



YENEPOYA

(DEEMED TO BE UNIVERSITY)

Recognized under Sec 3(A) of the UGC Act 1956

Accredited by NAAC with 'A' Grade

Details of the Collaborative Activity

2020-21

Name of the Collaborating Institute: General Hospital, Kasargod, Karnataka.

Name of the Collaborating department from YDU: Yenepoya Pharmacy College and Research Centre.

Activities:

Student Internship Training:

Ms. Shifa Abdul Salam, II-year D. Pharm student from Yenepoya Pharmacy College and Research Center has undergone three months training in General Hospital, Kasargod, Karnataka from 29th August 2020 to 03rd December 2020 for 500 Hours.

ATTESTED

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

ANNEXURE: 'A'

(See Paragraph 3 II (1) of G.O (MS) No.18/95/H&FWD dt.21.1.1995)



GOVERNMENT OF KERALA

Application for allotment of Institution for Practical Training for Diploma in Pharmacy Course.

1. Name of the Student : Shifla Abdul Salam
2. Date of Birth (in figures & words) : 07/10/200 seventh october two thousand
3. Sex : Female
4. Permanent address : Masters Mahal, Pokalamed, Iduwungal, Melparamb
5. College where the candidate has undergone D,Pharm course : Yenepoya pharmacy college and research center
6. Whether E.R.81 or E.R 91 followed :
7. Details of the Examination passed (whether one year or two year course undergone to be specified) : 2 YEARS DIPLOMA IN PHARMACY.

Sl.No.	Exam passed	Reg.No.	Month of Exam	Exam conducting Authority	% of Marks
1.	D.Pharm Part II	18DP27	AUGUST	CONTROLLER OF EXAMINATION	79 %
2.	D.Pharm Part I	18DP27	JUNE	[YENEPOYA DEEMED TO BE UNIVERSITY]	72 %
3.	Pre-Degree or equivalents				

8. Institution where training is required in the order of preference :
(1) General hospital kasaragod
(2) Malikdeinar hospital
(3)

9. Signature of the candidate with date : [Signature] 29/02/2020

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Mangalore- 575 018, Karnataka

ANNEXURE 'B'

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(This is referred to Appendix 'E' in the Education Regulations 1991 for the Diploma Course in Pharmacy (See regulation 21 (I) of Education Regulation 1991 and Paragraph 3 (i) of G.O. (MS) No.18/95/H&FWD dt.21.1.1995)

Section I

This form has been issued to Shifla Abdul Salam (Name of Student Pharmacist) son/daughter of Abdul Salam Abammed residing at Masters Mahal, PO Kalarad, Iduvungal, Milparamb 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: 28/08/2020



The Head of the Academic Training Institution

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

Section II

I, Shifla Abdul Salam (Name of the student Pharmacist) accept Abdulla - P (Name of the Apprentice Master) of General Hospital Kasaragod (Name of Institution) as my Apprentice Master for the above training and agree to obey and respect him/her during the entire period of my training.

Shifla
(Student Pharmacist)

Section III

I, Abdulla - P (Name of the Apprentice Master) accept 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 records required by the various Acts affecting the profession of Pharmacy, and
2. Practical experience in:

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Registrar
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Mangalore- 575 018, Karnataka

- the manipulation of Pharmaceutical apparatus in common use;
- 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:

Name of the Trainer
Pharmacist

PRC No 16320

[Signature]

Signature of
Head of the Institution
(APPRENTICE MASTER)

(Name and Address of the Institution)

Abdulla P
Pharmacist/ gr I
General Hospital
Kasaragod.

(Seal)

Section IV

I certify that Shifla Abdul Salam (Name of the student Pharmacist) has undergone 500 hours training spread over Three months months (From Aug 29/20 to 03.12.20) in accordance with the details enumerated in section III.

Date:

Signature of Trainer Pharmacist
Name & PRC No 16320

Dr. Rajaram Kizhakkekandiyil, MBBS
Deputy Director of Health Services
(Head of the Organization or
Superintendent General Hospital
Pharmaceutical Division)
Kasaragod, P.O. Kasaragod, Pin: 671121

Section V

I certify that Shifla Abdul Salam (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 by the Pharmacy Council of India.

Date: 10/12/2020

ATTESTED

(Head of the Academic Institution)

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

Dr. Gangadhara Somayaji K.S.
Registrar
Yenepoya (Deemed to be University)
University Road, Deralakatte
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