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)

STUDENT AND APPRENTICE MASTER DETAILS

Name of Student:- _____

Roll No.:- _____   Enrollment No:- _____

Exam Seat No.:- _____   S/W Exam:- _____

Final Year marks: - _____ /1000   %Marks:- _____

Date of Birth:- _____

Address:- _____

_____

Practical Training Period: - From _____ To _____

Name of Retail Medical Stores/ Hospital:- _____

_____

Address:- _____

_____ Pin:- _____

Phone:- _____   Mobile:- _____

Name of Apprentice Master :- _____

Qualification :- _____   Experience:- _____

Registration No:- _____   Drug Lic. No.:- _____

_____

Signature of Apprentice Master   **(Student Signature)**

Stamp: Name :- _____

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)

Copy of Prescription

Date:-

Name of the Doctor:- _____ Qualification:- _____

Name of Patient:- _____ Disease/Ailment:- _____ Age:- _____

Brand/Generic Drug Name	Dose	Route of Administration	Category	Contraindication

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Copy of Prescription

Date:-
Name of the Doctor:- _____   Qualification:- _____
Name of Patient:- _____ Disease/Ailment:- _____ Age:- _____

Brand/Generic Drug Name	Dose	Route of Administration	Category	Contraindication

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PROJECT ASSESSMENT
D.PHARM PART –III 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——————————— To   ————————————————

D) Project Submitted on : _____

Signature Of Candidate

E) Marks Obtained in Test:_____ /10   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