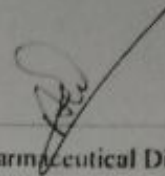


SECTION IV

(Certificate from Head of Training Organization)

I certify that Aditya Gaur has undergone \_\_\_\_\_ hours training spread over 15 Days months in accordance with the details enumerated in SECTION III



(Head of the Organization or Pharmaceutical Division)

मुख्य निदेशक अधीनस्थ  
जिला महिला चिकित्सालय  
जरेली

SECTION V

(Certificate from Head of Academic Institution)

I certify that Aditya Gaur 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: 09/09/2022



(Head of the Academic Institution)

Head of Department  
Invertis Institute of Pharmacy  
Invertis University Bareilly

  
Registrar  
Invertis University  
Bareilly