8.22

Kanhu Charan Behera
(Student Pharmacist)

SCETION III

I Sri Gautam Kumar Sahu. accept Kanhu charan Behera
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place : Bhanjagar.

Date : 22.8.2022

Gautam Kr. Sahu.
(Apprentice Master)
(Name & Address of the Institution)
S.D.H. Bhanjagar.

SCETION IV

I certify that Kanhu Charan Behera has undergone more than 150 hour training spread over 1 month (from 22.8.2022 to 20.9.2022.) in accorance with the enumerated in SECTION III

Place:

Date:

26/9/2022
(Head of the Traning Organisation)
(With Seal)
Superintendent
SDH, Bhanjanagar

SCETION V

I certify that Mr. Kanhu charan Behera has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: Berhampur

No. 889(iii)/Dt. 27/09/22

27/09/22
Head of the Teaching Institution
(With Seal)
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. RAKESH KUMAR PRADHAN (Name of the Student Pharmacist)

S/o /D/o. PURNA CHANDRA PRADHAN residing at - RANGAMATIA, MANCHESWAR, DIST- KHORDHA who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 22/09/22

Head of the Teaching Institution

PRINCIPAL

(With Seal)

Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Rakesh Kumar Pradhan accept Sri Gautam Kumar Sahu (Name of the Apprentice Master)

(Name of the Student Pharmacist)

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

Place: Bhanjanagar

Date: 22.8.2022

× Rakesh kumar Pradhan

(Student Pharmacist)

SCETION III

I Sri Gautam Kumar Sahu. accept Rakesh Kumar Pradhan

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

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place : Bhanjagar.

Date : 22.8.2022

Gautam Kr. Sahu

(Apprentice Master)

(Name & Address of the Institution)

S.D.H. Bhanjagar

SCETION IV

I certify that Rakesh Kumar Pradhan has undergone more than 150 hour training spread over 1 month (from 22.8.2022 to 20.9.2022.) in accorance with the enumerated in SECTION III

Place:

Date :

26/9/2022

(Head of the Training Organisation)

Superintendent

SDH, Bhanjanagar

(With Seal)

SCETION V

I certify that Mr. Rakesh Kumar Pradhan has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: Berhampur

No. 889 /Dt. 27/09/22

22/09/22

Head of the Teaching Institution

PRINCIPAL

(With Seal)

Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. KESHAB BEHERA
(Name of the Student Pharmacist)

S/o./D/o. BAYA BEHERA residing at BADAGADA SAHI, BADAGADA 761 GANJAM who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date -

Head of the Teaching Institution
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur

SCETION II

I Keshab behera accept Subrat Kumar Gouda
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of CHC-I, badagada Hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training.

Place: badagada

Date: 08/08/2022

Keshab behera
(Student Pharmacist)

SCETION III

I Subrat Kumar Gouda accept Keshab behera
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: Badagada

Date: 08/08/2022

PHARMACIST
CHC BADAGADA (GM.)
(Apprentice Master)
(Name & Address of the Institution)

SCETION IV

I certify that Keshab Behera has undergone more than 150 hour training spread over 1 month (from 08/08/2022 to 08/09/2022) in accorance with the enumerated in SECTION III

Place: Badagada

Date: 08/09/2022

Superintendent
Badagada (Gm.)
C.H.C.
(Head of the Training Organisation)
(With Seal)

SCETION V

I certify that Mr Keshab Behera has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: Berhampur

No. 883 /Dt. 26.09.2022

26/09/22
Head of the Teaching Institution
(With Seal)

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to MISS. ARPITA MAHARANA (Name of the Student Pharmacist)

S/o./D/o. KANHU CHARAN MAHARANA residing at - RAMCHANDRAPUR DIST - PURI who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place : BERHAMPUR

Date 23/09/22

Head of the Teaching Institution
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur
(With Seal)

SCETION II

I ARPITA MAHARANA accept PRATAP CHANDRA GAUDA (Name of the Apprentice Master)

(Name of the Student Pharmacist)

of CITY HOSPITAL BERHAMPUR 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 :

Arpita Maharana
(Student Pharmacist)

SCETION III

I PRATAP CHANDRA GAUDA accept ARPITA MAHARANA

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

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place :

Date :

Pharmacist In Charge
(Apprentice Master)
Sub Store DHH, Berhampur
Ganjam
(Name & Address of the Institution)

SCETION IV

I certify that ARPITA MAHARANA has undergone more than 150 hour training spread over 1 month (from 22-08-2022 to 21-09-22.) in accorance with the enumerated in SECTION III

Place :

Date :

District Medical Officer
(MS) cum-Superintendent
DHH, Ganjam, Berhampur
(Head of the Traning Organisation)
(With Seal)

SCETION V

I certify that ARPITA MAHARANA has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place : BERHAMPUR

No._____/Dt._____

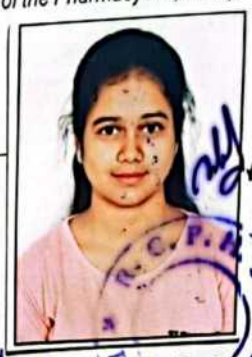
23/09/22
PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)
Head of the Teaching Institution
(With Seal)

OYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)



SCETION I

This form has been issued to Miss. SALONY PATRA (Name of the Student Pharmacist)

S/o./D/o. SANTANU KUMAR PATRA residing at PO-SAHEEDNAGAR, BBSR DIST-KHORDHA who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date 23/08/22

Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur

SCETION II

I SALONY · PATRA · (Name of the Student Pharmacist) accept PRATAP · CHANDRA · GUDA (Name of the Apprentice Master)

of CITY HOSPITAL · BERHAMPUR 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 :

Salony Patra
(Student Pharmacist)

SCETION III

I PRATAP · CHANDRA · GUDA · (Name of the Apprentice Master) accept SALONY · PATRA · (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place :

Date :

Pharmacist-In-Charge
(Apprentice Master)
Sub-Store, DHH, Berhampur
(Name & Address of the Institution)
Ganjam.

SCETION IV

I certify that SALONY · PATRA · has undergone more than 150 hour training spread over 1 month (from 22-08-2022 to 21-09-22.) in accorance with the enumerated in SECTION III

Place :

Date :

District Medical Officer
(Head of the Training Organisation)
DHH, Ganjam, Berhampur

SCETION V

I certify that MISS SALONY PATRA has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR

No._____/Dt._____

23/09/22

PRINCIPAL
Head of the Teaching Institution
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

OYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to MR. SREETAM MAHAPATRA (Name of the Student Pharmacist)

S/o./D/o. BIRAKHAORA MAHAPATRA residing at PANDIT STREET, KONISI DIST- GANJAM who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR
Date 06/08/2022

Head of the Teaching Institution
(With Seal)

SCETION II

I SREETAM. MAHAPATRA accept PRATAP CHANDRA GUDA.
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of CITY HOSPITAL BERHAMPUR hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training.

Place: Berhampur
Date: 22/08/2022

Sreetam Mahapatra
(Student Pharmacist)

SCETION III

I PRATAP CHANDRA GUDA. accept SREETAM MAHAPATRA.
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: Berhampur
Date: 22/08/2022

(Apprentice Master)
Pharmacist In-Charge
Sub-Store, DHH, Berhampur
(Name & Address of the Institution)
Ganjam.

SCETION IV

I certify that SREETAM. MAHAPATRA. has undergone more than 150 hour training spread over 1 month (from 22-08-2022. to 21-09-2022.) in accorance with the enumerated in SECTION III

Place: Berhampur
Date: 21/09/22

District Medical Officer
(Head of the Traning Organisation)
(M&) Sum Superintendent
DHH, Ganjam, Berhampur
(With Seal)

SCETION V

I certify that MR. SREETAM MAHAPATRA has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR
No. 870 /Dt. 23/09/22

23/09/22
PRINCIPAL
Head of the Teaching Institution
(With Seal)
Royal College of Pharmacy and
Health Sciences, Berhampur (Gm.)

OYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. DIBYA DARSHAN SOREN (Name of the Student Pharmacist)

S/o /D/o. SURESH CHANDRA SOREN residing at MENDHAMUNDA, KULTANA-I DIST- MAYURBHANJ who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date

Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I DIBYA DARSAN SOREN accept PURNA CHANDRA PADHY
(Name of the Student Pharmacist) (Name of the Apprentice Master)

of CHC, BHATAKUMARADA Hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training.

Place: 8.8.2022.

Date: BHATAKUMARADA

Dibya Darshan Soren
(Student Pharmacist)

SCETION III

I PURNA CHANDRA PADHY accept DIBYA DARSAN SOREN
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: BHATAKUMARADA

Date: 8.8.2022

Purna Chandra Padhy
Pharmacist
CHC, Bhatakumarada.
(Apprentice Master)
(Name & Address of the Institution)

SCETION IV

I certify that SRI DIBYA DARSAN SOREN has undergone more than 150 hour training spread over 1 month (from 8.8.2022 to 9.9.2022) in accorance with the enumerated in SECTION III

Place: BHATAKUMARADA

Date: 9.9.2022

(Head of the Traning Organisation)
(With Seal)
Medical Officer
CHC Bhatakumarada

SCETION V

I certify that SRI DIBYA DARSAN SOREN has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BHATAKUMARADA

No. 690 /Dt. 22.9.2022
861

PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)
Head of the Teaching Institution
(With Seal)

YAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. BIJAY KUMAR VAISHANAYA (Name of the Student Pharmacist)

S/o /D/o RAMESWAR PRASAD residing at PO- BALTA, DIST- BALASORE who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date

Head of the Teaching Institution (With Seal)

PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I BIJAYA KUMAR VAISHNAVA accept PURNA CHANDRA PADHY (Name of the Apprentice Master)

(Name of the Student Pharmacist)

of CHC, BHATAKUMARADA Hospital as my apprentice Master for the above training and agree to obey & respect him/her during the entire period of my training.

Place: BHATAKUMARADA

Date: 8.8.2022

Bijay Kumar Vaishnava.

(Student Pharmacist)

SCETION III

I PURNA CHANDRA PADHY accept BIJAYA KUMAR VAISHNAVA

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

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: BHATAKUMARADA

Date: 8.8.2022

Purna Chandra Padhy

(Apprentice Master)

(Name & Address of the Institution)

SCETION IV

I certify that SRI BIJAYA KUMAR VAISHNAVA has undergone more than 150 hour training spread over 1 month (from 8.8.2022 to 9.9.2022) in accorance with the enumerated in SECTION III

Place: BHATAKUMARADA

Date: 9.9.2022

(Head of the Training Organisation)

With Seal

MEDICAL OFFICER
CHC, Bhatakumarada

SCETION V

I certify that SRI BIJAYA KUMAR VAISHNAVA has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BHATAKUMARADA

No. 861 Dt. 9.9.2022

PRINCIPAL
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)
(Head of the Teaching Institution) (With Seal)

OYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES

Andhapasara Road, Berhampur-760 002 (Dist. Ganjam) ODISHA.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 framed under Section 10 and 18 of the Pharmacy Act, 1948)

SCETION I

This form has been issued to Mr. LAXMAN KUMAR SATAPATHY (Name of the Student Pharmacist)

S/o /D/o PRADIPTA KUMAR residing at BHANDARI SAHI, RIKKAPALLI DIST- GANJAM who has produced evidence before me that he/she is entitled to receive the Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014

Place: BERHAMPUR

Date

Head of the Teaching Institution
PRINCIPAL
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

SCETION II

I Laxman Kumar Satapathy accept Navinchandra Patro
(Name of the Student Pharmacist) (Name of the Apprentice Master)

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

Place: SDH, Chatrapur

Date: 09/08/2022

Laxman Kumar Satapathy
(Student Pharmacist)

SCETION III

I Navinchandra Patro accept Laxman Kumar Satapathy
(Name of the Apprentice Master) (Name of the Student Pharmacist)

as a trainee & agree to give him/her Training facilities my organisation 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 Prescriptions including the checking of Doses and other clinical pharmacy aspects.
   - C) the Dispensing of Prescriptions illustrating the commoner methods of administering medicament and
   - D) the storage of Drugs & Medicinal Preparations.

Place: SDH, Chatrapur

Date: 09/08/2022

Navinchandra Patro 9/9/22
Pharmacist
SDH, Chatrapur
(Apprentice Master)
(Name & Address of the Institution)

SCETION IV

I certify that Laxman Kumar Satapathy has undergone more than 150 hour training spread over 1 month (from 01/08/2022 to 09/09/2022) in accorance with the enumerated in SECTION III

Place: SDH, Chatrapur

Date: 09/09/2022

12.09.22
(Head of the Training Organisation)
(With Seal)
Superintendent
Sub-Divl. Hospital, Chatrapur
Ganjam

SCETION V

I certify that LAXMAN KUMAR SATAPATHY has completed in all respect his/her Practical Training under See Regulation 7 of The Bachelor of Pharmacy (B. Pharm.) Course Regulation, 2014 He/She had his/her Practical Training in an Institution approved by the Pharmacy Council of India.

Place: BERHAMPUR
No. 892 Dt. 14/09/22

14/09/22
PRINCIPAL
Head of the Teaching Institution
(With Seal)
Royal College of Pharmacy and Health Sciences, Berhampur (Gm.)

INTAS

INTAS PHARMACEUTICALS LIMITED.

Corporate Office : Corporate House, Nr. Sola Bridge, S. G. Highway, Thaltej, Ahmedabad - 380 054. INDIA
Tel. : 079 - 39837150 Web Site : www.intaspharma.com CIN - U24231GJ1985PLC007866

Factory : Plot No. 5 to 14, Pharmez, Nr. Village Matoda, Sarkhej-Bavla National Highway No. 8-A,
Taluka Sanand, Dist. Ahmedabad-382 213. Gujarat. Tel. : 02717-619700

Date: 09th September,2022

CERTIFICATE

This is to certify that **Mr. Rajat Kumar Padhy ,** student of Royal College of Pharmacy And Health Sciences, Odisha has successfully completed Industrial Training in Quality Assurance Department from **16th August,2022 to 09th September,2022** in our Organization as a part of his course curriculum.

During this period, we have found him sincere, hardworking and honest.

We wish all the best for his future endeavors.

For, Intas Pharmaceuticals Limited

Amitkumar Sharma
Associate Vice President – Human Resources

09/09/22

Rajat Kumar padhy.

Dr. Reddy's Laboratories Limited
Formulation Unit No. 12,
57, Village Kunjhal, P.O. Barotiwala (Baddi)
Tehsil Nalagarh, Distt. Solan-174103 (HP), India
Ph. No. 01795-664444
www.drreddys.com

06th September, 2022

TO WHOM IT MAY CONCERN

This is to certify that Mr. Subhranshu Kumar Sahoo S/o Sh. Sudhakar Sahoo has undergone training with us in Production Department at our plant situated at Baddi, from 10.08.2022 to 03.09.2022. He has undergone training on Liquid, Ointment, Tablet Manufacturing & Packing Process.

During the tenure of his training, we found him to be sincere and hard working.

We wish him grand success for his future endeavors.

For Dr. Reddy's Laboratories Limited:

Authorized Signatory

Dr. Reddy's Laboratories Limited
Formulation Unit No. 12,
57, Village Kunjhal, P.O. Barotiwala (Baddi)
Tehsil Nalagarh, Distt. Solan-174103 (HP), India
Ph. No. 01795-664444
www.drreddys.com

06th September, 2022

TO WHOM IT MAY CONCERN

This is to certify that Miss. Sweta Nayak D/o Sh. Satyaban Nayak has undergone training with us in Production Department at our plant situated at Baddi, from 10.08.2022 to 03.09.2022. She has undergone training on Liquid, Ointment, Tablet Manufacturing & Packing Process.

During the tenure of her training, we found her to be sincere and hard working.

We wish her grand success for her future endeavors.

For Dr. Reddy's Laboratories Limited:

Authorized Signatory

Dr. Reddy's Laboratories Limited
Formulation Unit No. 12,
57, Village Kunjhal, P.O. Barotiwala (Baddi)
Tehsil Nalagarh, Distt. Solan-174103 (HP), India
Ph. No. 01795-664444
www.drreddys.com

06th September, 2022

TO WHOM IT MAY CONCERN

This is to certify that Miss. Monisha Gouda D/o Sh. Laxmi Narayan Gouda has undergone training with us in Production Department at our plant situated at Baddi, from 10.08.2022 to 03.09.2022. She has undergone training on Liquid, Ointment, Tablet Manufacturing & Packing Process.

During the tenure of her training, we found her to be sincere and hard working.

We wish her grand success for her future endeavors.

For Dr. Reddy's Laboratories Limited:

Authorized Signatory

Dr. Reddy's Laboratories Limited
Formulation Unit No. 12,
57, Village Kunjhal, P.O. Barotiwala (Baddi)
Tehsil Nalagarh, Distt. Solan-174103 (HP), India
Ph. No. 01795-664444
www.drreddys.com

06th September, 2022

TO WHOM IT MAY CONCERN

This is to certify that Mr. Milan Mishra S/o Sh. Dr. G.S Mishra has undergone training with us in Production Department at our plant situated at Baddi, from 10.08.2022 to 03.09.2022. He has undergone training on Liquid, Ointment, Tablet Manufacturing & Packing Process.

During the tenure of his training, we found him to be sincere and hard working.

We wish him grand success for his future endeavors.

For Dr. Reddy's Laboratories Limited:

Authorized Signatory

1803254034

ipca
A dose of life

Date : **02nd September, 2022**

CERTIFICATE

This is to certify that **Ms. Gargee Arundhati** a student of **B. Pharmacy** from "**Royal College Of Pharmacy and Health Science**" has undergone training in **Production Department** at our workplace from **16th August, 2022** to **02nd September, 2022** as an integral part of her course.

During her tenure period with us we found her sincere and hard working towards the training.

We wish all the best for her future endeavors.

Yours faithfully,

For **Ipca Laboratories Limited**

Reginal D'Cunha
Assistant General Manager
Human Resource & Administration

Gargee Arundhati

Ipca Laboratories Ltd.
www.ipca.com
1, Pharma Zone, SEZ Indore, Pithampur 454 775 (Madhya Pradesh), India | T: +91 7292 667777
Regd. Office: 48, Kandivli Industrial Estate, Kandivli (West), Mumbai 400 067 (Maharashtra), India | T: +91 22 6647 4444
E: ipca@ipca.com CIN: L24239MH1949PLC007837

1803254017

ipca
A dose of life

Date : **02nd September, 2022**

CERTIFICATE

This is to certify that **Mr. Aurobinda Mishra** a student of **B. Pharmacy** from **"Royal College Of Pharmacy and Health Science"** has undergone training in **Production Department** at our workplace from **16th August, 2022** to **02nd September, 2022** as an integral part of his course.

During his tenure period with us we found his sincere and hard working towards the training.

We wish all the best for his future endeavors.

Yours faithfully,

For Ipca Laboratories Limited

Reginal D'Cunha
Assistant General Manager
Human Resource & Administration

Aurobinda mishra

Ipca Laboratories Ltd
www.ipca.com
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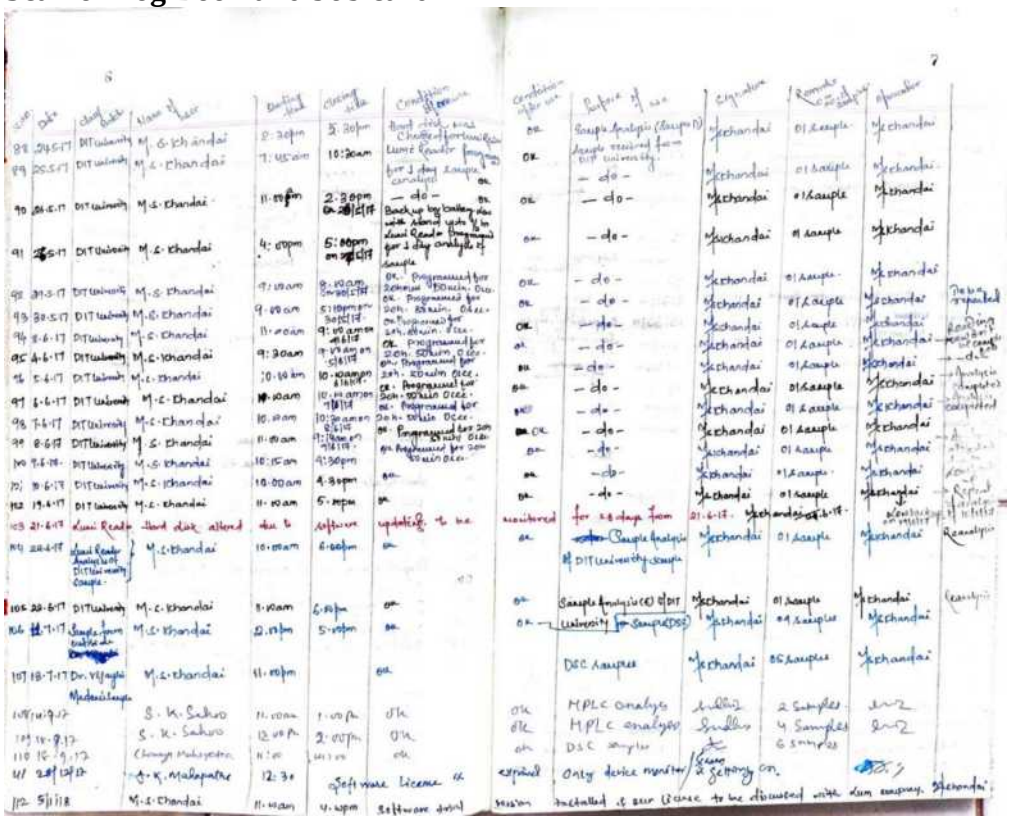
Hands on Training

Aiming to provide the best to our students and stake holders specific practicals are designed along with curricular activities that will enable our students with basics of handling instruments that are similar to the industrial models. So that they can stand out uniquely among others with the experiential capacities. Thus, in accordance with the aim all faculty members design some experiments that have assess to handling of equipment, use of software, data interpretation etc.

Scan of Log Book and Job card



121	7/4/17	12.25 PM	12.45	Dinesh Mallick	project work	Dr. Prasant Kumar choudhury	DRS	5	Dinesh
122	7.4.17	12.50 PM	01.10	Supriya Ranjan Mahapatra	Project Work	DR. Prasant Ku. choudhary	DRS	6	[illegible]
123	11/04/17	4.00	4.30	B. Chandan, Suraj, Samit Lahu	Project work	Dr. Ajay Kumar Mahapatra	DRS	4	B. chandan
124	02/05/17	2.00	4:30	Chinmaya Mohapatra	PhD project	Dr. Sudhir Kumar Sahoo	DRS	8	[illegible]
125	04/05/17	11:30	12:15	Chinmaya Mohapatra.	PhD project	Dr. Sudhir Kumar Sahoo	DRS	5	[illegible]
126	12/6/17	3.30	5.00	Sr. K. Sahoo	Validation of Analysis	Dr.	DRS.	10	[illegible]
127	14/9/17	1.00 PM	2.00 PM	Chinmaya Mohapatra	PhD. project	Dr. Sudhir Kumar Sahoo	DRS.	06	[illegible]
128	23/10/17	12pm	12.50pm	Radharaj Ku Badatya	M.Pharm 1st sem	Sudhir Ku. Sahu	DRS	04	[illegible]
129	26/02/18	03PM	04. Pm	Amit Kumar Parmanik	M.pharm 2nd year	Prasant Kumar Choudhury	DRS	09	Amit
130	26/02/18	4.00PM	4.50PM	Laxmidhar Biswal	M. pharm 2nd year	Ajit Kumar Acharya	DRS	10	Biswal
131	13/03/18	2.40pm	3.35PM	Biswajeet Maharana	M. Pharm, 2nd sem	Dr. Gourishyam Pata	DRS	12	[illegible]
132	19/03/18	2.15PM	3.15PM	Tota Tripathi	M. Pharm, 1st yr.	Dr Sudhir Kumar Sahoo	DRS	9	
133	19/03/18	3.30pm	4.10pm	Dhananjaya Biswal	B. pharm 8th sem	Dr. Rajeshree Panigrahi	DRS	5	Dhananjaya
134	29/03/18	2.13pm	3.13Pm	Dhananjay Ahir	M. Pharm 2nd Yr		DRS	5	[illegible]
135	2/4/18	11.30AM	12.30PM	M. Pharma 2nd sem	Practical		"	5	
136	"	3.30PM	4.30PM	"	Practical		"	5	
137	6/4/18	12:30pm	1:00pm	Lipsa Samal	M.Pharm 2nd year		DRS		Lipsa samal.
138	16/4/18	2:30pm	4:40pm	Ashish Sahu	M.Pharm 2nd year	Dr. Madhusmruti Khandai	DRS	10 samples	ASISH Sahu
139	29/08/18	3.15PM	4.00PM	M.Pharma 1st sem	Practical	Dr. S. K. Sahu	DRS	4	[illegible]
140	05/09/18	3.30PM	4.00PM	"	"	"	DRS	2	[illegible]
141	19/09/18	3.00PM	3.45PM	M.Pharm, 1st sem	Practical	Prafulla Ku. Pradhan	DRS	7	PKP
142	29/09/18	2.30PM	3.15PM			Dr S. K. Sahoo	DRS.	07	[illegible]
143	27/11/18	11:45 AM	12.30PM			Dr. A. K. Mahapatra	DRS	05	[illegible]
144	14/02/19	3.00 pm	5.00PM	M. Pharm 2nd sem	Practical	Prafulla Ku. Pradhan	DRS	05	PKP
145	23.03.19	11.15AM	11.30AM	M. Pharm, 2nd sem	Practical	Prafulla Ku. Pradhan	DRS	02	PKP
146	23.03.19	11.30AM	12.00PM	~~B. pharm 8th sem~~	project	Dr. Madhusmruti Khandai	DRS	03	PKP
147	23.03.19	11.30AM	12.10PM	B. pharm 8th sem	project	Basudev Palei	DRS	03	Basudev palei
148	23.03.19	12.30	12.45	M. pharm 2nd sem	Practical	Chandan Kumar Sahu	DRS	02	[illegible]
149	23.03.19	2.00PM	4.30PM	M. Pharm, 2nd sem	Practical	Prafulla Ku. Pradhan	DRS	05	PKP
150	4.4.19	10.30	1.00	M. Pharm, 2nd sem	Practical	Chandan Kumar Sahu	DRS	11	[illegible]
151	4.4.19	2:30	3:45	B. Pharm, 8th sem	Project	Satyabrata Bhardwaj	FTIR DRS	3	[illegible]
152	7/5/19	12.00PM	1.00PM	ITER, Sangita.	Sample	Sudhir Ku. Sahoo	FTIR	11	[illegible]

	562	28/11/19	1.30PM	4.15PM	M.pharm 2nd yr.	Project Work				
	563	2/12/19	12.30PM	3.45PM	M.Pharm 2nd yr.	Project Work				
433	564	3/12/19	2.15PM	4.45PM	M.ph 2nd yr	Project work	ok	ok	Dhananjaya Biswal	D. Biswal
[illegible]	565	3.12.19	[illegible]	[illegible]	M.Pharm 2nd yr	Project Work	ok / ok	ok / ok	Dhananjaya Biswal / Debabrata Chanda	D. Biswal / [illegible]
432	566	4/12/19	11.15AM	[illegible]	M.Ph 2nd yr	Project work				
433	567	5.12.19	11.55AM	4.40pm	M.Pharm 2nd yr.	Project Work	ok / ok	ok / ok	Biswajit Samantaray / Debabrata Chanda	Biswajit / [illegible]
434	568	6/12/19	[illegible]	3.30pm	M.Ph 2nd yr	Project work				
435	569	6/12/19	[illegible]	5.00pm	M.pharm 2nd yr	Project work	ok / ok	ok / ok	Biswajit Samantaray / Debabrata Chanda	Biswajit / [illegible]
436	570	7.12.19	11.10AM	1.55PM	M.Pharm 2nd yr	Project Work	ok	ok	Dhananjaya Biswal	D. Biswal
437	571	7.12.19	2.00Pm	[illegible]	M.Pharm 2nd yr	Project Work	ok	ok	Biswajit Samantaray	Biswajit
438	572	9/12/19	[illegible]	3.10pm	M. Pharm 2nd yr	Project Work	ok	ok	Subhranshu Palatasingh	Subhranshu
439	573	10/12/19	12.30PM	3.15PM	M.pharm 2nd yr	Project Work	ok	ok	Subhranshu Palatasingh	Subhranshu
440	574	10/12/19	[illegible]	[illegible]	M.pharm 2nd yr	Project Work	ok	ok	Dhananjaya Biswal	Dhananjaya
441	575	11.12.19	2.20PM	2.30PM	M.Pharm 1st sem	Practical	ok / ok	ok / ok	Dhananjaya Biswal / [illegible]	D. Biswal / [illegible]
442	576	26.12.19	12.45	4.15pm	M.Pharm 2nd yr	Project Work	ok	ok	Subhranshu Palatasingh	Subhranshu
443	577	2/1/20	[illegible]	[illegible]	M.Pharm 2nd yr	Project Work	ok	ok	Debabrata Chanda	[illegible]
444	558	27/1/20	12.00pm	4.45pm	M. Pharm 2nd yr	Project Work	ok	ok	Subhranshu Palatasingh	Subhranshu
445	559	3/1/20	12.00pm	2.00pm	M. Pharm 2nd yr	Project Work	ok	ok	Subhranshu Palatasingh	Subhranshu
446	560	11/2/20	12.00pm	1.04pm	M.Ph 2nd yr	Project Work	ok	ok	Debabrata Chanda	D. [illegible]
447	261	[illegible]	02.33	4.40pm	M Ph 1st yr	Practical	ok	ok	Satyabrata Giri	S Giri
448	262	13/01/20	[illegible]	[illegible]		[illegible]	ok	ok	S. K. Panda	S. Panda
449	263	24/01/20	[illegible]	[illegible]		"	ok	ok	S. K. Panda	S. Panda
451	264	11/01/20	[illegible]	[illegible]		"	ok	ok	S. K. Panda	S. Panda
452	265	04/01/21	10.30AM	12.30PM		"	ok	ok	S. K. Panda	S. Panda
453	266	11/01/21	10.30AM	[illegible]		"	ok	ok	S. K. Panda	S. Panda
454	267	11/01/21	3.30PM	4.30PM		"	ok	ok	S. K. Panda	S. Panda
455	268	12/01/21	10.30AM	11.30AM		"	ok	ok	S. K. Panda	S. Panda
456	269	12/01/21	10.15AM	[illegible]		Running for [illegible] Purging Lamp	ok	ok	S. K. Panda	S. Panda
457	270	14/01/21	10.15AM	11.00AM		—do—	ok	ok	S. K. Panda	S. Panda
458	271	18/01/21	10.30AM	11.30AM		—do—	ok	ok	S. K. Panda	S. Panda
[illegible]	272	19/01/21	10.30AM	11.30AM		—do—	ok	ok	S. K. Panda	S. Panda
[illegible]	273	25/01/21	10.45AM			do	ok		S. K. Panda	S. Panda

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES, BERHAMPUR

LABORATORY JOB CARD

Name of the Laboratory: Pharmaceutics - Lab. 2.
Name of the Faculty in Charge: Dr. Ajit Kumar Acharya / Dr. Madhusmita Khandai
Lab. Technician: Mr. M. Seva Prasad
Lab. Attendant / Peon: J. Kameshwar Patro
Class: D. Pharm. 2nd Sem. Batch-II Subject: Pharmaceutics - II.

Sl. No.	Date	Name of the Experiment	Starting Time	Ending Time	Remarks	Teacher's Signature
1	05.07.18	Demonstration on working of tablet compression machine.	10.00am	1.00pm	Completed.	Mkhandai
2	05.07.18	Demonstration on working of TBD, Tray dryer & Hot air oven.	10.00am	1.00pm	Completed.	Mkhandai
3	16.07.18	Demonstration on Friability test apparatus & tablet hardness tester.	-do-	-do-	"	
4	-do-	" " Disintegration test apparatus.	-do-	-do-	"	
5	23.7.18	Preparation of Paracetamol granules.	"	"	"	
6	-do-	Compression of above granules & evaluation of tablets	"	"	"	
7	30.7.18	Preparation & Evaluation of Aspirin tablets	"	"	"	
8	"	" "	"	"	"	
9	06.8.18	Preparation & Evaluation of calcium	"	"	"	
10	"	lactate tablets.	"	"	"	
11	13.8.18	Demonstration on Hand operated capsule	"	"	"	
12	"	filling machine & Prep^n & Evaluation of Aspirin capsules	"	"	"	
13	20.8.18	Preparation & Evaluation of strong	"	"	"	
14	"	ammonium acetate solution.	"	"	"	
15	27.8.18	Preparation & Evaluation of Non-staining	"	"	"	
16	"	iodine ointment.	"	"	"	
17	3.9.18	Preparation & Evaluation of Diclofenac	"	"	"	
18	"	Sodium gel	"	"	"	
19	24.9.18	Preparation & Evaluation of castor oil	"	"	"	
20	"	emulsion.	"	"	"	

ROYAL COLLEGE OF PHARMACY AND HEALTH SCIENCES, BERHAMPUR

LABORATORY JOB CARD

Name of the Laboratory: HAP Lab-10
Name of the Faculty in Charge: Mr. Asis Sahoo / Dr. K. Hari Krishna
Lab. Technician: Ch. Surender Patra
Lab. Attendant / Peon: L. N. Gouda
Class: Diploma 1st year (2019-20) Batch-I Subject: Human Anatomy & Physiology.

Sl. No.	Date	Name of the Experiment	Starting Time	Ending Time	Remarks	Teacher's Signature
1	23/10/19	To study different Anatomical terms used in HAP	10:00 AM	01:00 PM	Completed	
2	30/10/19	To study in detail about Animal Cell	10:00 AM	01:00 PM	Completed	
3	06/11/19	To study in detail about Muscular tissue	10:00 AM	01:00 PM	Completed	
4	06/11/19	To study in detail about Nervous tissue	10:00 AM	01:00 PM	Completed	
5	19/11/19	To study in detail about Epithelial tissue	10:00 AM	01:00 PM	Completed	
6	26/11/19	To measure the BP using Sphygmomanometer.	10:00 AM	01:00 PM	Completed	
7	03/12/19	To measure Pulse rate.	10:00 AM	01:00 PM	Completed	
8	03/12/19	To measure Temperature of Human body	10:00 AM	01:00 PM	Completed	
9	10/12/19	To study in detail about Anatomy & Physiology of Heart	10:00 AM	01:00 PM	Completed	
10	17/12/19	1st Sessional Practical exam	10:00 AM	01:00 PM	"	
11	02/01/20	Circulatory system	02:00 PM	05:00 PM	"	
12	09/01/20	To study in detail about Skeletal system of Human	02:00 PM	05:00 PM	"	
13	16/01/20	To study about the respiratory system	2 PM	5 PM	Completed	
14	27/01/20	To study about human skull	2 PM	5 PM	Completed	
15	10/02/20	To study about different bones of Shoulder girdle & upper limb	2 PM	5 PM	Completed	
16						
17						
18	12/3/20	To study about the physiology of Urine formation	2 PM	5 PM	Completed	
19						
20						

Photos of lab with Instruments