

Ref. CSHJ/2023/3732

Date 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Abhay Kumar S/o Mr. Ashish Kumar** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Operation Theatre
- Pathology Lab
- Medical Store

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.


Registrar
Invertis University
Bareilly

CS/81

Ref. CSHJVI/2023/3733

Date 31 July 23

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Abhishek Gangwar S/o Mr. Mahendra Pal Gangwar** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Operation Theatre
- Pathology Lab
- Medical Store

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.


Representative
Invertis University
Bareilly

CS/81



2023/3131

Date: 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Aman Jauhari S/o Mr. Rakesh Kumar Jauhari** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Operation Theatre
- Pathology Lab
- Private Ward

Wishing him success in his life.

Ms. Varsha Dixit
(H.R. Manager)

Clara Swain Hospital J.V.

Registrar
Invertis University
Bareilly

CS/81

Ref. CSHJV/2023/3736

Date 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Aman Kumar S/o Mr. Mukesh Kumar** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Operation Theatre
- General Ward
- Private Ward

Wishing him success in his life.



Ms. Varsha Dixit
(H.R. Manager)

Clara Swain Hospital J.V.

Registrar
Invertis University
Bareilly

CS/81

CLARA SWAIN HOSPITAL J.V.



Ref. CSHJIV/2023/3737

Date 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Aman Patel S/o Mr. Braham Prakash** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Operation Theatre
- General Ward
- Private Ward

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.


Registrar
Invertis University
Bareilly

CS/81

Civil Lines, Bareilly - 243 001 Ph.: 0581-2500000, Mob. : 7500612345, 7500712345
E-mail : info@cshbareilly.com, www.cshbareilly.com

SECTION IV

(Certificate from Head of Training Organization)

I certify that Arnav Bortoria
has undergone 200 hours training spread over 30 day months in accordance
with the details enumerated in SECTION III



(Head of the Organization or Pharmaceutical Division)

SECTION V

(Certificate from Head of Academic Institution)

I certify that Arnav Bortoria 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:



(Head of the Academic Institution)

Registrar
Invertis University
Bareilly

PRASAD BISMIL SMARAK SANYUKT
DISTRICT HOSPITAL, SHAHJAHANPUR 242001 (U.P.)

CERTIFICATE OF HOSPITAL TRAINING


DATE: 30/09/2023

This is Certify that Mr./Ms. Avnish Kumar s/o, D/O Daya Ram Student
Of B.Pharm from Invertis Institute of pharmacy D. Bareilly activity
completed Hospital Training of B.Pharm (IIIrd year)
From date 16/08/2023 to 30/09/2023 (45 days) at District Hospital Shahjahanpur .
This trainging has been provided under the supervision of Chief Pharmacist and Doctors, we wish
him all the success.


CHIEF PHARMACIST

DISTT. HOSPITAL SHAHJAHANPUR

चीफ फार्मसिस्ट
जिला अिकित्सालय
शाहजहाँपुर

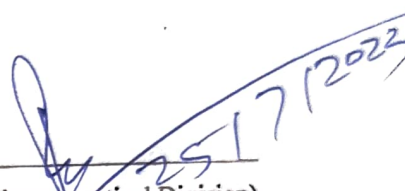

CHIEF MEDICAL SUPERINTENDENT
DISTT. HOSPITAL SHAHJAHANPUR

Chief Medical Superintendent
District Hospital
Shahjahanpur

SECTION IV

(Certificate from Head of Training Organization)

I certify that Chelan Jashi
has undergone 240 hours training spread over 01 months in accordance
with the details enumerated in SECTION III


(Head of the Organization or Pharmaceutical Division)
Chief Medical Sup.
Distt. Hospital Pilibhit

SECTION V

(Certificate from Head of Academic Institution)

I certify that _____ 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:

(Head of the Academic Institution)


Registrar
Invertis University
Bareilly

Ref. CS/JV/2023/3139

Date 31/Jul/23

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Divya D/o Mr. Rajesh Kumar** Pursuing **B.Pharm** from **Invertis University** has done her summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Outdoor Patient Department
- General Ward
- Private Ward

Wishing her success in her life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.

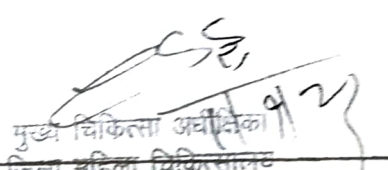

Registrar
Invertis University
Bareilly

CS/81

SECTION IV

(Certificate from Head of Training Organization)

I certify that faiz Ali
has undergone _____ hours training spread over 30 days months in accordance
with the details enumerated in SECTION III 10.7.2023 to 01.9.2023


(Head of the Organization of Pharmaceutical Division)

SECTION V

(Certificate from Head of Academic Institution)

I certify that faiz Ali 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:

(Head of the Academic Institution)


Registrar
Invertis University
Bareilly


Date, 31/July/23

Civil Line: Bareilly : 243 601 88 70001-9500000 Mail : info@cshbareilly.com
E-mail : info@cshbareilly.com, www.cshbareilly.com

SECTION IV

(Certificate from Head of Training Organization)

I certify that Gopal Sonan Rathor
has undergone X hours training spread over 45 Days months in accordance
with the details enumerated in SECTION III 20.06.2023 To 14.08.2023
Date - 14.08.2023


(Head of the Organization or Pharmaceutical Division)
मंडलीय अपर निदेशक एवं प्रमुख अधिकारी
दवायु विभाग, राजस्थान सरकार
जयपुर

SECTION V

(Certificate from Head of Academic Institution)

I certify that _____ 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:

(Head of the Academic Institution)


Registrar
Invertis University
Goreilly



MEDINOVA MULTISPECIALITY HOSPITAL & TRAUMA CENTER

Near New Passport Office, Pillbhit Bye Pass Road, Bareilly (U.P.)
Mob.: 6398251731



Mr. Hemant Kumar
Near Passport Office
Pillbhit Road, Bareilly

To Whom it may Concern

We are pleased to verify that Mr HEMANT KUMAR S/O SATENDRA KUMAR Student of B. Pharmacy in INVERTIS UNIVERSITY BAREILLY, Has undergone One Month Hospital Training. He has been working for this hospital as a staff nursing for One Month, from 24 Jun 2023 to 24 July 2023 in the acute patient care department, His duties included the maintenance of record of admission, and discharge of patients, assessment of patients, medical data analyzing, dressing department, and checking vital department. During his tenure here, his conduct has been exceptional. He is a dedicated, hardworking, and self-motivated employee, and active member of our team, He has in depth knowledge of his profession, and has proved that he can work under pressure in fast paced dynamic environment. He will surely prove an asset for the team which he joins. We wish his best of luck for his future appointments.

Zahid
Authorized Signatory

MEDINOVA HOSPITAL
& TRAUMA CENTRE
Near Passport Office
Pillbhit Road, Bareilly

[Signature]
Registrar
Invertis University
Bareilly



MEDINOVA MULTISPECIALITY HOSPITAL & TRAUMA CENTER

Near New Passport Office, Pillibhit Bye Pass Road, Bareilly (U.P.)
Mob.: 6398251731



Pillibhit Road, Bareilly

To Whom it may Concern

We are pleased to verify that Miss ISHITA VERMA D/O ASHUTOSH VERMA Student of B. Pharmacy in INVERTIS UNIVERSITY BAREILLY, Has undergone One Month Hospital Training. She has been working for this hospital as a staff nursing for One Month, from 24 Jun 2023 to 24 July 2023 in the acute patient care department, Her duties included the maintenance of record of admission, and discharge of patients, assessment of patients, medical data analyzing, dressing department, and checking vital department. During her tenure here, her conduct has been exceptional. She is a dedicated, hardworking, and self-motivated employee, and active member of our team, She has in depth knowledge of her profession, and has proved that she can work under pressure in fast paced dynamic environment. She will surely prove an asset for the team which she joins. We wish her best of luck for her future appointments.

Zohra
Authorized Signatory
MEDINOVA HOSPITAL
& TRAUMA CENTRE
Near Passport Office
Pillibhit Road, Bareilly

Redha
Registrar
Invertis University
Bareilly

SECTION IV

(Certificate from Head of Training Organization)

I certify that Jatin mounya
has undergone X hours training spread over 45 Days months in accordance
with the details enumerated in SECTION III 20.06.2023 To 14.08.2023

Dr. Vivek Gupta

MBBS, DNB, DTCD, FCCS

Chest Physician & Critical Care Intensivist
(Head of the Organization Surat Pharmaceutical Division)

SECTION V

(Certificate from Head of Academic Institution)

I certify that _____ 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:

(Head of the Academic Institution)


Registrar
Invertis University
Pareilly

PANDIT RAM PRASAD BISMIL SMARAK SANYUKT
DISTRICT HOSPITAL, SHAHJAHANPUR 242001 (U.P.)

DATE 15/08/2023

CERTIFICATE OF HOSPITAL TRAINING

This is Certify that Mr./Ms. Titin Kumari S/O, D/O Amrish Kumari Student
Of B.Pharm.

From Invertis University Bareilly activity competed Hospital
Training of B.Pharm (.....)

From date 01/07/2023 to 15/08/2023 (45 days) at District Hospital Shahjahanpur .

This trainging has been provided under the supervision of Chief Pharmacist and Doctors, we wish
him all the success.


CHIEF PHARMACIST

DISTT. HOSPITAL SHAHJAHANPUR

डीक फार्मसिस्ट
जिला चिकित्सालय
शाहजहाँपुर


CHIEF MEDICAL SUPERINTENDENT

DISTT. HOSPITAL SHAHJAHANPUR

Chief Medical Superintendent
District Hospital
Shahjahanpur


Registrar
Invertis University
Bareilly



Ref. CS/120/2023/3141

Date 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Shradha Ojha D/o Mr. Rajiv Kumar Ojha** Pursuing **B.Pharm** from **Invertis University** has done her summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Medical Store
- Outdoor Patient Department
- General Ward
- Pathology Lab

Wishing her success in her life.



Ms. Varsha Dixit
(H.R. Manager)

Clara Swain Hospital J.V.



Registrar
Invertis University
Bareilly

CS/81

SECTION IV

(Certificate from Head of Training Organization)

I certify that Kunal Sahu
has undergone 270 hours training spread over 1 1/2 months in accordance
with the details enumerated in SECTION III


Chief Medical Superintendent
District Hospital
Budaun (U.P.)

(Head of the Organization or Pharmaceutical Division)

SECTION V

(Certificate from Head of Academic Institution)

I certify that Kunal Sahu 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.

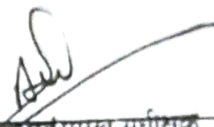
Date:



(Head of the Academic Institution)

SECTION IV
(Certificate from Head of Training Organization)

I certify that Manmay Mishra
has undergone 45 Days hours training spread over 1 months in accordance
with the details enumerated in SECTION III 22.06.2023 To 14.08.2023
Date - 14.08.2023


(Head of the Organization or Pharmaceutical Division)
महाराणा प्रताप जिला संयुक्त प्रशासकीय क्षेत्र
बरेली

SECTION V
(Certificate from Head of Academic Institution)

I certify that _____ 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:


Registrar
Invertis University
Bareilly

(Head of the Academic Institution)

Ref.

CSHJV/2023/3742

Date

31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Manoj Tiwari S/o Mr. Rajesh Tiwari** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Medical Store
- Outdoor Patient Department
- Operation Theatre
- Pathology Lab

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.


Registrar
Invertis University
Bareilly

CS/81



Ref. CSHJV/2023/3743

Date 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Mohammad Arbaz Abbasi S/o Mohammad Ibrahim** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Medical Store
- Outdoor Patient Department
- Operation Theatre
- Pathology Lab

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

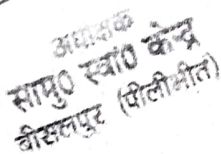
Clara Swain Hospital J.V.


Registrar
Invertis University
Bareilly

CS/81

(Certificate from Head of Training Organization)

(Head of the Organization or Pharmaceutical Division)



(Certificate from Head of Academic Institution)

Date:

(Head of the Academic Institution)

Registrar
Inveris University
Bareilly

Ref. CSH/JV/2023/3744

Date: 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Mohd. Shadab Ansari S/o Mr. Abdul Qayum** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Operation Theatre
- Pathology Lab
- Medical Store

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.

Registrar
Invertis University
Bareilly

CS/81



Ref. CSHCV/2023/3745

Date 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that Mr. Mohit S/o Mr. Naresh Pal Pursuing B.Pharm from Invertis University has done his summer training at our Hospital in the under mentioned departments from 26th June to 24th July 2023.

- Emergency Ward
- Operation Theatre
- Pathology Lab
- Medical Store

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.

Registrar
Invertis University
Bareilly

CS/81

Ref: CS/HO/2023/3046

Date: 3/ July/23

TO WHOM IT MAY CONCERN

This is to certify that Mr. Mohit Kr. Gangwar S/o Mr. Amba Sahay Pursuing B.Pharm from Invertis University has done his summer training at our Hospital in the under mentioned departments from 26th June to 24th July 2023.

- Emergency Ward
- Operation Theatre
- Pathology Lab
- Private Ward

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.

Registrar
Invertis University
Bareilly

Ref. CSHJV/2023/3147

Date 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Muneer Khan S/o Mr. Bundan Khan** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Operation Theatre
- Pathology Lab
- Private Ward

Wishing him success in his life.



Ms. Varsha Dixit
(H.R. Manager)
Clara Swain Hospital J.V.


Registrar
Invertis University
Bareilly

CS/81

Ref. CSHJ/V/2023/3748

Date 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Muskan Singh D/o Mr. Vikram Pratap Singh** Pursuing **B.Pharm** from **Invertis University** has done her summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Operation Theatre
- General Ward
- Private Ward

Wishing her success in her life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.


Invertis University
Bareilly

CS/81

CLARA SWAIN HOSPITAL J.V.



ESTD 1879

Date 31/July/23

Ref. CS/12/11/2023/3149

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Nadeem Ansari S/o Mr. Sameer Ahmad** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Operation Theatre
- General Ward
- Private Ward

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.


Registrar
Invertis University
Bareilly

CS/81

APPENDIX-E:-

Appendix-E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

(Training Letter from Institute)

This form has been issued to Naval Bishan Shukla
son of /daughter of Mr. Paraghat Shukla residing at
Post office deoria Balan Bisalpur (Pilibhit)
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:

Sharma
Head of Department
Invertis Institute of Pharmacy
Invertis University Bareilly
The Head of the Academic
Training Institution

SECTION II

(Acceptance Letter by the trainee)

I _____ accept
(Name of the Student Pharmacist)
_____ of _____
(Name of Apprentice Master) (Name of the Institution) Invertis University Bareilly
(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.

N. B. Shukla
(Student Pharmacist)

[Signature]
Registrar
Invertis University
Bareilly

SECTION IV

(Certificate from Head of Training Organization)

I certify that PRAKASH DEEP VERMA
has undergone 30 days hours training spread over 1 months in accordance
with the details enumerated in SECTION III

(10-07-23 to 10-08-23)

Suhani
10/8/23

(Head of the Organization or Pharmaceutical Division)

SECTION V

(Certificate from Head of Academic Institution)

I certify that PRAKASH DEEP VERMA 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:




Registrar
Invertis University
Careilly

(Head of the Academic Institution)

SECTION IV

(Certificate from Head of Training Organization)

I certify that Pushkar Yadav
has undergone 1 hours training spread over 45 Days months in accordance
with the details enumerated in SECTION III 15-06-2023 TO 25-08-2023
Date - 25-08-2023


मंडलीय अपर निदेशक एवं प्रमुख अधीक्षक,
(Head of the Organization or Pharmaceutical Division)
बरेली 

SECTION V

(Certificate from Head of Academic Institution)

I certify that _____ 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:

(Head of the Academic Institution)


Registrar
Invertis University
Bareilly

Ref. CSHJ/2023/3750

Date 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Rahul Kumar Maurya S/o Mr. Santosh Maurya** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Emergency Ward
- Outdoor Patient Department
- General Ward
- Private Ward

Wishing him success in his life.



Ms. Varsha Dixit
(H.R. Manager)

Clara Swain Hospital J.V.

Registrar
Invertis University
Bareilly

CS/81

PANDIT RAM PRASAD BISMIL SMARAK SANYUKT

DISTRICT HOSPITAL, SHAHJAHANPUR 242001 (U.P.)

DATE 17/10/2023

CERTIFICATE OF HOSPITAL TRAINING

This is Certify that Mr./Ms. Ranjeet Singh S/O, D/O Rajav Singh Student
Of B.Pharma.

From Invertis University Bareilly activity competed Hospital
Training of B.Pharma (.....)

From date 01/11/2022 to 15/08/2023 (45 days) at District Hospital Shahjahanpur .

This trainging has been provided under the supervision of Chief Pharmacist and Doctors, we wish
him all the success.

CHIEF PHARMACIST

DISTT. HOSPITAL SHAHJAHANPUR

डीफ फार्म, २४
मिना चिकि: समुदाय
शाहजहाँपुर

CHIEF MEDICAL SUPERINTENDENT

DISTT. HOSPITAL SHAHJAHANPUR

Chief Medical Superintendent
District Hospital
Shahjahanpur

Registrar
Invertis University
Bareilly

(Certificate from Head of Training Organization)

17/11/2023
अनुप कुमार अग्रवाल
अध्यक्ष, आर.डी.एस. बरेली

निदेशक एवं अध्यक्ष

(Head of the Organization or Pharmaceutical Division)

(Certificate from Head of Academic Institution)

I certify that _____ 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: _____

(Head of the Academic Institution)

Registrar
Inveris University
Bareilly

CLARA SWAIN HOSPITAL J.V.



Ref CS/11/379/2023

Date 31/7/23

TO WHOM IT MAY CONCERN

This is to certify that Mr. Shivam Verma S/o Mr. Om Prakash Pursuing B.Pharm from Invertis University has done his summer training at our Hospital in the under mentioned departments from 26th June to 24th July 2023.

- Medical Store
- Outdoor Patient Department
- General Ward
- Private Ward

Wishing him success in his life.

Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.

Registrar
Invertis University
Bareilly

Ref. CS/81/2023/3112

Date 31/July/23

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Sudhanshu Dubey S/o Mr. Devendra Kumar Dubey** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Medical Store
- Outdoor Patient Department
- General Ward
- Pathology Lab

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.

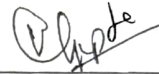

Registrar
Invertis University
Bareilly

CS/81

SECTION IV

(Certificate from Head of Training Organization)

I certify that Sunaina Raghu vanshi
has undergone X hours training spread over 45 Days months in accordance
with the details enumerated in SECTION III 20.06.2023 To 14.08.2023



(Head of the Organization / Pharmacologist / Division)

Dr. Vivek Gupta
MBBS, DNB, DTCD, FCCS
Chest Physician & Critical Care Intensivist
Reg. No. 58287

SECTION V

(Certificate from Head of Academic Institution)

I certify that _____ 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:

(Head of the Academic Institution)



Registrar
Invertis University
Bareilly

APPENDIX-E:-

Appendix-E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

(Training Letter from Institute)

This form has been issued to Sugam Bhadwaj
son of/daughter of Mr. Gopal Bhadwaj residing at _____

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: _____

Sharma
Head of Department
Inveris Institute of Pharmacy
Inveris University Bareilly

Sharma
Head of Department
Inveris Institute of Pharmacy
Inveris University Bareilly
The Head of the Academic
Training Institution

SECTION II

(Acceptance Letter by the trainee)

I Sugam Bhadwaj accept
(Name of the Student Pharmacist)

Aika Kumari Pharmacist of Dushwani Hospital Bareilly
(Name of Apprentice Master) (Name of the 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.

[Signature]
(Student Pharmacist)


Inveris University
Bareilly

SECTION IV

(Certificate from Head of Training Organization)

I certify that Udit Manik
has undergone 270 hours training spread over 1½ months in accordance
with the details enumerated in SECTION III



Chief Medical Superintendent

District Hospital

Budaun (U.P.)

(Head of the Organization or Pharmaceutical Division)

SECTION V

(Certificate from Head of Academic Institution)

I certify that Udit manik 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:

(Head of the Academic Institution)



Invertis University
Bareilly

Ref. ...CSHJV/2023/3753

Date 31/7/23

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Vidhan Gupta S/o Mr. Pankaj Gupta** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Medical Store
- Outdoor Patient Department
- Operation Theatre
- Pathology Lab

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.

Registrar
Invertis University
Bareilly

CS/81

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Vishal Mourya S/o Mr. Suresh Mourya** Pursuing **B.Pharm** from **Invertis University** has done his summer training at our Hospital in the under mentioned departments from **26th June to 24th July 2023**.

- Medical Store
- Outdoor Patient Department
- Operation Theatre
- Pathology Lab

Wishing him success in his life.

Ms. Varsha Dixit
(H.R. Manager)

Clara Swain Hospital J.V.

Registrar
Invertis University
Bareilly

SECTION IV

(Certificate from Head of Training Organization)

I certify that YASH AGARWAL
has undergone 250 hours training spread over 45 days months in accordance
with the details enumerated in SECTION III (2.6.23 To 28.7.23)


Chief Medical Supt.
Distt. Hospital
Rampur

(Head of the Organization or Pharmaceutical Division)

SECTION V

(Certificate from Head of Academic Institution)

I certify that yash Agarwal 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:

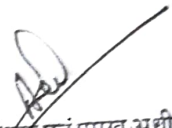
(Head of the Academic Institution)


Registrar
Invertis University
Bareilly

SECTION IV

(Certificate from Head of Training Organization)

I certify that Yash Sharma
has undergone X hours training spread over 45 Days months in accordance
with the details enumerated in SECTION III 20.06.2023 TO 17.08.2023


(Head of the Organization or Pharmaceutical Division)
बरेली

SECTION V

(Certificate from Head of Academic Institution)

I certify that _____ 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:

(Head of the Academic Institution)


Registrar
Invertis University
Bareilly

Ref. CSHJ/2023/3734

Date 31 July 23

TO WHOM IT MAY CONCERN

This is to certify that Mr. Akash Sharma S/o Mr. Anil Kumar Pursuing B.Pharm from Invertis University has done his summer training at our Hospital in the under mentioned departments from 26th June to 24th July 2023.

- Emergency Ward
- Operation Theatre
- Pathology Lab
- Private Ward

Wishing him success in his life.



Ms. Varsha Dixit

(H.R. Manager)

Clara Swain Hospital J.V.


Registrar
Invertis University
Bareilly