



KASHI INSTITUTE OF PHARMACY

ISO 9001 : 2015 (QUALITY MANAGEMENT SYSTEM)

Manage By: Jain Education Society

E-mail: info@kashiit.ac.in

Website: <https://kashiip.ac.in>

1800-123-321-123



1.3.3 - Number of students undertaking project work/field work/ internships.

Session: 2023-2024

Sr. No.	Students Undertaking Project Work/Field Work/ Internships	Page No.
1.	Project Work Certificate	1-8
2.	Internship Details	9-14
3.	Field Trip Certificate	15-19
4.	Hospital Training Certificate	20-27
5.	Industrial Training Certificate	28-32


Kashi Institute of Pharmacy

**A
PROJECT WORK REPORT
ON**

**NATURAL BASED MOISTURIZER
FOR THE PARTIAL FULFILLMENT OF THE DEGREE OF
BACHELOR OF PHARMACY
(Session 2023-2024)**



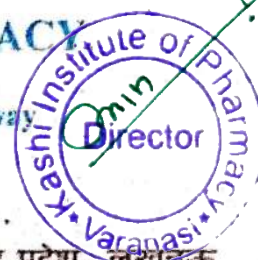
**UNDER THE GUIDANCE OF
MR. VIJAY PRATAP SINGH**

**Submitted by:
Student Name: AMAN PATEL
Roll No: 2005510500008**



KASHI INSTITUTE OF PHARMACY

**23 Km Milestone, Varanasi Allahabad Highway
Mirzamurad, Varanasi (U.P.)
Ph:-0542-2637777, 2637681.**



**डॉ० ए०पी०जे० अब्दुल कलाम प्राविधिक विश्वविद्यालय, उत्तर प्रदेश, लखनऊ
Dr. A.P.J. Abdul Kalam Technical University, Uttar Pradesh, Lucknow
(Formerly Uttar Pradesh Technical University)**

CERTIFICATE




This is to certify that the work contained in this project entitled “ **Natural based Moisturizer** ” submitted in partial fulfillment the academic requirements for the degree of Bachelor of Pharmacy from Kashiof of Institute of Pharmacy, Mirzamurad Varanasi (U.P.), Dr. A P J Abdul Kalam Technical University, Lucknow, has been carried out during the academic year 2023-2024 by **AMAN SRIVASTAV**


under the supervision and guidance of

Date 04/06/24


Internal Examiner


External Examiner


Director
(Kashi Institute of Pharmacy)


Head of Department
(Kashi Institute of Pharmacy)

**PROJECT WORK REPORT
ON
FORMULATION AND EVALUATION OF HERBAL ANALGESIC
MASSAGE OIL**



KASHI INSTITUTE OF PHARMACY, MIRZAMURAD VARANASI
Affiliated to
(Dr. A.P.J Abdul Kalam Technical University)

In partial fulfillment of the requirement for
Award Of Degree of
Bachelor of Pharmacy
(Session 2023-2024)

Submitted by:
Student Name: Anubhav Pratap Singh
Roll No: 2005510500016



Dr. A.P.J Abdul Kalam Technical University
डॉ० ए०पी०जे० अब्दुल कलाम प्राविधिक विश्वविद्यालय, उत्तर प्रदेश, लखनऊ
Dr. A.P.J. Abdul Kalam Technical University, Uttar Pradesh, Lucknow
(Formerly Uttar Pradesh Technical University)

CERTIFICATE

This is to certify that the work presented in the project entitled " **Formulation and evaluation of herbal analgesic massage oil**" In partial fulfilment of the requirement for the award of Degree of Bachelor of Pharmacy from Kashi Institute of Pharmacy, Mirzamurad Varanasi (UP), which is affiliated to Dr. APJ Abdul Kalam technical University, Lucknow. It is an authentic work carried out under my supervision and guidance. To the best of my knowledge, the content of this project does not form a basis for the award of any previous Degree to anyone else.

Date 04/06/2024




Internal Examiner



Director
(Kashi Institute of pharmacy)



External Examiner



Head of department
(Kashi Institute of pharmacy)

A
PROJECT REPORT
ON
“FORMULATION AND EVALUATION OF HEBAL SOAPS”
FOR
THE PARTIAL FULLFILLMENT
OF
BACHELOR OF PHARMACY DEGREE
(2023-24)



UNDER THE GUIDENCE OF

Dr Vivek Keshri(GUIDE)

Associate Prof.

SUBMITTED BY

AYUSH RANJAN

ROLL NO -2005510500023



Kashi Institute of Pharmacy

23 km Milestone, Varanasi – Allahabad Road, mirzamurad, Varanasi (U.P.)

CERTIFICATE OF APPROVAL

The foregoing thesis entitled“ **FORMULATION AND EVALUTION OF HERBAL SOAPS.**” is here by approved as a creditable study of research topic and has been presented in satisfactory manner to justify its acceptance as requirement to the degree for which it has been submitted.

It is understood that by this approval, the undersigned do not necessarily approve any conclusion drawn or opinion expressed therein, but approve the thesis for the purpose for which it is submitted.


Internal Examiner


External Examiner



A PROJECT REPORT
ON
“Standardization of *Tylophora indica*”
ON
THE PARTIAL FULLFILLMENT FOR
BACHELOR OF PHARMACY
(2023-24)



UNDER THE GUIDENCE OF

MR. KUMAR ALOK (GUIDE)

Associate Prof.

SUBMITTED BY

HARSH PANDEY

ROLL NO -2005510500039




Kashi Institute of Pharmacy

23 km Milestone, Varanasi – Allahabad Road, mirzamurad, Varanasi (U.P)

Dr. A P J ABDUL KALAM TECHNICAL UNIVERSITY LUCKNOW

CERTIFICATE

This is to certify that the work contained in this project, entitled "**Standardization of *Tylophora indica***" submitted in partial fulfillment for the academic requirements in the degree of Bachelor of Pharmacy from Kashi Institute of pharmacy, Mirzamurad Varanasi (U.P.), Dr. A P J Abdul Kalam technical University, Lucknow, has been carried out during the academic year 2023-2024 by **HARSH PANDEY** under the supervision and guidance of


Mr. KUMAR ALOK
(Supervisor)

MR. M K PRAJAPATI
(Co-Supervisor)

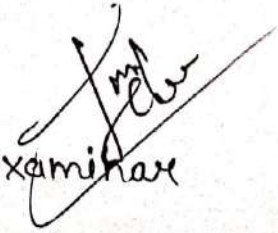
Department of Pharmacognosy
Kashi Institute of pharmacy, Mirzamurad Varanasi (U.P.)

Forwarded By

(Prof) **D. ASHUTOSH MISHRA**



Kashi Institute of pharmacy, Mirzamurad Varanasi (U.P.)


External Examiner

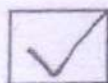
FINAL YEAR "INTERNSHIP/JOB" CONSENT FORM

University Roll Number	2005510500017
Student Name	Anushka Rai
S/O or D/O	Mr. Ajeet Rai
Course - Branch	Pharmacy
Correspondence Address	Bhulanpur, Varanasi

This is to declare that I have been offered Internship Offer by Do Dev Technology Pvt. Ltd and as per the offer of Job; I am required to join the said organization latest by 14/03/24 failing which the given Job offer may be cancelled. I undertake to abide by and fulfill the following conditions as laid down in the early release policy of the College or University Norms:

- I shall appear for the term-end examinations of the final semester, as scheduled.
- I shall accept the Internship offer at my own decision as well as consent of my parents/guardian.
- I will submit proof of attending work to be eligible for taking the final examination.
- Until the completion of the program and the award of degree to me, I shall abide by all the rules and regulations laid by Institute / University.
- In case I leave Internship in middle, I shall report to KIT immediately and will consider my attendance to be awarded only for my internship tenure at KIT.

Students Name: Anushka Rai
 Signature: Anushka Rai
 Address: Bhulanpur, Varanasi
 Contact No. 7905111465
 E-mail ID: anushka Rai 031@gmail.com



Approved

Head of Department

अनुष्ठा २१२५

Parents / Local Guardian



Not Approved

Head - CRC

DD/SD/LOI/2205

DATE:- 16/01/2024



Dear Anushka Rai ,

We are pleased to extend an offer of employment for the position of **Business Development Associate (BDA)** at **DoDev Technology Pvt. Ltd.** As discussed, the terms and conditions of your employment are outlined below:

Position: Business Development Associate (BDA)

Salary during Probation(OJT): 23K/month

Probation Duration(OJT): 4 months

Post Probation Salary : INR 5.7 LPA

Work Arrangement: Hybrid role with field visits for conversions. Additionally, you are required to attend a monthly one meeting at our Noida office.

Salary/Performance Incentives: In your OJT monthly salary will be based on the percentage of the target amount covered. Your monthly salary will be prorated based on the percentage of the target amount achieved. In the event that the full target amount is not attained, your salary will be calculated proportionally, reflecting the same ratio as the percentage completed of the target.

In Addition incentives will be provided for exceeding the target. Incentives you receive will be 14 % on that amount you exceed.

Document Submission:

You are required to submit the following documents for us to issue your appointment letter:-

- Certificate of Birth (school leaving certificate or SSC passing certificate where the date of birth is mentioned).
- Copy of educational qualification certificate.
- A copy of your Permanent Account Number (PAN).
- A copy of your Aadhaar card.
- Passport size coloured photograph.
- NOC from your college/university





Please ensure that these documents are submitted at the earliest convenience.
This offer is contingent upon the successful verification of the documents provided and the completion of any required background checks.

We are confident that your skills and experience will contribute significantly to our team's success. **We look forward to welcoming you to DoDev Technology Pvt. Ltd.**

Please review this letter carefully and, if you choose to accept, sign and return it by 01/02/2024.

In case if you have any query , please feel free to ask.

Regards,

A handwritten signature in black ink, appearing to read "Utpal Rai", is positioned above the printed name.

UTPAL RAI
FOUNDER & DIRECTOR
DoDev Technology Pvt. Ltd.

Acceptance:

I, Anushka Rai hereby acknowledge receipt of this Letter of Intent and accept the terms and conditions outlined herein.

Signature: Anushka Rai

Date: 29/01/2024



FINAL YEAR "INTERNSHIP/JOB" CONSENT FORM

University Roll Number	2105510509001
Student Name	Shweta Keshari
S/O or D/O	Mr. Santosh Kumar Keshari
Course - Branch	B. Pharmacy.
Correspondence Address	Awleshpur, Kandiwa, Pahari Varanasi

This is to declare that I have been offered Internship Offer by Almang Cure Pvt Ltd and as per the offer of Job; I am required to join the said organization latest by 01/03/2024 failing which the given Job offer may be cancelled. I undertake to abide by and fulfill the following conditions as laid down in the early release policy of the College or University Norms:

- I shall appear for the term-end examinations of the final semester, as scheduled.
- I shall accept the Internship offer at my own decision as well as consent of my parents/guardian.
- I will submit proof of attending work to be eligible for taking the final examination.
- Until the completion of the program and the award of degree to me, I shall abide by all the rules and regulations laid by Institute / University.
- In case I leave Internship in middle, I shall report to KIT immediately and will consider attendance to be awarded only for my internship tenure at KIT.

Students Name: Shweta Keshari
Signature: Shweta Keshari
Address: Awleshpur, Kandiwa, Varanasi
Contact No. 7459935645
E-mail ID: ShwetaKeshari67106@gmail.com

☒ Approved

☐ Not Approved


Head of Department

Santosh Kumar Keshari
Parents / Local Guardian



Regional Office: Umang House, G-13/49, Phase-II, Transport Nagar, Lucknow-226012
Tel.: 09389484902, 09335090564, Fax No.: 0522-4063675, E-mail: ucpl@ymail.com

Ref No: UCPL/HR/23-24/OFLR

Date: February - 28 -2024

To,
Ms. Shweta Keshari
Address: Alweshpur, Kandwa
Pahari, Varanasi, Uttar Pradesh
Mobile: 7459935645

Subject: Offer Letter

Dear Shweta,

With reference to your application and the subsequent interview you had with us, we are pleased to offer you an appointment as "Pharmacist" in Hospital Pharmacy department for our store located at Varanasi on terms and conditions discussed and agreed by you at the time of interview. Please note that you're **Gross Salary** would be **Rs. 12,000/- per month** and your date of joining will be **March 01, 2024**. The detailed annexure of your salary will be sent to you along with your appointment letter.

You will be on probation for a period of six months and if your services are found satisfactory, it will be confirmed automatically, subject none issuing of any probation extend letter from the company in writing. During the probation or extended period of probation, your services can be terminated at any time and without any prior notice. After confirmation, your services are liable to termination at one month's notice or payment in lieu thereof. You shall also give a similar notice on resignation or payment in lieu thereof in case you wish to resign from the services of company, failing in the same the company may take legal action against you as well as may hold your salary and full & final dues. Company has also right to recover the amount against short notice period from your full & final dues.

In case you are charged with any act of misconduct, you may be suspended from services pending enquiry. If you are found guilty of misconduct, you will not be entitled to any salary for suspension period and your services will be terminated with immediate effect. However, if you are found not guilty, you will be paid salary for the suspension period and treated as if you had been in service during this period.



Regional Office: Umang House, G-13/49, Phase-II, Transport Nagar, Lucknow-226012
Tel.: 09389484902, 09335090564, Fax No.: 0522-4063675, E-mail: ucpl@ymail.com

You will be bound by policies, rules and regulations enforced by the company from time to time in relation to conduct, discipline, medical leave and holidays or any matters relating to service conditions which will be deemed as rules & regulations and shall form part of the terms of employment. You will devote full time to the work of the company and shall not undertake any direct/indirect business or work, honorary or remunerative, except with the written permission of the employer. In case you resign from the company.

Absence for a continuous period of eight days (including absence when leave though applied for but not granted) and when overstayed for a period of eight consecutive days would make you to lose your lien on the service and the same shall automatically come to an end without any notice or even intimation. You will be liable to pay one month's salary in lieu of notice, which shall be deducted, from your salary or other dues. Your full & final dues will be settled within next forty five days from your last day of working in company; even you resign from the company also.

Please arrange to submit copies of all your testimonials along with other documents i.e. 5 photographs, ID Proof, Address Proof, Educational Certificate, Experience Letter if any previous experience etc. at the time of joining the duties.

You will be posted at our store "Umang Pharmacy" Sir Sunder Lal Hospital Varanasi (BHU) Uttar Pradesh and address is already communicated to you. You are requested to report yourself at the said venue at 10:00 A.M. on March 01, 2024 for joining formalities & to continue services.

Please signify your acceptance by signing and returning the duplicate copy of this letter.

Thanking You,

Yours sincerely,

For Umang Cure Pvt Ltd


Authorized Signatory

Head-Human Resource





HANUCHEM LABORATORIES

(WHO-cGMP & ISO - 9001 : 2015 CERTIFIED UNIT)

Ref: HL/HR/2024/487

DATE: - 27.04.2023

TO WHOM IT MAY CONCERN

This is to certify that 80 students in B.Pharmacy final year session 2023-24 of Kashi Institute of Pharmacy Varanasi UP 221307 has undergone Industrial tour in company with three faculties on 27.04.2024 in partial fulfillment of their academic requirements.

We wish them bright future in life.

For Hanuchem Laboratories

Authorised Signatory



Unit -1 : Khasra No : 1317-20, VPO: Manpura, Tehsil: Baddi, Distt. Solan (H.P.)- 173205, Phone No.- 01795-236929.
Unit -2 : Plot No : 13, Sector 5, Industrial Area, Parwanoo, Distt.: Solan (H.P.)-173220, Phone No.- 01792-234803.
Unit -3 : Plot No : 15,16 & 17, Sector 5, Industrial Area, Parwanoo, Distt.: Solan (H.P.)-173220
Web Site : www.hanuchemlabs.com



HETERO LABS LIMITED (UNIT-III)
(FORMULATIONS DIVISION)
Factory : Village Kalyanpur,
Chekkan Road, Tehsil Baddi,
Dist. Solan, H.P. - 173 205 INDIA.
Tel : 01795-247429,
Fax : 01795-247430, 245731, 245732
CIN: U24110TG1989PLC009723

Date: 30-04-2024

Certificate of Completion

This is to certify that the students of Kashi Institute of Pharmacy Varanasi have successfully completed an Industrial Visit to Hetero Labs Ltd Baddi, as per the prescribed curriculum of the Pharmacy Council of India (PCI).

Total no of Students:80 [List of Students is enclosed]

Course: B.Pharm 4th Year 8th Semester

Date of Visit:30-04-2024

Purpose of Visit: The industrial visit was conducted to provide students with practical exposure to the pharmaceutical manufacturing processes, quality control measures and regulatory compliance practices followed in the industry.

We acknowledge the efforts of Kashi Institute of Pharmacy , Varanasi in organizing and facilitating this educational opportunity for its students.

D.Srinivasa Rao
DY.Manager HR&Admin
Hetero Labs Ltd,Baddi



Corporate

7-2-A2, Industrial Estates, Sanath Nagar, Hyderabad-500 018, Telangana, India
T: +91 40 23704923 / 25

www.hetero.com



HANUCHEM LABORATORIES



HANUCHEM LABORATORIES







APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Nitesh Kumar Yadav
 (Name of student pharmacist) son of / daughter of Kailash Nath Yadav
 residing at Adambau (maharaj), Gorai, Mirzamurad vajanasri (221307)
 who has produced evidence before me that he/she is entitled to receive the Practical Training as set
 out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 27/06/2023

Head of the Academic
 Training Institution



SECTION - II

I Nitesh Kumar Yadav (Name of the Student Pharmacist)
 accept Dr. Sahil raj (Name of the Apprentice Master) of
Kashi Institute of pharmacy (Name of the College / Institution)
Sarthak multispeciality 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: 27/06/23

Nitesh

Signature of the Student Pharmacist

SECTION - III

I, Dr. Sahil raj (Name of the Apprentice Master)
 accept Sri / Smt. Nitesh Kumar Yadav
 (Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
 organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records 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;

Cont...

- (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: 17/08/23

Sarthak Multi
Speciality Hospital
Falapur, Kudra (Kaimur)
Head of the Organization or
Pharmaceutical Division



SECTION - IV

I certify that Nitesh Kumar Yadav (Name of student pharmacist) has undergone 45 days hours training spread over from Date 02/07/23 to 17/08/23 for a period of 1.5 months in accordance with the details enumerated in SECTION III

Date: 17/08/23

Sarthak Multi
Speciality Hospital
Falapur, Kudra (Kaimur)
Head of the Organization or
Pharmaceutical Division



SECTION - V

I certify that Nitesh Kumar Yadav (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 had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/08/23

Head of the Academic
Training Institution



NOTE:

- 1) Each & every Sections 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 a 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 filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Aman Srivastav
(Name of student pharmacist) son of / daughter of Mr. Ajay kr. Srivastav
residing at Post & Village, Gohilon, Bhadohi, Pincode- 221402
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 05-07-2023



SECTION - II

I Aman Srivastav (Name of the Student Pharmacist)
accept Munir Ahmad (Name of the Apprentice Master) of
Kashi Institute of Pharmacy, Varanasi (Name of the College / Institution)
P.D.D.V.G. Hospital, Varanasi (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: 05-07-2023


Signature of the Student Pharmacist

SECTION - III


I, Munir Ahmad (Name of the Apprentice Master)
accept Sri / Smt. Aman Srivastav
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records 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 sensory 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.

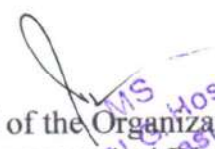
Date: 19-08-2023


Chief Pharmacist
Head of the Organization or
Pharmaceutical Division
Pt. D. B. S. Hospital
Varanasi

SECTION - IV

I certify that Aman Srivastav (Name of student pharmacist) has undergone 250 hours training spread over from Date 05-04-2023 to 19-08-2023 for a period of 01.5 months in accordance with the details enumerated in SECTION III

Date: 19-08-2023


Head of the Organization or
Pharmaceutical Division
Pt. D. B. S. Hospital
Varanasi

SECTION - V

I certify that Aman Srivastav (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 had his practical training in an Institution approved the Pharmacy Council of India.

Date: 10-02-2024


Head of the Academic
Training Institution
Director
K. S. Institute of
Pharmacy
Varanasi

NOTE:

- 1) Each & every Sections 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 a 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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Jyoti Devi
(Name of student pharmacist) son of / daughter of Shyam Bahadur
residing at Village - Kochari, Post - Sumeri, District - Jaunpur
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 05/08/23



SECTION - II

I Jyoti Devi (Name of the Student Pharmacist)
accept Sandip Maurya (Name of the Apprentice Master) of
Kashi Institute of Pharmacy Varanasi (Name of the College / Institution)
Jeevan Deep 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: 14/08/23

Signature of the Student Pharmacist

Jyoti Devi

SECTION - III

I, Sandip Maurya (Name of the Apprentice Master)
accept Sri / Smt. Jyoti Devi
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records 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 sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (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: 14/08/23

Head of the Organization or
Pharmaceutical Division

Dr. A. K. Gupta (MS)
(Regd No 34062)
Itevan Deep Hospital Pvt. Ltd.
Indira Mill Chauraha
Maudipur Road, Bhabani P.

SECTION - IV

I certify that Jyoti Devi (Name of student pharmacist) has undergone 360 hours training spread over from Date 14/08/23 to 27/09/23 for a period of 45 days/ months in accordance with the details enumerated in SECTION III

Date: 27/09/23

Head of the Organization or
Pharmaceutical Division

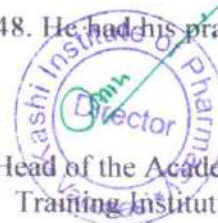
Dr. A. K. Gupta (MS)
(Regd No 34062)
Itevan Deep Hospital Pvt. Ltd.
Indira Mill Chauraha
Maudipur Road, Bhabani P.

SECTION - V

I certify that Jyoti Devi (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 had his practical training in an Institution approved the Pharmacy Council of India.

Date: 02/10/23

Head of the Academic
Training Institution



NOTE:

- 1) Each & every Sections 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 a 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 filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Rahul Maurya
(Name of student pharmacist) son of / daughter of Shyam Bahadur
residing at Village- Kochari, Post - Surani, District - Jaunpur
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 05/08/23



SECTION - II

I Rahul Maurya (Name of the Student Pharmacist)
accept Sandip Maurya (Name of the Apprentice Master) of
Koshi Institute of Pharmacy Varanasi (Name of the College / Institution)
Jeevan Deep 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: 14/08/23

Signature of the Student Pharmacist

Rahul Maurya

SECTION - III

I, Sandip Maurya (Name of the Apprentice Master)
accept Sri / Smt. Rahul Maurya
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records 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 sensory characters of chief crude drugs & chemical substance used in medicine
 - (c) the reading, translation and copying of prescriptions including the checking of doses;

Cont...

- (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: 14/08/23

Head of the Organization or
Pharmaceutical Division

Dr. A. K. Gupta (MS,
(Regd. No. 162)
Iteevan Deep Hospital Pvt. Ltd
Indira Mill Chauraha
Jaunpur Road, Bhadohi I.P.

SECTION - IV

I certify that Rahul Maurya (Name of student pharmacist) has undergone 360 hours training spread over from Date 14/08/2023 to 27/09/2023 for a period of 45 days/ months in accordance with the details enumerated in SECTION III

Date: 27/09/2023

Head of the Organization or
Pharmaceutical Division

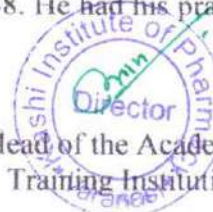
Dr. A. K. Gupta (MS,
(Regd. No. 162)
Iteevan Deep Hospital Pvt. Ltd
Indira Mill Chauraha
Jaunpur Road, Bhadohi I.P.

SECTION - V

I certify that Rahul Maurya (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 had his practical training in an Institution approved the Pharmacy Council of India.

Date: 02/10/2023

Head of the Academic
Training Institution



NOTE:

- 1) Each & every Sections 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 a 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 filed with the trainee.



Alive Healthcare

123, HPSIDC, Baddi, Distt. Solan-173 205 (H.P.)
Ph. : +91-1795-245642, 43
Fax : +91-1795-245643
@-mail : alivehealthcare@gmail.com

Ref. no.: **ALI/HR/TR/2024/423**

Date: **25/03/2024**

TO WHOM IT MAY CONCERN

This is to certify that **Mr. VAIBHAY MISHRA** S/O Dharmendra kumar mishra Student of B. Pharma IIIrd Year (semester 6), Roll no. 2105510500099 of KASHI INSTITUTE OF PHARMACY, Mirzamurad Varanasi (U.P.) has successfully completed industrial training from 10 February to 25 March 2024 in our organization.

During this period his work and conduct were found satisfactory and his recommendations were very useful.

We wish him for bright future.

Yours truly,

Alive Healthcare Pvt. Ltd.


Alive Healthcare
123, HPSIDC, Baddi,
Distt.: Solan-173205 (H.P.)
Ph. : +91-1795-245645
(Manager HR)



Live Life Love Life


Ref:A3/HE/RS/ Cert-SK/2024/537

TO WHOM IT MAY CONCERN

This is to certify that **Miss. Srishti Tripathi**, D/o- **Mr. Rajesh Kumar Tripathi**, pursuing B.Pharmacy, Roll No- **2105510500091**, from **Kashi Institute of Pharmacy**, Varanasi, Uttar Pradesh, has undergone Industrial training in our Organization for 45days, from 5th Feb, 2024 to 30th Mar, 2024.

During this period we found her hard working and committed towards work and we wish her all the best in her future endeavors for her life.


For All Kind Healthcare Unit- III
Manager - HR & Admin


Kashi Institute of Pharmacy
Director
Varanasi

Plot No. 77,78,79-A&B &116,EPIP, Phase-II, Vill. Thana, Baddi- 173205 (H.P.)

Mobile: +91-8894705101 +91- 9805096705

Email:hrunit3@allkindhealthcare.in, Website : www.allkindhealthcare.com



Ref. No.: GPAX/HR/2024/197

Date: 16th August, 2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Ms. Jyoti Devi (Roll No.: 2105510500039)**; student of B.Pharm (3rd Year) from **Kashi Institute of Pharmacy Mirzamurad, Varanasi – U.P .** has attended us for his Industrial Training in between 2nd july , 2024 and 16th August, 2024 (150 hours Training). We found him very sincere and hardworking during his training period .

We wish him all the best for his future endeavor.

For GPAX Pharmaceuticals Pvt. Ltd., Daman



Authorized Signatory Mr. Rahul H. Tiwari Manager-HR & Admin



GPAX PHARMACEUTICALS PRIVATE LIMITED

Factory: Plot No. 646/1&2, Agarwal Industrial Estate, Somnath Temple Road, Dabhel, Daman – 396 210, India. Tel.: 7573045572- Ext. 333/334
CIN: U24233MH2014PTC258452/ GST: 26AAFC7964F1ZG

Ref: - Glenmark/SKM/HR-TR/24-25/99

Date: 29.10.2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr. Rishi Raj Yadav S/O Mr. Rajesh Yadav student of B Pharma in the 3rd Year at "Kashi Institute of Pharmacy, has undergone industrial training with us from 01st October 2024 to 29th October 2024 at Glenmark Pharmaceuticals Ltd., Sikkim".

During his training period with us he was found sincere and honest towards the work assigned to him.

We wish him all the best for his future endeavors.

For Glenmark Pharmaceuticals Ltd.,



Authorized Signatory



Glenmark Pharmaceuticals Ltd.

Samlik - Marchak, Industrial Growth Centre, Ranipool, East Sikkim-737 135

Registered office: B/2, Mahalaxmi Chambers, 22 Bhulabhai Desai Road, Mumbai-400 026

www.glenmarkpharma.com



cGMP & ISO 9001: 2008 Certified Factory



TO WHOM SO EVER CONCERN

This is to certify that Mr. Nitish Kumar Vishwakarma S/O Mr. Juit Ram Vishwakarma a student of Kashi Institute of Pharmacy Varanasi, B. Pharm 3rd Year has successfully completed the 45 days of industrial training in the department of Production at Ethix Healthcare Situated at 82/33 Kalka Shimla highway, Deonghat Saproon, Solan 173211 from 10th Feb to 25th March 2024.

During this period, he demonstrated commendable enthusiasm and dedication in learning various processes and operations related to the pharmaceutical industry. The trainee's performance, conduct, and grasp of pharmaceutical operations during the training have been satisfactory, and we wish him the very best in all future professional endeavours.

Authorized Signatory

ETHIX HEALTH CARE

Alok Kumar
Factory Manager

Ethix Healthcare

Date:-26/03/2024



ETHIX HEALTH CARE :

82/83- Kalka Shimla Road, Deonghat, Distt. Solan,
Himachal Pradesh, Pin-173211. www.ethix.in
email: ethixhealthcare@gmail.com, Tel. 01792-228044