



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: Chethana Hospital, Puttur, Mangalore, Karnataka.

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

Activities:

Student Internship Training:

II-year D. Pharm student from Yenepoya Pharmacy College and Research Center undergone three months training in hospital pharmacy of Chethana Hospital, Puttur from 01st September 2021 to 30th November 2021 for 500 Hours.

- Ms. Fathimath Naushida K,

ATTESTED

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

Annexure II

SECTION - III

I, PADMANABHA BHAT (Name of the Apprentice Master)

Accept Sri / Smt. FATHIMATH NAUSHIDA . K

(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:-

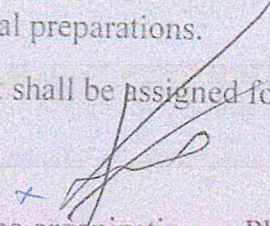
1. Working Knowledge of keeping of record required by the various Acts affecting the profession of pharmacy ; and


2. Practical experience in

- The manipulation of pharmaceutical apparatus in common use;
- The recognition by sensors characters of chief crude drugs & chemical substance used in medicine
- The reading, translation and copying of prescriptions including the checking of doses;
- The dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- The storage of drugs and medicinal preparations.

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

Date: 29/08/2020


Head of the organization or Pharmaceutical Division

 **Dr. J.C. ADIGA**
M.B.B.S., M.D.
Consultant Physician & Cardiologist
Regd No 16690, Chetana Hospital
PUTTUR D K.

ATTESTED


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

YENEPOYA PHARMACY COLLEGE & RESEARCH CENTRE
University Road, Deralakatte, Mangaluru- 575018



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

1. Name of the Candidate (as per SSLC Marks Card)	FATHIMATH NAUSHIDA . K
2. Father's Name (as per SSLC Marks Card)	MOHAMMED . K
3. Candidate's Permanent Postal Address	KALLANGALA KEPU NEERKAJE POST IBANTHAL -TQ 575243 D.K.
4. Reg.No.	18DP10
5. D.Pharm Part-I Exam completed in (Month & Year)	JUNE - 2019
6. D.Pharm Part-II Exam completed in (Month & Year)	AUGUST - 2020
7. Name & Postal address of the Institution/Organization where the candidate had underwent training	CHEETHANA HOSPITAL, PUTTUR NEAR SHREE MAHAMAYA TEMPLE
8. Drug License No.	KA -DKD' 20/H31
9. Proprietor's Name	DR J C . ADIGA .
10. Qualified Proprietor's Name Reg. No. State	J. PADMANABHA BHAT 2187 MYSORE KARNATAKA.
11. No. of qualified Pharmacist's available	ONE
12. No. of students being trained in that period	ONE
13. Period of training spread over	From 01/09/2020 To 30/11/2020 (500 Hours)

Naushida K
Candidate's Signature

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

Date : 29/08/2020

Naushida K
(Principal)
Signature with seal
Principal / Dean

Yenepoya Pharmacy College & Research Centre
Deralakatte, Mangaluru-575018

For the use of University only

Verified by- *S. Ganesh*

Remarks: NO

ATTESTED
S. Ganesh
Dr. Gangadhara Somayaji K.S.
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore-575018, Karnataka


Annexure II

SECTION - I

This form has been issued to Sri/Smt. FATHIMATH NAUSHIDA . K
(Name of student pharmacist) son of / daughter of MOHAMMED . K
Residing at KALLANGALA KEDU , NEERKATE POST, BANTWAL

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

Date: 29/08/2020


Head of the Academic Training
Institution

Principal / Dean

Yenepoya Pharmacy College & Research Centre
Derakatte, Mangaluru - 575018

SECTION - II

I FATHIMATH NAUSHIDA . K (Name of the Student Pharmacist)

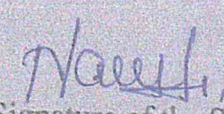
Accept PADMANABHA BHAT (Name of the Apprentice Master) of

GOVERNMENT COLLEGE OF PHARMACY , BANGALORE (Name of the College/ Institution)

CHETHANA HOSPITAL (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: 29/08/2020

ATTESTED


Signature of the Student
Pharmacist

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

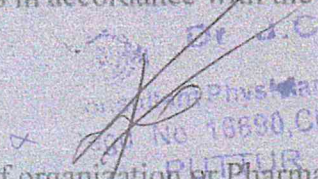
Annexure II

SECTION - IV

I certify that FATHIMATH NAUSHIDA K (Name of student pharmacist) has undergone 500 hours training spread over from Date 01/09/2020 to 30/11/2020 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 03/12/2020

Head of organization or Pharmaceutical Division



Dr. J.C. ADIGA
M.A.B.S., M.U.
Physician & Cardiologist
No. 16890, Chelanga Hospital
PILITHUR, D.K.

SECTION - V

I certify that FATHIMATH NAUSHIDA K (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: 03/12/2020


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.
Reg. Star
Yenepoya (Deemed to be University)
University Road, Deralakatte
Mangalore-575018, Karnataka