



YENEPEYA

(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: Indiana Hospital and Heart Institute limited, Mangalore

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

Activities:

Student Externship: A total of 8 students of Second Year D. Pharm have undertaken externship training (500 hours each) at the hospital pharmacy of Indiana Hospital and Heart Institute limited during 2020-21

Name of the students	Duration
Ms. Mushraf	16.09.2020 to 16.12.2020
Ms Khathija Almas	
Ms. Juveria	
Ms. Fathimath Thasleema	
Ms. Ayisha Rifa	05.10.2020 to 05.01.2021
Ms. Ansira B Fathima	
Ms. Amina	
Ms. Ajiza	

ATTESTED

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

YENEPYA PHARMACY COLLEGE & RESEARCH CENTRE
University Road, Derlakatte, Mangalore - 575018



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

1. Name of the Candidate (as per SSLC Marks Card)	AYISHA RIFA
2. Father's Name (as per SSLC Marks Card)	ABDUL RASHID
3. Candidate's Permanent Postal Address	NEAR FARLA SCHOOL NAVOOR POST BANTWAL TO 574211
4. Reg.No.	180P08
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	INDIANA HOSPITAL AND HEART INSTITUTE LIMITED MAHAVEER CIRCLE, PUMPWELL, KANAKANADY POST, MAGALORE - 575002
8. Drug License No.	KA / DKD / 20 / 798
9. Proprietor's Name	PROF DR ALI KUMBLE ALI KUMBLE MBBS, MD (Pediatrics) Reg. No. 20887
10. Qualified Proprietor's Name Reg. No. State	TRIPATHI SALVANA 52967 KARNATAKA HOD & Senior Consultant Pediatric Department Indiana Hospital & Heart Institute Limited
11. No. of qualified Pharmacist's available	4
12. No. of students being trained in that period	5
13. Period of training spread over	From 5/10/20 To 5/1/21, 500 Hours

Candidate's Signature

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

Date : 13/01/2021

(Principal)

Signature with seal
Principal / Dean

Yenepya Pharmacy College & Research Centre
Derlakatte, Mangalore - 575018

For the use of University only

Verified by:

Remarks: NO

ATTESTED

Dr. Dangarappa Somayaji K.S.
Registrar
Yenepya Pharmacy College & Research Centre
Derlakatte, Mangalore - 575018, Karnataka

Annexure II

SECTION - I


This form has been issued to Sri/Smt. AYISHA . RIFA

(Name of student pharmacist) son-of/ daughter of ABDUL .RASHEED

Residing at NEAR FARLA SCHOOL ,NAVOOR POST BANIWAL T.O 574211

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: 1/10/20


Head of the Academic Training
Institution

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

SECTION -II


I AYISHA . RIFA (Name of the Student Pharmacist)

Accept TRIPTHI SALIYAN (Name of the Apprentice Master) of

SRINIVAS COLLEGE OF PHARMACY (Name of the College/ Institution)

DIANA HOSPITAL & HEART INSTITUTE LIMITED (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: 1/10/2020


Signature of the Student
Pharmacist

ATTESTED

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

Annexure II

SECTION - III

1. TRISHI SALYAN (Name of the Apprentice Master)

Accept Sri / Smt. AYISHA RIFA

(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:-

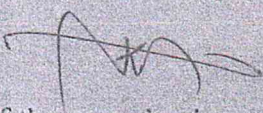
1. Working Knowledge of keeping of record required by the various Acts affecting the profession of pharmacy ; and

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: 1/10/2020


Head of the organization or Pharmaceutical Division

Prof. Dr. ALI KUMBLE
MBBS, MD (Pediatrics)
Reg. No. 30997
HOD & Senior Consultant
Pediatric Department
Indiana Hospital & Heart Institute Limited

ATTESTED 

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

Annexure II

SECTION – IV

I certify that AYISHA. RIFA (Name of student pharmacist)
has undergone ^{more than} 500 hours training spread over from Date 5/10/2020 to
5/1/2021 for a period of 3 months in accordance with the details
enumerated in SECTION III

Date: 5/1/2021

Head of organization of Pharmaceutical Division

Prof. Dr. ALI KUMBLE
MBBS, MD (Pediatrics)

Reg. No. 30907

~~HOD & Senior Consultant~~
Pediatric Department

~~Hospital Heart Institute Limited~~

SECTION – V

I certify that AYISHA. RIFA (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 ^{her} his practical training in an Institution approved the Pharmacy Council of India.

Date: 5/1/2021

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**

1. Name of the Candidate (as per SSLC Marks Card)	ANSIRA B FATHIMA
2. Father's Name (as per SSLC Marks Card)	ABDUL RAHIMAN
3. Candidate's Permanent Postal Address	3-21/1 BA COMPOUND BAJAL KARMAR MANGALORE
4. Reg No.	18DP04
5. D Pharma Part-I Exam completed (in Month & Year)	JUNE / 2019
6. D Pharma Part-II Exam completed (in Month & Year)	SEPTEMBER / 2020
7. Name & Postal address of the Institution/Organization where the candidate had underwent training	INDIANA HOSPITAL AND HEART INSTITUTE LIMITED MAHAVEER CIRCLE PUMPWELL, KANKANADY POST MANGALORE - 575002
8. Drug License No.	KA / DKD / 20 / 798
9. Proprietor's Name	ALI KUMBLE Prof. Dr. ALI KUMBLE MBBS, MD (Pediatrics)
10. Qualified Proprietor's Name Reg. No. State	TRIPTHI SALIYAN Reg. No. 30907 52967 HOD & Senior Consultant KARNATAKA Pediatric Department Indiana Hospital & Heart Institute Limited
11. No. of qualified Pharmacist's available	4
12. No. of students being trained in that period	5
13. Period of training spread over	From 5/10/20 To 5/1/21 (500 Hours)

A Fathima

Candidate's Signature

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

Date :

(Principal)

Signature with seal
Yeneploya Pharmacy College & Research Centre
Derlakatte, Mangalore - 575018

For the use of University only

Certified by: *[Signature]*
Remarks: 100

ATTESTED

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

Annexure II

SECTION - I

This form has been issued to Sri/Smt. ANSIRA B FATHIMA

(Name of student pharmacist) son of / daughter of ABDUL RAHIMAN

Residing at 3-21/1 BA COMPOUND BAJAL KARMAR MANGALORE

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: 1/10/2020


Head of the Academic Training
Institution

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

SECTION -II


I ANSIRA B FATHIMA (Name of the Student Pharmacist)

Accept TRIPATHI SALIYAN (Name of the Apprentice Master) of


SRINIVAS COLLEGE OF PHARMACY (Name of the College/ Institution)

INDIANA HOSPITAL AND HEART INSTITUTE LIMITED (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: 1/10/20


Signature of the Student
Pharmacist

ATTESTED


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

Annexure II

SECTION - III

1. TRIPATHI SALIYAN (Name of the Apprentice Master)

Accept ~~at~~ Smt. ANSIRA B FATHIMA

(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:-

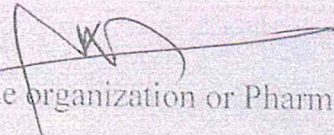
1. Working Knowledge of keeping of record required by the various Acts affecting the profession of pharmacy ; and

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: 1/10/20


Head of the organization or Pharmaceutical Division

Prof. Dr. ALI KUMBLE
MBBS, MD (Pediatrics)
Reg. No. 30907
HOD & Senior Consultant
Pediatric Department
Indiana Hospital & Heart Institute Limited

ATTESTED


Dr. Gangadhara Somayaji K.S.
Registrar
(nepoyal/Deemed to be University)
University Road, Deralatte
Mangalore- 575 019, Karnataka

Annexure II

SECTION - IV

I certify that ANSIRA B PATHIMA (Name of student pharmacist) has undergone more than 500 hours training spread over from Date 5/10/20 to 5/1/21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 5/1/21

Head of organization or Pharmaceutical Division

DR. ANAND K. MURTHY
MBBS, MD (Pediatrics)
Reg. No. 30907
HOD & Senior Consultant
Pediatric Department
Indiana Hospital & Heart Institute Limited

SECTION - V

I certify that ANSIRA B FATILMA (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: 5/1/21

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

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)	AMINA
2. Father's Name (as per SSLC Marks Card)	ABDUL RAZAK
3. Candidate's Permanent Postal Address	Mundaje Compound, Near ACHARIMATHA, HOSANGADI, Mangeshwar KASARAGOD, Kerala 671323
4. Reg. No.	18DP03
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 has undergone training	INDIANA HOSPITAL AND HEART INSTITUTE LIMITED, MAHAVEER CIRCLE PUMPUWU MANGLORE - 575003
8. Drug License No.	KA/ DKD/ 20/ 778
9. Proprietor's Name	Prof. Dr. AT KUMBLE MBBS, MD (Pediatrics) Reg. No. 30907
10. Qualified Proprietor's Name Reg. No. State	Tropthi Sathya 52967 KARNATAKA Senior Consultant Pediatric Department Indiana Hospital & Heart Institute Limited
11. No. of qualified Pharmacist's available	4
12. No. of students being trained in that period	5
13. Period of training spread over	From 5/10/20 To 5/1/21 500 Hours

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

(Handwritten Signature)

Candidate's Signature

Date: 13/1/2021

(Handwritten Signature)

(Principal)

Pr. Signature with seal

Yenepoya Pharmacy College & Research Centre
University Road, Deralakatte, Mangaluru- 575018

For the use of University only

Verified by: *(Handwritten Signature)*

Remarks: NO

ATTESTED

Scanned with CamScanner

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

Annexure II

SECTION – I

This form has been issued to Sri/Smt. AMINA

(Name of student pharmacist) son-of / daughter of ABDUL RAZAK

Residing at MUNDAI COMPOUND, NEAR ACHARIMATTA, HOSANGADI, MANJESHWAR, KASARGOD,
KERALA - 671323

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

Date: 1/10/20


Head of the Academic Training
Institution
Principal / Dean
Yenepoya Pharmacy College & Research Centre
Deralakatte; Mangaluru-575018

SECTION –II


I AMINA (Name of the Student Pharmacist)

Accept TRIPATHI SALIYAN (Name of the Apprentice Master) of


SRINIVAS COLLEGE OF PHARMACY (Name of the College/ Institution)

INDIANA HOSPITAL AND HEART INSTITUTE LIMITED (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: 1/10/20


Signature of the Student
Pharmacist

ATTESTED


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

Annexure II

SECTION - III

I, TRIPTHI SALLYAN (Name of the Apprentice Master)

Accept ~~at~~ Suit. AMINA

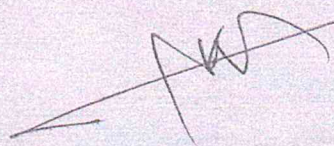
(Name of the student Pharmacist) as a Trainee and I agree to give him / her training facilities in my organization so that during his / her training he / she may acquire:-

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: 1/10/20

Head of the organization or Pharmaceutical Division



Prof. Dr. ALI KUMBLE
MBBS, MD (Pediatrics)
Reg. No. 30907
HOD & Senior Consultant
Pediatric Department
Indiana Hospital & Heart Institute Limited

ATTESTED



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

Annexure II

SECTION – IV

I certify that AMINA (Name of student pharmacist)
has undergone ^{more than} 500 hours training spread over from Date 5/10/20 to
5/1/21 for a period of 3 months in accordance with the details
enumerated in SECTION III

Date: 5/1/21

Prof. Dr. ALI KUMBLE
MBBS, MD (Pediatrics)
Reg. No. 30907
HOD & Senior Consultant
Pediatric Department
Indiana Hospital & Heart Institute Limited.
Head of organization or Pharmaceutical Division

SECTION – V

I certify that AMINA (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: 5/1/2021

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
Mangaluru-575018, Karnataka


YENEPOYA PHARMACY COLLEGE & RESEARCH CENTRE

University Road, Deranakatte, Mangaluru - 575018




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

1. Name of the Candidate (As per SSLC Marks Card)	AJIZA
2. Father's Name (As per SSLC Marks Card)	MOHAMMED ALI
3. Candidate's Permanent Postal Address	AZNA MAHAL ACHARSMOOLA HOSANGADI
4. Reg. No.	18DP02
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	INDIANA HOSPITAL AND HEART INSTITUTE LIMITED MAHAVGER CIRCLE PUMPUWEL, KANUNADY POST MANGLORE - 575002
8. Drug License No.	KA / DRD / 201798
9. Proprietor's Name	ALI KUMBLE
10. Qualified Proprietor's Name Reg. No. State	TRIPTHI SALIYAN 52967 KARNATAKA
11. No. of qualified Pharmacist's available	4
12. No. of students being trained in that period	5
13. Period of training spread over	From 5/10/20 To 5/1/21 (500 Hours)



Candidate's Signature

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

Date : 5/3/21


(Principal)

Signature & Seal
Yenepoya Pharmacy College & Research Centre
Deranakatte, Mangaluru - 575018

For the use of University only
Verified by: 
Remarks: No Remarks

 ATTESTED

Dr. Ganga Devi Somayaji K.S.
Registrar
Yenepoya Pharmacy College & Research Centre
(University Road, Deranakatte,
Mangalore - 575018, Karnataka)

Annexure II

SECTION - I


This form has been issued to Sri/Smt. AJIZA

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

Residing at AZAA MAHAL ACHREMOOLA HOSANUR

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: 1/10/2020


Head of the Academic Training
Prinstitution
Yenepya Pharmacy College & Research Centre
Deralakatte, Mangalore-575018

SECTION - II

I AJIZA (Name of the Student Pharmacist)

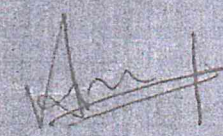
Accept TRIPATHI SALIYAN (Name of the Apprentice Master) of

SRINIVAS COLLEGE OF PHARMACY (Name of the College/ Institution)

INDIANA HOSPITAL AND HEART INSTITUTE LIMITED (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: 1/10/20


Signature of the Student
Pharmacist

ATTESTED

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

Annexure II

SECTION - III

I, TRIPATHI SALIVAN (Name of the Apprentice Master)

Accept Sri / Smt. ASITA

(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: 1/10/20


Head of the organization of Pharmaceutical Division

Prof. Dr. ANAND KUMBALE
MBBS, MD (Hospitalist)
Reg. No. 39807
HOD & Senior Consultant
Pediatric Department
Indiana Hospital & Heart Institute Limited

ATTACHED


Dr. Gangadhara Somayaji K.S.
Professor
(Mangalore Dental College University)
University Road, Mangalore
Mangalore - 575 013, Karnataka

Annexure II

SECTION - IV

I certify that AJIZA (Name of student pharmacist)
has undergone more than 500 hours training spread over from Date 5/10/20 to
5/1/21 for a period of 3 months in accordance with the details
enumerated in SECTION III

Date: 5/1/21

Head of organization of Pharmaceutical Division

Prof. Dr. Ali Kumbhar
Reg. No. 33897
HOD & Senior Consultant
Pediatric Department
Mangalore Hospital & Health Institute

SECTION - V

I certify that AJIZA (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: 5/1/21

KSA
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. Gangadara Somayaji K.S.
200151547
Yenepoya Pharmacy College to be University
University of Health Sciences
Mangalore-575018, Karnataka

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



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

1.	Name of the Candidate (as per SSLC Marks Card)	MU SHRAD
2.	Father's Name (as per SSLC Marks Card)	BACH EER
3.	Candidate's Permanent Postal Address	MOHAMMADIYA MANZIL BAKLESHPUR HASSAN
4.	Reg.No.	18 DP 20
5.	D.Pharma Part-I Exam completed in(Month & Year)	JUNE 20 19
6.	D.Pharma Part-II Exam completed in(Month & Year)	AUGUST 2020
7.	Name & Postal address of the Institution/Organization where the candidate had underwent training	Indiana hospital and Mahaveer Heart Institute limited, Mangalore circle pumppwell Karnataka
8.	Drug License No.	KA / DKD / 20 / 798
9.	Proprietor's Name	Dr. Ali KUMBLE
10.	Qualified Proprietor's Name Reg. No. State	MBBS, MD (Pediatrics) TRIPTHI Reg. No. 30907 HOD & Senior Consultant 82967 Pediatric Department KARNATAKA
11.	No. of qualified Pharmacist's available	Indiana Hospital & Heart Institute Limited 04
12.	No. of students being trained in that period	05
13.	Period of training spread over	From 16/09/20 To 16/12/20 (more than 500 Hours)

Candidate's Signature

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

Date : 8/3/2021

(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 Pharmacy College & Research Centre
University Road, Deralakatte,
Mangaluru- 575018, Karnataka

Annexure II

SECTION - I


This form has been issued to Sri/Smt. MUSHRAF

(Name of student pharmacist) son of / daughter of BASHEER

Residing at MOHAMMADIYA MANZIL, SAKLESHUR

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

Date: 14/09/20


Head of the Academic Training
Institution
Principal / Dean
Yenepoya Pharmacy College & Research Centre
Deralakatte, Mangaluru - 575018

SECTION - II

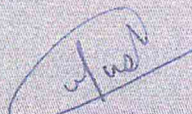
I MUSHRAF (Name of the Student Pharmacist)

Accept TRIPTHE SALIYAN (Name of the Apprentice Master) of


SRINIVAS COLLEGE OF PHARMACY CENTER
YENEPLOYA PHARMACY COLLEGE & RESEARCH (Name of the College/ Institution)

Indiana Hospital & Heart Institute (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: 14/09/20


Signature of the Student
Pharmacist

ATTESTED


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

Annexure II

SECTION - III

I, TREPTHE SALLYAN (Name of the Apprentice Master)

Accept Sri / Smt. MUSHRAF

(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: 11/09/20

Head of the organization of Pharmaceutical Division


Chairman / Managing Director

ATTESTED



Dr. Gangadhar Somayaji K.S.
Professor
Yerapeva (Deemed to be University)
University Road, Yerpekatte
Bangalore - 575 018, Karnataka

Annexure II

SECTION - IV

I certify that MUSHRAF (Name of student pharmacist) has undergone 500 hours training spread over from Date 16/09/2020 to 16/12/2020 for a period of 3 (three) months in accordance with the details enumerated in SECTION III

Date: 16/12/20

Head of organization or Pharmaceutical Division
Chairman / Managing Director

SECTION - V

I certify that MUSHRAF (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: 16/12/20

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-575018, Karnataka



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



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

1.	Name of the Candidate (as per SSLC Marks Card)	KHATHIJA ALMAS
2.	Father's Name (as per SSLC Marks Card)	AHMED BAVA
3.	Candidate's Permanent Postal Address	M. KHADEEJA HOUSE SESARKHANA ALEKALA ULLAL - MANGLORE
4.	Reg.No.	18DP14
5.	D.Pharma Part-I Exam completed in(Month & Year)	JUNE 2019
6.	D.Pharma Part-II Exam completed in(Month & Year)	AUGUST 2020
7.	Name & Postal address of the Institution/Organization where the candidate had underwent training	INDIANA HOSPITAL AND HEART INSTITUTE, mahavent pumpwet manglore.
8.	Drug License No.	KA / DRD / 20 / 798
9.	Proprietor's Name	DR. ALI KUMBLE
10.	Qualified Proprietor's Name Reg. No. State	MBBS, MD (Pediatrics) Tripti saliyam Reg. No. 30907 52967 HOD & Senior Consultant Karnataka Pediatric Department
11.	No. of qualified Pharmacist's available	Indiana Hospital & Heart Institute Limited
12.	No. of students being trained in that period	5
13.	Period of training spread over	From 16/09/20 To 16/12/20 (1600 Hours)

Almas

Candidate's Signature

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

Date : 12/01/2021

Almas

(Principal)

Signature with seal
Principal / Dean

Yenepo Pharmacy College & Research Centre
Deralakatte, Mangaluru

ATTESTED

For the use of University only

Verified by- *[Signature]*
Remarks: No.

Dr. Gangadhara Somaya K.S.
Registrar
Yenepo (Deemed to be University)
University Road, Deralakatte
Mangaluru-575018, Karnataka

Annexure II

SECTION - I

This form has been issued to Sri/Smt. KHATHIJA ALMAS

(Name of student pharmacist) son-of/ daughter of AHMED BAVA

Residing at M. KHADEEJA HOUSE, BESARKHANA ALEKALA - ULLAL, MANGLORE

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: 16/09/2020


Head of the Academic Training
Institution
Principal / Dean
Yenepoya Pharmacy College & Research Centre
Deralakatte, Mangaluru - 575018

SECTION - II

I KHATHIJA ALMAS (Name of the Student Pharmacist)


Accept TRIPTHI SALIYAN (Name of the Apprentice Master) of

SRINIVAS COLLEGE OF PHARMACY (Name of the College/ Institution)

INDIANA HOSPITAL & HEART INSTITUTE (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: 16/09/2020

Almas
Signature of the Student
Pharmacist


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

Annexure II

SECTION - III

I. TREPTHI SALIVAN (Name of the Apprentice Master)

Accept Sri / Smt. KHATHIJA ALMAS

(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: 14/09/20

Head of the organization or Pharmaceutical Division

INDIANA HOSPITAL & HEART INSTITUTE


Chairman / Managing Director

ATTESTED


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

Annexure II

SECTION - IV

I certify that KHATHIJA ALMAS (Name of student pharmacist) has undergone 500 hours training spread over from Date 16/09/2020 to 16/12/2020 for a period of 3 ^(three) months in accordance with the details enumerated in SECTION III

Date: 16/12/20

YENENNA HOSPITAL & HEART INSTITUTE LTD.,
Chairman / Managing Director
Head of organization or Pharmaceutical Division

SECTION - V

I certify that KHATHIJA ALMAS (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: 16/12/2020

Principal / Dean
Head of Academic Training Institution
Yenenna 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
Yenenna (Deemed to be University)
University Road, Deralakatte
Mangalore-575018, 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)	JUVERIYA
2.	Father's Name (as per SSLC Marks Card)	SIDDIQ
3.	Candidate's Permanent Postal Address	14-57, AKKAREKERE, T.C ROAD, ULLAL, MANGALORE
4.	Reg.No.	18DP12
5.	D.Pharma Part-I Exam completed in(Month & Year)	June 2019
6.	D.Pharma Part-II Exam completed in(Month & Year)	August 2020
7.	Name & Postal address of the Institution/Organization where the candidate had underwent training	Indiana Hospital & Heart Institute Ltd mahaveera circle, pampore, mangalore, 575002
8.	Drug License No.	KA 1DK0 120 1798
9.	Proprietor's Name	Dr. Ali Kumbhe Prof. Dr. ALI KUMBHE
10.	Qualified Proprietor's Name Reg. No. State	MBBS, MD (Pediatrics) Reg. No. 30907 HOD & Senior Consultant Pediatric Department Indiana Hospital & Heart Institute Limited TRIPATHI SALI YAN 52967 Karnataka
11.	No. of qualified Pharmacist's available	
12.	No. of students being trained in that period	5
13.	Period of training spread over	From 16/9/20 To 16/12/20 (More than 500 Hours)

Juveriya

Candidate's Signature

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

Date : 12-01-2021

[Signature]
(Principal)

Signature with seal

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

ATTESTED

For the use of University only

Verified by- *[Signature]*

Remarks: NO

Dr. Gangadhara Somayaji K.S.
Registrar
Yenepoya Deemed to be University
University Road, Deralakatte
Mangaluru-575018, Karnataka

Annexure II

SECTION - I

This form has been issued to Sri/Smt. JUVERIYA

(Name of student pharmacist) son of / daughter of JAINABU

Residing at 16-57, AKKAREKERE, T.C ROAD, ULLAL, MANGLORE

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: 14/09/2020


Head of the Academic Training
Institution

Principal / Dean
Yeneppoya Pharmacy College & Research Centre
Derlakatta, Mangaluru - 575018

SECTION - II


I JUVERIYA (Name of the Student Pharmacist)


Accept TRIPATHI SALLYAN (Name of the Apprentice Master) of

SRINIVAS COLLEGE OF PHARMACY
YENEPPOTA PHARMACY COLLEGE & RESEARCH CENTRE (Name of the College/ Institution)

INDIANA HOSPITAL & HEARTS INSTITUTE (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: 14/09/2020


Signature of the Student
Pharmacist


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

Annexure II

SECTION - III

I, TRIPATHI SARIYAN (Name of the Apprentice Master)

Accept Sri / Smt. JUVERIYA

(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: 14/09/20

Head of the organization or Pharmaceutical Division

INDIANA HOSPITAL & HEART INSTITUTE LTD.


Chairman / Managing Director

ATTESTED


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

Annexure II

SECTION – IV

I certify that JUVERIYA (Name of student pharmacist)
has undergone _____ hours training spread over from Date 16/09/2020 to
16/12/2020 for a period of 3 months in accordance with the details
enumerated in SECTION III

INDIANA HOSPITAL & HEART INSTITUTE LTD.

Date: 18/12/20

Head of organization or Pharmaceutical Division
Chairman / Managing Director

SECTION – V

I certify that JUVERIYA (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: 16/12/20

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



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



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

1.	Name of the Candidate (as per SSLC Marks Card)	FATHIMATH THASLEEMA
2.	Father's Name (as per SSLC Marks Card)	HUSSAIN BAVA
3.	Candidate's Permanent Postal Address	THASLEEM MANZIL SULTHAN BUS STOP 2/ ROAD KOTEPURA ULLAL -MANGALORE
4.	Reg.No.	18DP 11
5.	D.Pharma Part-I Exam completed in(Month & Year)	June 2019
6.	D.Pharma Part-II Exam completed in(Month & Year)	August 2020
7.	Name & Postal address of the Institution/Organization where the candidate had underwent training	Indiana hospital & Heart Institute Mahaveera circle Pimpri Mangalore 575002
8.	Drug License No.	KA / PKD / 20 / 798
9.	Proprietor's Name	Prof. Dr. ALKUMBLE
10.	Qualified Proprietor's Name Reg. No. State	MBBS, MD (Pediatrics) Reg. No. 30907 HOD & Senior Consultant Pediatric Department Indiana Hospital & Heart Institute Limited
11.	No. of qualified Pharmacist's available	5
12.	No. of students being trained in that period	5
13.	Period of training spread over	From 16/9/20 To 16/12/20 (More than 500 Hours)

Fathimath

Candidate's Signature

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

Date : 12/01/2024

Alkumble

(Principal)

Signature with seal

Principal / Dean

Yenepoya Pharmacy College & Research Centre
Deralakatte, Mangaluru-575018

ATTESTED

For the use of University only

Verified by- *S. S. S.*

Remarks: *ND*

W
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. FATHIMATH THASLEEMA

(Name of student pharmacist) son of / daughter of HUSSAIN BAWA

Residing at THASLEEM MANZIL, SULTHAN BUS STOP, 2RD ROAD KOTETURA WILAL

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

Date: 14/09/2020


Head of the Academic Training
Institution

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

SECTION -II

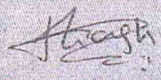
I FATHIMATH THASLEEMA (Name of the Student Pharmacist)

Accept TRIPATHI SALIYAN (Name of the Apprentice Master) of
SRINIVAS


OF PHARMACY
COLLEGE (Name of the College/ Institution)

Indana hospital and health institution (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: 14/09/2020


Signature of the Student
Pharmacist

ATTESTED


Dr. Gangadhar Somayaji K.S.
Registrar
Yenepoya Deemed to be University
Deralakatte
Mangaluru-575018, Karnataka

Annexure II

SECTION - III

I, TREPTHE SALIYAN (Name of the Apprentice Master)

Accept Sri / Smt. FATHIMATH THASLEEM

(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: 16/09/20

Head of the organization or Pharmaceutical Division

INDIAN HOSPITAL & HEART INSTITUTE LTD.,


Chairman / Managing Director

ATTESTED


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

Annexure II

SECTION - IV

I certify that FATHIMATH THASLEEMA (Name of student pharmacist) has undergone 500 hours training spread over from Date 16/09/2020 to 16/12/2020 for a period of 3 ^(Three) months in accordance with the details enumerated in SECTION III

Date: 16/12/20

Head of organization or Pharmaceutical Division
Chairman / Managing Director

INDIANA HOSPITAL & HEART INSTITUTE LTD.,

SECTION - V

I certify that FATHIMATH THASLEEMA (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: 16/12/2020

Head of Academic Training Institution

Principal
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-575018, Karnataka