#### **PROJECT ASSESSMENT**

### **D.PHARM PART –III PRACTICAL TRAINING**

A Dissertation submitted to the

### MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION



In partial fulfillment of the second year of

## **DIPLOMA IN PHARMACY**

Submitted By

NAME OF STUDENT

Under the guidance of

**Teacher Name** 

(Qualification)



AL AMEEN EDUCATIONAL AND MEDICAL FOUNDATIONS

# **DELIGHT INSTITUTE OF PHARMACY**

KOREGOAN BHIMA, PUNE 412216 PCI ID:4185, MSBTE CODE: 1954, DTE CODE:6939 (2022)

Roll No.:-	Enrollment No:
Exam Seat No.:	S/W Exam:
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Name of Retail Medical	Stores/ Hospital:-
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Layout of the Medical Shop
Name of the Shop:
Name of Doctors near Training Center (Around 100 meters)
Name of Medical Shops near Training Center (Around 100 meters)

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Brand/Generic Drug Name	Dose	Route of Administration	Category	Contraindication
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Brand/Generic Drug Name	Dose	Route of Administration	Category	Contraindication
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Drug Name	Dose	Administration	Category	Contraindication
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Brand/Generic Drug Name	Dose	Route of Administration	Category	Contraindication
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Copy of Prescription         Date:-         Wame of the Doctor:-       Qualification:-       Age:-         Brand/Generic       Dose       Route of       Category       Contraindication         Brand/Generic       Dose       Route of       Category       Contraindication         Brand/Generic       Dose       Route of       Category       Contraindication         Jone       Administration       Image: Contraindication       Image: Contraindication         Jone       Route of       Category       Contraindication         Sign of Apprentice Master         Disease/Ailment:-       Age:-         Qualification:-         Sign of Apprentice Master         Disease/Ailment:-       Age:-         Mame of the Doctor:-       Qualification:-         Jate:-       Qualification:-       Age:-       Contraindication         Jate:-       Qualification:-       Age:-       Contraindication         Jate:-       Qualification:-       Age:-       Age:-       Contraindication         Jate:-       Qualification:-       Age:-       Age:-       Contraindication         Jate:-       Qualification:-       Age:- <th></th> <th>Dose</th> <th></th> <th>Category</th> <th>Contraindication</th>		Dose		Category	Contraindication
Sign of Apprentice Master         Sign of Apprentice Master         Copy of Prescription         ane of the Doctor: Qualification:         Brand/Generic       Dose       Route of       Category       Contraindicatio         Drug Name       Dose       Route of       Category       Contraindicatio         in a state         Copy of Prescription         ate:-       Image of Patient:       Sign of Apprentice Master         Copy of Prescription         ate:-       Image of Patient:       Qualification:         Image of Patient:       Disease/Ailment:       Age:         Brand/Generic       Dose       Route of Category       Contraindicatio         Brand/Generic       Dose       Route of Category       Contraindicatio         Brand/Generic       Dose       Route of Category       Contraindicatie         June       Image of Administration       Image:					
ate:- ame of the Doctor: Qualification: Disease/Ailment:- Age: Brand/Generic Dose Route of Category Contraindicatio Drug Name Administration Adminis	o. of Prescription handle	:d:-		Sign of Apprentic	e Master
lame of the Doctor:Qualification:Age: Brand/Generic Dose Route of Category Contraindication Drug Name Administration	ato:		Copy of Prescription		
Brand/Generic Drug Name       Dose       Route of Administration       Category       Contraindication         Drug Name	ame of the Doctor:-				
Drug Name       Administration         Image       Administration         Image       Image: Im					
Copy of Prescription         Date:-       Qualification:-		Dose		Category	Contraindication
Sign of Apprentice Master     Solution:     Copy of Prescription     Date:-     Qualification:-     Qualification:-     Age:-     Name of Patient:-     Age:-     Brand/Generic   Dose   Route of   Category     Contraindication     Drug Name     Image: Contraindication     Image: Contraindication <th></th> <th></th> <th></th> <th></th> <th></th>					
Copy of Prescription         Date:-          Name of the Doctor:-          Vame of Patient:-          Disease/Ailment:-       Age:-         Brand/Generic       Dose         Route of       Category	o. of Prescription handle	:d:-		c	
Date:-       Qualification:-				Sign of Apprentic	e Master
Brand/Generic       Dose       Route of       Category       Contraindication         Drug Name					
Drug Name       Administration         Image: Image Im	ame of Patient:		Disease/Ailment	:- Age	:
No. of Prescription handled:-		Dose		Category	Contraindication
lo. of Prescription handled:-					
No. of Prescription handled:-					
		d.			
Sign of Apprentice Master	a of Procerintian handle	:u			

	ASSESSMENT II PRACTICAL TRAINING
A) Name of the Student :	
Enrollment No.:	Roll No
B) Result	
F.Y.D. Pharm% Seat No. :	Sum. /Win. :
S.Y.D. Pharm% Seat No. :	Sum. /Win. :
C) Training Period: From	То
D) Project Submitted on :	
	Signature Of Candidate
E) Marks Obtained in Test: /1	0 Date of Test:
F) Viva Conducted by:	
G) Viva Marks:/10	
H) Total Marks:/20	I) Final Result: Pass / Fail.
Signature of Project Assessor	Seal & Signature of Principal

Photos of Trainee and Apprentice Master with Medical Store	9
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