



YENEPOYA

(DEEMED TO BE UNIVERSITY)

Recognized under Sec 3(A) of the UGC Act 1956

Accredited by NAAC with 'A' Grade

Details of the Collaborative Activity

2020-21

Name of the Collaborating Institute: National Medical's Chemists and Druggists, Mangalore

Name of the Collaborating Department: Yenepoya Pharmacy College and Research Centre.

Activities:

Student Internship Training:

Ms. Zainaba Shaima, II-year D. Pharm student from Yenepoya Pharmacy College and Research Center undergone three months training National Medical's Chemists And Druggists, Mangalore from 13th November 2020 to 15th February 2021 for 500 Hours.

ATTESTED
Dr. Gangadhara Somayaji K.S.

Dr.Gangadhara Somayaji K.S.
Registrar
Yenepoya(Deemed to be University)
University Road, Deralakatte
Mangalore- 575 018, Karnataka

Annexure II

SECTION – III

I, M.R. ABDUL HAMEED U.H (Name of the Apprentice Master)

Accept Sri/ Smt. ZAINABA SHAIMA

(Name of the student Pharmacist) as a Trainee and I agree to give him / her training facilities in my organization so that during his/ her training he / she may acquire:-

1. Working Knowledge of keeping of record required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in
 - a) The manipulation of pharmaceutical apparatus in common use;
 - b) The recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - c) The reading, translation and copying of prescriptions including the checking of doses;
 - d) The dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
 - e) The storage of drugs and medicinal preparations.

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

Date: 11/11/2020

Head of the organization or Pharmaceutical Division


NATIONAL MEDICAL
Baba Lodging Complex
Masthikatte, ULLAL - 575 020, D.K.

ATTESTED


Dr.Gangadhara Somayaji K.S.
Registrar
Yenepoya(Deemed to be University)
University Road, Deralakatte
Bengaluru- 575 018, Karnataka

Annexure II

SECTION – IV

I certify that ZAINABA SHADMA (Name of student pharmacist) has undergone 500 hours training spread over from Date 13/11/2020 to 15/02/2021 for a period of 3 months in accordance with the details enumerated in SECTION III


NATIONAL MEDICAL
Baba Lodging Complex
Masthikatte, ULLAL - 575 020, D.K.

Date: 15/02/2021

Head of organization or Pharmaceutical Division

SECTION – V

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

Date: 15/02/2021


(Dr Mohammed Gulzar Ahmed)

Head of Academic Training Institution

Principal / Dean
Yenepoya Pharmacy College & Research Centre
Deralakatte, Mangaluru-575018

NOTE:

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

ATTESTED


Dr.Gangadhara Somayaji K.S.
Registrar
Yenepoya(Deemed to be University)
University Road, Deralakatte
Mangalore- 575 018, Karnataka



**PRO FORMA TO BE ATTACHED WITH EVERY APPLICATION FOR
D.PHARM CERTIFICATE I**

1.	Name of the Candidate (as per SSLC Marks Card)	ZAINABA SHAJMA
2.	Father's Name (as per SSLC Marks Card)	MOHAMMED ASHRAF
3.	Candidate's Permanent Postal Address	D.NO.1-347 PALLA HOUSE K.C. ROAD, TALAPADY VILLAGE MANGALORE
4.	Reg.No.	18DP30
5.	D.Pharm Part-I Exam completed in(Month & Year)	JUNE 2019
6.	D.Pharm Part-II Exam completed in(Month & Year)	SEPTEMBER 2020
7.	Name & Postal address of the Institution/Organization where the candidate had underwent training	NATIONAL MEDICALS CHEMISTS AND DRUGISTS, MASTIKATTE, ULLAL MANGALORE. D.NO-19-86(5)
8.	Drug License No.	KA-MN ₂ -KADKO120/357 KA-MN ₂ -KADKO21/357
9.	Proprietor's Name	ABDUL HAMEED U.H
10.	Qualified Proprietor's Name Reg. No. State	ABDUL HAMEED U.H 22761 KARNATAKA
11.	No. of qualified Pharmacist's available	1
12.	No. of students being trained in that period	1
13.	Period of training spread over	From 13/11/2020 To 15/12/21 (500 Hours)

Candidate's Signature

I certified that the information given above is true also attest the signature of the candidate.

Date: 31/08/2021




31/08/2021
(Principal)

Signature with seal
Principal / Dean

Yenepoya Pharmacy College & Research Centre
Deralakatte, Mangaluru-575018

For the use of University only

Verified by- 

Remarks: No Remarks.

ATTESTED 

Dr.Gangadhara Somayaji K.S.
Registrar
Yenepoya(Deemed to be University)
University Road, Deralakatte
Mangalore- 575 018, Karnataka

Annexure II

SECTION – I


This form has been issued to Sri/Smt. ZAINABA SHAIMA

(Name of student pharmacist) son of / daughter of MOHAMMED ASHRAF

Residing at D.NO.1-347 PALLA HOUSE K.C.ROAD, TALAPADY, VILLAGE MANGALORE

Who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Educational Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 11/11/2020


(Dr Mohammed Gulzar Ahmed)
Head of the Academic Training
Institution

✓
Principal / Dean
Yenepoya Pharmacy College & Research Centre
Deralakatte, Mangaluru-575013

SECTION –II

I ZAINABA SHAIMA (Name of the Student Pharmacist)

Accept M.R. ABDUL HAMEED U-H (Name of the Apprentice Master) of

S.S.S COLLEGE OF KADANDALA (Name of the College/ Institution)

NATIONAL MEDICAL (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him/ her
during the entire period of my training.

Date: 11/11/2020


Signature of the Student
Pharmacist

ATTESTED

Dr.Gangadhara Somayaji K.S.
Registrar
Yenepoya/Deemed to be University)
University Road, Deralakatte
Mangalore- 575 013, Karnataka