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Curriculum Enrichment

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1.3.3 Number of students undertaking project work/field work/ internships

Programme name	Program	List of students undertaking project work/field work/internship
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Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

INDORE INSTITUTE OF PHARMACY, INDORE DIPLOMA INTERNSHIP PROGRAM (DURATION 3 MONTHS)


2022-2023

S.No.	YEAR	NAME OF STUDENTS	INTERNSHIP IN PHARMACY	PLACE
1.	2023	Kavita Rathore	Paliwal Medical and General store	Rau
2.	2023	Urvashi Rathore	Urvashi Medicose	Mhow
3.	2023	Faizal	A.R. Chemist	Indore
4.	2023	Ritika Jaiswal	IMA Medical Pharm	Dewas
5.	2023	Sachin Panday	Mohit Medical Store	Mhow
6.	2023	Pallavi Shinde	Krishna Medical Store	Dhar
7.	2023	Sheetal Dongre	Karteek Medical Store	Bisnoor
8.	2023	Mehul	Shree Ganesh Medical And General Store	Pithampur
9.	2023	Vishal	Harshad Medical	Indore
10.	2023	Ashutosh Shah	Shree Sai Medical Store	Pithampur
11.	2023	Aditi Yadav	S.R. Medical Store	Ghatabilloid
12.	2023	Rahul Bhawar	Shivam Medical and General Store	Dhar
13.	2023	Harshidhi Namdev	Shree Dhanvantri Healthcare	Mhow
14.	2023	Vinit Kumar Chutel	Satnam Medical Store	Dhannad
15.	2023	Divya Sambare	Mohit Medical Store	Mhow
16.	2023	Hamud Ahmed	A.M. Medical Store	Mhow
17.	2023	Vinita Sah	Kirans Mohanty Medicose Mini Shoppee	Mhow
18.	2023	Tannu Jat	Shifa Medical & Surgical store	Indore




Principal

IIP, Indore


Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



**Indore Institute of
Pharmacy**

Affiliated to: RGPV (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)



Indore Institute of
Pharmacy

INDORE INSTITUTE OF PHARMACY

(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref: TIP/TRAINING CERT/D-PHARM/17081P02030/2022/

Date: 22/Sep/2022

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to KAVITA RATHORE

or / daughter of BALKRISHNA RATHORE

Residing at MAIN ROAD RANDEWASA RAU 453331

Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 22/Sep/2022



[Signature]
The Head of The Academic
Training Institution
PRINCIPAL

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M.P.)
(081) RGPV Affiliated.

I KAVITA RATHORE accept
(Name of the student Pharmacist)

(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)

Training Letter of PCI



[Signature]
20/02/23

[Signature]
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered: Under UGC 2(F)

SECTION-III

I Mr. Ravindra Paliwal
(Name of the Apprentice Master)

KAVITA RATHORE
(Name of the student Pharmacist)

As trainee and I 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:-
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and;
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

M/s. Paliwal Medical & General Stores

(Apprentice Master)

Name and address of the Institution

SECTION-IV

I certify that KAVITA RATHORE
(Name of the student pharmacist)

Has undergone M/S PALIWAL MEDICAL AND GENERAL STORES hours training spread
Over 4 Months in accordance with the details enumerated in SECTION-III.

M/s. Paliwal Medical & General Stores

(Head of the Organization of
Pharmaceutical Authority)

SECTION-V

I certify that Kavita Rathore
(Name of student pharmacist)

Has completed in all respect his 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: 20/2/2023

SEAL

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

Training Institute of PCI



(Signature)

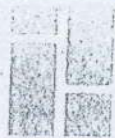
SEAL & SIGNATURE
(Name of the academic Institution)

(Signature)
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: RGPV (Bhopal) [Approved by: AICTE (New Delhi) & PCI (New Delhi)]
Register: Under UGC 2(F)



Indore Institute of Pharmacy

(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref: IIP/TRAINING CRT/D. PHARM/20081P02056/2022/

Date: 2/12/2022

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to Urvashi Rathore
Son or / daughter of Tagore Rathore
Residing at 386, AB Road Kishanganj, Bhow, Indore M.P. 453441
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 2/12/2022



[Signature]
The Head of The Academic
Training Institution
PRINCIPAL
INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M.P.)
(081) RGPV Affiliated

accept

I URVASHI RATHORE

(Name of the student Pharmacist)

SACHIN THAKUR.

(Name of Apprentice Master)

of INDORE INSTITUTE OF PHARMACY.

(Name of the Institution)

URVASHI MEDICOSE.

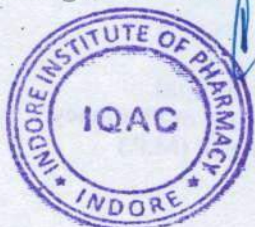
(Hospital or Pharmacy)

As my apprentice Master for the above training and agree to obey and respect him/her during the entire period of my training.

Urvashi
04/03/2023

[Signature]
(Student Pharmacist)

Training Letter of PCI



[Signature]
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

SECTION-III

I SACHIN THAKUR

(Name of the Apprentice Master),

URVASHI RATHORE

(Name of the student Pharmacist)

As trainee and I 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:-
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and.
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

उर्वशी मेडिकोज

386, ओम्बे पुरी, रोड, मिडानगंज, भद्र

(Apprentice Master)

Name and address of the Institution

SECTION-IV

I certify that URVASHI RATHORE

(Name of the student pharmacist)

Has undergone 2/12/2022 To 4/3/2023 750 hours training spread
Over 3 Months in accordance with the details enumerated in SECTION-III.

उर्वशी मेडिकोज

386, ओम्बे पुरी, रोड, मिडानगंज, भद्र

(Head of the Organization of
Pharmaceutical Authority)

SECTION-V

I certify that URVASHI RATHORE

(Name of student pharmacist)

Has completed in all respect his 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: 4/3/23

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST



[Signature]

SEAL & SIGNATURE

(Name of the academic Institution)

PRINCIPAL

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M.P.)
(081) RGPV Affiliated

Training Letter of PCI



[Signature]
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



RGPV AFFILIATED

Ref: IIP/ TRAINING Cd) D. PHARM/ISOPIPO2012/2023/

Date: 25/01/23

PHARMACY ACT, 1948
APPENDIX F
(Sec Regulation 21 (1))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION I

This form has been issued to

FAISAL

Son or / daughter of

YUNUS

Residing at 10, Gram Deddala, Khakharan Post Burhanpur M.P. 450 33

Who has produced evidence before me, he/she is entitled to receive the practical training as required in the
Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 25/01/23



SECTION-II

The Head of The Academic
Training Institution

PRINCIPAL

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M. P.)
(081) RGPV Affiliated

Accept

Faisal

(Name of the student Pharmacist)

IMRAN ALI

(Name of Apprentice Master)

pharmacy

(Hospital or Pharmacy)

(Name of the Institution)

As my apprentice Master for the above training and agree to obey and respect him/her during the entire period
of my training.

Faisal
(Student Pharmacist)

Training Letter of PCI



Principal
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: BOPV (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

IMRAN ALI

(Name of the Apprentice Master)

Faisal

(Name of the student Pharmacist)

As trainee and I 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:-
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and;
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

IMRAN ALI

(Apprentice Master) ☐

Name and address of the Institution

A.R. Chemist

52, Silawat Pura, INDORE

Mob. No. 9165524659

SECTION-IV

I certify that Faisal

(Name of the student pharmacist)

Has undergone 25/01/23 To 27/04/23 750 hours training spread
Over 3 Months in accordance with the details enumerated in SECTION-III.

IMRAN ALI

(Head of the Organization of
Pharmaceutical Authority) ☐

A.R. Chemist

52, Silawat Pura, INDORE

Mob. No. 9165524659

SECTION-V

I certify that Faisal

(Name of student pharmacist)

Has completed in all respect his 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: 27/04/23



DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

Training Letter of PCI



[Signature]

(Name of the academic Institution)

PRINCIPAL

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M. P.)
(Q81) BOPV Affiliated

Principal

Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of
Pharmacy

(INDORE POLYTECHNIC)

RGPV AFFILIATED

REG. IIP / TRAINING CERT / D. PHARM / 19081 P02046 / Nov / 2022 /

17 / Nov / 2022

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to RITIKA JAISWAL

Daughter of MR. DINGSH JAISWAL

Residing at GRAM MAHIGADN POST PANOUTALAB DIST. DEWAS M.P.

Who has produced evidence before me, he/she is entitled to receive the practical training as required in the
Regulations framed under section 10 of the pharmacy Act, 1948.

17 / Nov / 2022



SECTION-II

RITIKA JAISWAL

(Name of the student Pharmacist)

VIVEK KUMAR MAHESHWARI of JMA MEDICAL PHARM.

(Name of Apprentice Master)

(Name of the Institution)

(Hospital or Pharmacy)

I hereby apprentice Master for the above training and agree to obey and respect him/her during the entire period of training.

RITIKA JAISWAL
(Student Pharmacist)

Ritika
19/04/23
Training letter of PCI



[Signature]
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

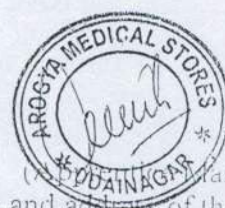
SECTION-III
1. **VIVEK KUMAR MAHESHWARI**
(Name of the Apprentice Master)

RITIKA JAISWAL
(Name of the student Pharmacist)

I, as trainee and I 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-
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and;
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.



(Name and address of the Institution)

SECTION-IV
I certify that **RITIKA JAISWAL**
(Name of the student pharmacist)

Has undergone **750 HOURS** hours training
Cover **3** Months in accordance with the details enumerated in SECTION-III
17/NOV./2022 to 17/FEB./2023



(Head of the Organization of
Pharmaceutical Industry)

SECTION-V
I certify that **RITIKA JAISWAL**
(Name of student pharmacist)

Has completed in all respect his training under regulation 20 of the Education Regulations framed under section 1 of the Pharmacy Act-1948. He had his practical training in an Institution approved by the pharmacy council of India.



DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

Training Letter of PCI



SEAL & SIGNATURE
(Name of the academic Institution)

PRINCIPAL
INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC
(081) 2500000

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: RGPV (Bhopal) [Approved by: AICTE (New Delhi) & PCI (New Delhi)]
Register: Under UGC 2(F)

RGPV AFFILIATED

Ref: IIP/ TRAINING, CERT/ D. PHARM/ 18081P02045/ 2023/ -7093

Date: 5/01/2023

PHARMACY ACT, 1948
APPENDIX-F
(See Regulation 21 (I))

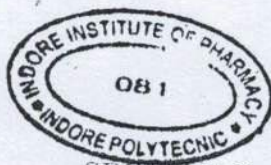


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to SACHIN PANDEY
Son or / daughter of RAJIAN PRASAD PANDEY
Residing at Village Pathan Kacchan, Panden Pura, Majhgawan Satna M.P. 48533
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the
Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 5/01/2023



SECTION-II

The Head of the Academic
Training Institution
PRINCIPAL
INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M. P.)
(081) RGPV Affiliated

accept

I MR. Sachin Pandey
(Name of the student Pharmacist)

MR. PRYUSH CHOUHAN of INDORE INSTITUTE OF PHARMACY
(Name of Apprentice Master) (Name of the Institution)

MOHIT MEDICAL STORE
(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.

(Student Pharmacist)

Training Letter of PCI



06/04/2023
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

7



Indore Institute of Pharmacy

Affiliated to: RGPV (Gwalior) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

PIYUSH CHOUHAN

(Name of the Apprentice Master)

Mr. Sachin Pandey

(Name of the student Pharmacist)

As trainee and I 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:
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses
 - c) The dispensing of prescriptions illustrating the commoner methods of administering medications and;
 - d) The storage of drugs and medicinal preparation.

I also agree that a Registered pharmacist shall be assigned for his/her guidance.

Mohit Medical Store

(Apprentice Master)

Name and address of the Institution
Proprietor

SECTION-IV

I certify that Mr. Sachin Pandey

(Name of the student pharmacist)

Has undergone 750 (5/01/2023 To 5/04/2023) hours training spread
Over THREE Months in accordance with the details enumerated in SECTION III.

Mohit Medical Store

(Head of the Organization of
Pharmaceuticals)
Proprietor

SECTION-V

I certify that Sachin Pandey

(Name of student pharmacist)

has completed in all respect his 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: 5/04/2023

DOCUMENTS:-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

Training Letter of PCI



SEAL & SIGNATURE
(Name of the academic Institution)

PRINCIPAL

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M. P.)
(081) RGPV Affiliated

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to - RGPV (Bhopal) (Approved by - AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)



Indore Institute of Pharmacy

(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref:- IIP/TRAINING. C.J./D. PHARM/16081P02032/2023/

Date: 15/02/2023

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))

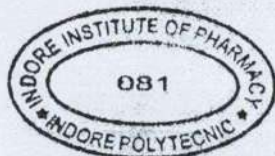


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to Pallavi Shinde
Son or / daughter of Dharmraj
Residing at 29 Subhash marg Nalcha darwaja Dham P. 484001
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 15/02/2023



SECTION-II

The Head of The Academic Training Institution

PRINCIPAL

INDORE INSTITUTE OF PHARMACY,
INDORE POLYTECHNIC, INDORE (M. P.)
(081.) RGPV Affiliated

accept

I Pallavi Shinde

(Name of the student Pharmacist)

Krishna Kamdan

(Name of Apprentice Master)

of

Krishna medical store

(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.



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

P. Shinde
(Student Pharmacist)

18/05/23

Training Letter of PCI



Indore Institute of Pharmacy

Affiliated to: RGPV (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

1. Krishna Kamdar

(Name of the Apprentice Master)

Pallavi Shinde

(Name of the student Pharmacist)

As trainee and I 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 -
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and.
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

Krishna-RN 55322

Krishna Medical Store

Bagdi Dhar (M.P.)

D. L. No. 20/1282/14/2021

21/1283/14/2021

(Apprentice Master)

Name and address of the Institution

I certify that

Pallavi Shinde

SECTION-IV

(Name of the student pharmacist)

Has undergone

Over 3

Months in accordance with the details enumerated in SECTION-III.

750 hrs.

hours training spread

Krishna-RN 55322

Krishna Medical Store

Bagdi Dhar (M.P.)

(Head of the Organization of
D. L. No. 20/1282/14/2021

Pharmaceutical Store
21/1283/14/2021

I certify that

Pallavi Shinde

SECTION-V

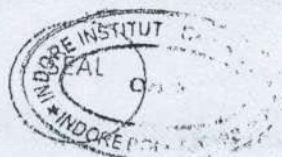
(Name of student pharmacist)

Has completed in all respect his 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 India.

Date: 15/08/2023

DOCUMENTS :-

1. DRUGLICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST



SEAL & SIGNATURE
(Name of the academic Institution)

PRINCIPAL

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M.P.)
(081) - RGPV Affiliated

Training Letter of PCI



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to - RGPV (Bhopal) (Approved by - AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)



Indore Institute of Pharmacy

INDORE INSTITUTE OF PHARMACY

RGPV AFFILIATED

Ref: IIP/ TRAINING CERT / D. PHARM / 19081 P 02048 / March - 2023 /

Date: 22/03/23

PHARMACY ACT, 1948
APPENDIX-F
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to SHEETAL DONGIRE
Son or / daughter of DINESH DONGIRE
Residing at C-84 chattrachaya colony Pithampur Dhar M.P. 454775
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 22/03/23



SECTION-II

The Head of The Academic Training Institution

PRINCIPAL

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M. P.)
(081) RGPV Affiliated

23/6/23

I SHEETAL DONGIRE

(Name of the student Pharmacist)

accept

KRISHNA KUMAR NAGIRE of KARTEEK MEDICAL STORE

(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.

SHEETAL DONGIRE
(Student Pharmacist)

Training Letter of PCI



Sheetal
23.06.23

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

9



Indore Institute of Pharmacy

Affiliated to: RGPV (Bhopal) [Approved by: AICTE (New Delhi) & PCI (New Delhi)]
Register: Under UGC 2(F)

I KRISHNA KUMAR VAGDRE SECTION-III
SHEETAL DONGRE (Name of the Apprentice Master)
(Name of the student Pharmacist)

As trainee and I 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:
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and.
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

Prop. **KARTIK MEDICAL STORE**
Bus Stand, Bishnour
(Name and address of the Institution)

I certify that SHEETAL DONGRE SECTION-IV
Has undergone 750 HOURS (Name of the student pharmacist)
Over 3 Months in accordance with the details enumerated in SECTION-III. 22/03/23 To 22/06/23 hours training spread

Prop. **KARTIK MEDICAL STORE**
Bus Stand, Bishnour
(Head of the Organization of Pharmaceutical Authority)

I certify that SHEETAL DONGRE SECTION-V
(Name of student pharmacist)
Has completed in all respect his 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: 23/06/2023

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

Training Letter of PCI

SEAL & SIGNATURE
(Name of the academic Institution)

PRINCIPAL
INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M. P.)
(081) RGPV Affiliated

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)





Indore Institute of Pharmacy

Affiliated to: RGPV (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)



Indore Institute of Pharmacy

INDORE POLYTECHNIC

RGPV AFFILIATED

Ref: IIP/TRAINING CERT/D.PHARM/12081P02025/June-2023/8090

Date: 24/03/2023

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (1))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to MEHUL
Son or / daughter of RAMESH CHANRA
Residing at 376-CHINAR LAKE VIEW COLONY MHOW GANON MHOW M.P. 45344
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 24/03/2023



Fo (AN)
The Head of The Academic
Training Institution

PRINCIPAL

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M. P.)
(081) RGPV Affiliated

I MEHUL

(Name of the student Pharmacist)

MANOJ TIWARI
(Name of Apprentice Master)

of SHREE Dhanesh Medical and General Store
(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.

Mahidhar

(Student Pharmacist)



Impatidhar
28.06.2023

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

10



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) [Approved by: AICTE (New Delhi) & PCI (New Delhi)]
Registered Under UGC 2(F)

MANOJ TIWARI

SECTION-III

MEHUL

(Name of the Apprentice Master)

(Name of the student Pharmacist)

As trainee and I 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:
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/her guidance.

SHREE GANESH MEDICAL AND GENERAL STORE

(Apprentice Master) **PROPRIETOR**

Name and address of the Institution

I certify that

MEHUL

SECTION-IV

Has undergone

Over

(Name of the student pharmacist)

Months in accordance with the details enumerated in SECTION-III.

hours training spread

SHREE GANESH MEDICAL AND GENERAL STORE

(Head of the Organization of Pharmaceutical Authority)

PROPRIETOR

I certify that

MEHUL

SECTION-V

(Name of student pharmacist)

Has completed in all respect his 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: 28/06/2023



DOCUMENTS:-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK SHEET OF PHARMACIST

SEAL & SIGNATURE

(Name of the Institution)
INDORE INSTITUTE OF PHARMACY
INDORE (M.P.)
Affiliated to BOPU (Bhopal)



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: RGPV (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Register: Under UGC 2(F)



Indore Institute of Pharmacy

INDORE INSTITUTE OF PHARMACY

RGPV AFFILIATED

Ref: IIP/TRAINING CERT/DPHARM/20081P02061/2023/8101

Date: 17/03/2023

PHARMACY ACT, 1948
APPENDIX-B
(See Regulation 21 (f))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to VISHAL
Son or / daughter of BASANT
Residing at Ward-5, Sector Dheerampuri, Khandwa M.P. 451115
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 17/03/2023



The Head of The Academic
Training Institution

PRINCIPAL

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M. P.)
1081 RGPV Affiliated

VISHAL PATEL

(Name of the Student Pharmacist)

accept

MARSHAD BAKHATYAPURI
(Name of Apprentice Master)

HARSHAD MEDICAL
(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.

Vishal
12/7/2023

Vishal
(Student Pharmacist)

Training Officer of PCI



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

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Indore Institute of Pharmacy

Affiliated to: RGPV (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

SECTION-III
1. HARSHAD BAKHATYAPURI
(Name of the Apprentice Master)
VISHAL PATEL
(Name of the student Pharmacist)

As trainee and I 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:
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

हर्षद मेडिकल
(Apprentice Master)
Name and address of the Institution

I certify that

SECTION-IV
VISHAL PATEL
(Name of the student pharmacist)

Has undergone 870 hours training spread
Over 3 Months in accordance with the details enumerated in SECTION-III

17-03-2023 To 17-06-2023

हर्षद मेडिकल
(Head of the Organization of
Pharmaceutical Authority)

I certify that

SECTION-V
VISHAL PATEL
(Name of student pharmacist)

Has completed in all respect his 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:

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK SHEET OF PHARMACIST

SEAL & SIGNATURE
(Name of the academic Institution)

PRINCIPAL
INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M. P.)
(081) RGPV Affiliated

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)





Indore Institute of Pharmacy

Affiliated to - RGPV (Bhopal) [Approved by - AICTE (New Delhi) & PCI (New Delhi)]
Registered Under UGC 2(F)



Indore Institute of Pharmacy

(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref:- TIP/ TRAINING- CERT/ D. PHARM/ 20081 P02017/ 2023/ 8086

Date: 18/04/2023

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to ASHUTOSH SHAH

Son or / daughter of SANTAY KUMAR SHAH

Residing at GRAM JARHA SITUL KHURD SINGRAVLI M.P-486886

Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 18/04/2023



The Head of The Academic
Training Institution

PRINCIPAL

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC, INDORE (M. P.)
(081) RGPV Affiliated

I ASHUTOSH SHAH

(Name of the student Pharmacist)

accept

PRANALI ZOPE

(Name of Apprentice Master)

of

SHREE SAI MEDICAL STORE

(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.

ASHUTOSH SHAH
(Student Pharmacist)

19/07/2023
Training letter of PCI



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

12



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Register: Under UGC 2(F)

SECTION-III

I PRANALI ZOPE

ASHUTOSH SHAH

(Name of the Apprentice Master)

(Name of the student Pharmacist)

As trainee and I 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-
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and.
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

(Apprentice Master)

Name and address of the Institution

SECTION-IV

I certify that ASHUTOSH SHAH

(Name of the student pharmacist)

Has undergone 750 hrs 18/4/2023 To 19/7/2023 hours training spread
Over 3 Months in accordance with the details enumerated in SECTION-III.

(Head of the Organization of Pharmaceutical Authority)

SECTION-V

I certify that ASHUTOSH SHAH

(Name of student pharmacist)

Has completed in all respect his 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:

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

Training Institute of PCI



SEAL & SIGNATURE
(Name of the academic Institution)

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: RGPV (Bhopal) [Approved by: AICTE (New Delhi) & PCI (New Delhi)]
Registered Under UGC 2(F)



Indore Institute of Pharmacy

(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref: TIP/Training Ct./D.PHARM/20081P02003/2023/8240

Date: 12/5/23

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to Aditi Yadav
Son or / daughter of Neoundra Singh Yadav
Residing at A/E-689 HOUSING BOARD COLONY, TITHAMPUR
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 12/5/23

(Signature)
The Head of The Academic Training Institution

SECTION-II

ADITI YADAV

accept

(Name of the student Pharmacist)

SWATANTRA DWIVEDI of INDORE INSTITUTE OF PHARMACY

(Name of Apprentice Master)

(Name of the Institution)

S.R. MEDICAL STORES

(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)

Training Letter of POI



(Signature)
14/08/2023

(Signature)
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

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Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

I SWATANTRA DWIVEDI SECTION-III

(Name of the Apprentice Master)

ADITI YADAV

(Name of the student Pharmacist)

As trainee and I 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-
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and;
 - d) The storage of drugs and medicinal preparations.

I also agree that a Trained pharmacist shall be assigned for his/ her guidance.

Swatantra
(Apprentice Master)

Name and address of the Institution
S.P. MEDICAL STORES

I certify that

ADITI YADAV SECTION-IV

(Name of the student pharmacist)

PROPRIETOR

Has undergone

12/5/23 To 14/8/23 750 hr.

Over 3 Months in accordance with the details enumerated in SECTION-III. hours training spread

Swatantra
(Head of the Organization of
Pharmaceutical Authority) **S.P. MEDICAL STORES**

I certify that

ADITI YADAV SECTION-V

(Name of student pharmacist)

PROPRIETOR

Has completed in all respect his 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:

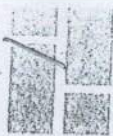
SEAL

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

SEAL & SIGNATURE
(Name of the academic Institution)

Training Letter of PCI



Indore Institute of
Pharmacy

(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref:- ITP/Training Cont./D.PHARM/20081P02045/2023/8206

Date: 4/05/2023

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to Rahul Bhawar
On or / daughter of Antar Singh Bhawar
Residing at Chandra Shekhar marg ward No. 04 Rajgarh Teh. Sandaipur Rajgarh Dho
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the M.P. 459
Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 4/05/2023

The Head of The Academic
Training Institution

SECTION-II

I Rahul Bhawar _____ accept
(Name of the student Pharmacist)
mit kumar sharma of Shivam medical and general stores
(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.

R Bhawar
(Student Pharmacist)

Training Letter of PCI



R Bhawar
11/08/2023

R
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

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Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

SECTION-III

I Amid Kumar Sharma

(Name of the Apprentice Master)

Rahul Bhawar

(Name of the student Pharmacist)

As trainee and I 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 -
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustrating the commoner methods of administering medicaments and.
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance

Amid

(Apprentice Master)

Name and address of the Institution

एम्.के.एस. मेडिकल

प्रोपायटर

SECTION-IV

I certify that Rahul Bhawar

(Name of the student pharmacist)

Has undergone 4/5/23 To 11/8/23

Over 3 Months in accordance with the details enumerated in SECTION-III. hours training spread

Amid

(Head of the Institution)

Pharmaceutical Association

एम्.के.एस. मेडिकल

प्रोपायटर

SECTION-V

I certify that Rahul Bhawar

(Name of student pharmacist)

Has completed in all respect his 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:

SEAL

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

Training Letter of PCI



SEAL & SIGNATURE
(Name of the academic Institution)

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of
Pharmacy

Affiliated to: RGPV (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)



Indore Institute of
Pharmacy

(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref: IIP/Training C.T./D.PHARM/20081P08025/2023/8211

Date: 12/5/23

PHARMACY ACT, 1948
APPENDIX-F
(See Regulation 21 (I))

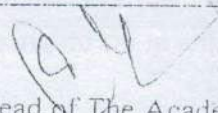


PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to Harshidhi Namdev
Son or / daughter of Shiraj Namdev
Residing at 163, Mahatma Gandhi marg, ward no. 10 Kukshi Dhar M.P.
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the
Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 12/5/23


The Head of The Academic
Training Institution

SECTION-II

I HARSHIDHI NAMDEV accept
(Name of the student Pharmacist)

SURE DHANVANTRI HEALTHCARE of INDORE INSTITUTE OF PHARMACY
(Name of Apprentice Master) (Name of the Institution)

RAJKUMAR AGLACHA
(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.

Harshidhi
(Student Pharmacist)

Harshidhi
14/08/2023



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

SECTION-III

I RAJKUMAR AGLACHA
(Name of the Apprentice Master)

HARSHIDHI NAMDEV
(Name of the student Pharmacist)

As trainee and I 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:-
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and.
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

SHREE DHARMANTRI HEALTHCARE

(Apprentice Master)
PROPRIETOR

Name and address of the Institution

SECTION-IV

I certify that HARSHIDHI NAMDEV
(Name of the student pharmacist)

Has undergone 12/5/23 To 14/8/23 750 hours training spread
Over 3 Months in accordance with the details enumerated in SECTION-III.

SHREE DHARMANTRI HEALTHCARE

(Head of the Organization of Pharmaceutical Authority)

SECTION-V

I certify that Harshidhi Namdev
(Name of student pharmacist)

Has completed in all respect his 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:

SEAL

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

Training under PCI



SEAL & SIGNATURE

(Name of the academic Institution)

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: RGPV (Bhopal) | Approved by: AICTE (New Delhi) & PCI (New Delhi)
Registered Under UGC 2(F)



(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref: IIP/Training cd./D.PHARM/14081P02055/2022/6935

Date: 1/Nov/2022

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to Vinit Kumar chutel
Son or / daughter of Anand kumar chutel
Residing at Near Madanani mandia Yadav Mahalla Mhow Indore M.P. 45344
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 1/Dec/2022

The Head of The Academic
Training Institution

SECTION-II

INDORE INSTITUTE OF PHARMACY
INDORE POLYTECHNIC (M.P.)
(081) RGPV Affiliated

accept

I Vinit Kumar Chutel
(Name of the student Pharmacist)

Satnam Sharma of Satnam Medical Store
(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.

Vinit

(Student Pharmacist)

Training Letter of PCI



Vinit

21/8/23

@ 16

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE New Delhi) & PCI (New Delhi)
Register: Under UGC 2(F)

I Satnam Sharma SECTION-III

Vinit Kumar Chahal (Name of the Apprentice Master)

(Name of the student Pharmacist)

As trainee and I 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:
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

SATNAM SHARMA

B-265, Jawahar Nagar,
Mhow Gaon, Mhow

Licence No. 20/657/10/20

(Apprentice Master)

Name and address of the Institution

I certify that Vinit Kumar Chahal SECTION-IV

(Name of the student pharmacist)

Has undergone Over 3 Months in accordance with the details enumerated in SECTION-III. 760 hrs hours training spread

SATNAM SHARMA

B-265, Jawahar Nagar,
Mhow Gaon, Mhow

Licence No. 20/657/10/2018

(Head of the Organization of
Pharmaceutical Authority)

I certify that Vinit Kumar Chahal SECTION-V

(Name of student pharmacist)

Has completed in all respect his 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:

SEAL

DOCUMENTS :-

1. DRUG LICENCE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

Training Institute of PCI



SEAL & SIGNATURE
(Name of the academic Institution)

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of
Pharmacy

(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref:- IIP/Training Ctr./D-PHARM/19081P02019/2023/

Date: 20/05/2023

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to Divya Sambare
Son or / daughter of Gyaneshwar Sambare
Residing at 602, VISHWAS NAGAR, MHOW, MHOW, INDORE, M.P.
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the
Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 20/05/2023



The Head of The Academic
Training Institution

Principal

Indore Institute of Pharmacy,
INDORE (M.P.)

I DIVYA SAMBARE

(Name of the student Pharmacist)

accept

MOHIT MEDICAL STORE

(Name of Apprentice Master)

of INDORE INSTITUTE OF PHARMACY

(Name of the Institution)

PIYUSH CHOUHAN

(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.

Divya
(Student Pharmacist)

Divya
23/08/2023



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

17



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Register: Under UGC 2(F)

SECTION-III

I PIYUSH CHOUHAN

(Name of the Apprentice Master)

DIVYA SAMBARE

(Name of the student Pharmacist)

As trainee and I 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 -
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and.
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

Mohit Medical Store
(Apprentice Master)
Name and address of the Institution

SECTION-IV

I certify that DIVYA SAMBARE

(Name of the student pharmacist)

Has undergone 20/05/2023 To 22/08/2023 750 hours training spread
Over 3 Months in accordance with the details enumerated in SECTION-III.

Mohit Medical Store
(Head of the Organization or
Pharmaceutical Authority)

SECTION-V

I certify that DIVYA SAMBARE

(Name of student pharmacist)

Has completed in all respect his 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:

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST



SEAL & SIGNATURE
(Name of the academic Institution)

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of
Pharmacy

INDORE INSTITUTE OF PHARMACY

RGPV AFFILIATED

Ref: IIP/TRAINING CERT./D. PHARM/16081P02021/2023/8255

Date: 1/06/23

PHARMACY ACT, 1948
APPENDIX-F
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to LIAMUD AHMED
Son or / daughter of MASUD AHMED
Residing at H.No. 807 Vishwan Nagen Banjari Bheekkhedi Indore M.P. 453441
Who has produced evidence before me, he/she is entitled to receive the practical training as required in the
Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 1/06/23



The Head of The Academic
Training Institution

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

I HAMUD AHMED

(Name of the student Pharmacist)

accept

MOHD SAALIM

(Name of Apprentice Master)

of

(Name of the Institution)

A.M. MEDICAL

(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.

(Student Pharmacist)

01/09/23



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

18



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

SECTION-III

I MOHD. SAALIM

(Name of the Apprentice Master)

accept

HAMUD AHMED

(Name of the student Pharmacist)

As trainee and I 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-
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and.
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance

(Apprentice Master)

Name and address of the Institution

SECTION-IV

I certify that HAMUD AHMED

(Name of the student pharmacist)

A.M. MEDICAL STORE
1779, Dr. Abdul Gafoor Road, MHOW

Has undergone 1/6/23 To 2/9/23 750 hours training spread
Over 3 Months in accordance with the details enumerated in SECTION-III.

(Head of the Organization of Pharmaceutical Authority)

SECTION-V

I certify that HAMUD AHMED

(Name of student pharmacist)

A.M. MEDICAL STORE
1779, Dr. Abdul Gafoor Road, MHOW

Has completed in all respect his 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: 2/9/23

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST



SEAL & SIGNATURE
(Name of the academic Institution)

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: RGPV (Bhopal) | Approved by: AICTE (New Delhi) & PCI (New Delhi)
Registered Under UGC 2(F)



Indore Institute of Pharmacy

(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref:- IIP/TRAINING CERT./D.PHARM/20081P02060/2023/8196

Date: 15/4/23

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))



VINITA SAH

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION I

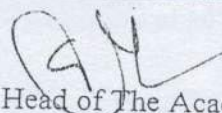
This form has been issued to VINITA SAH

son or / daughter of VIRENDRA KUMAR

Residing at M-2 Swastik Vihar colony Rau, Rau Indore

Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 15/4/23


The Head of The Academic
Training Institution

SECTION-II

I Vinita Sah accept
(Name of the student Pharmacist)

Sandeep Mohanty of Kisan's mohanty medicose mini
(Name of Apprentice Master) (Name of the Institution)

Shopee
(Hospital or Pharmacy)

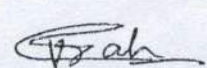
As my apprentice Master for the above training and agree to obey and respect him/her during the entire period of my training.

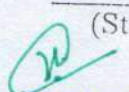


Training Letter of PCI



21/08/2023


(Student Pharmacist)


Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

19



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

I SANDEEP MOHANTY SECTION-III

(Name of the Apprentice Master)

VINITA SAH

(Name of the student Pharmacist)

As trainee and I 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:-
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and.
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist shall be assigned for his/ her guidance.

Sandeep Mohanty
Kiran's Mohanty Medicose & Mini Shoppe
15 Main Street, Near Punjab National Bank
Mhow - 453441 ☎ 277244
(Apprentice Master)
Name and address of the Institution

I certify that VINITA SAH

SECTION-IV

(Name of the student pharmacist)

Has undergone 150 hours training spread

Over 4 (four) Months in accordance with the details enumerated in SECTION-III

15/04/2023 to 20/07/2023

Sandeep Mohanty
Kiran's Mohanty Medicose & Mini Shoppe
15 Main Street, Near Punjab National Bank
Mhow - 453441 ☎ 277244
(Head of the Organization of
Pharmaceutical Authority)

SECTION-V

I certify that

(Name of student pharmacist)

Has completed in all respect his 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:

SEAL

DOCUMENTS :-

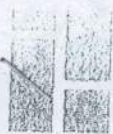
1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK-SHEET OF PHARMACIST

Training Institute of PCI



SEAL & SIGNATURE
(Name of the academic Institution)

Sandeep Mohanty
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of
Pharmacy

(INDORE POLYTECHNIC)

RGPV AFFILIATED

Ref:- TIP/ TRAINING CERT/ D. PHARM/ 20681P02254/2023/ 8219

Date: 18/05/2023

PHARMACY ACT, 1948
APPENDIX-E
(See Regulation 21 (I))



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION-I

This form has been issued to

TANNU JAT

Son or / daughter of

SANTAY JAT

Residing at Ward No. 04, Laxman - Sejwani, Indore M.P. 453001

Who has produced evidence before me, he/she is entitled to receive the practical training as required in the Education Regulations framed under section 10 of the pharmacy Act, 1948.

Date: 18/05/2023

The Head of The Academic
Training Institution

SECTION-II

I TANNU JAT

(Name of the student Pharmacist)

accept

SHIFA MEDICAL SURGERY & COSMETIC

(Name of Apprentice Master)

INDORE INSTITUTE OF PHARMACY

(Name of the Institution)

SHAIKENDRA KUMAR JOSHI

(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.

Annu
21/08/23
(Student Pharmacist)

Training Letter of PCI



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

SECTION-III
1. SHAILENDRA KUMAR JOSHI
(Name of the Apprentice Master)
TANNU JAT
(Name of the student Pharmacist)

As trainee and I agree to give him/ her training facilities in my organization so that during his /her train he/she may acquire:

1. Working knowledge of keeping of records required by the various Acts affecting the profession Pharmacy; and
2. Practical Experience in:
 - a) The manipulation of pharmaceutical appointments in common use;
 - b) The reading, translation and copying prescription including the checking of doses;
 - c) The dispensing of prescriptions illustration the commoner methods of administering medicaments and.
 - d) The storage of drugs and medicinal preparations.

I also agree that a Registered pharmacist be assigned for his/her guidance.

For: **SHIFA MEDICAL & SURGICAL STORE & COSMETIC**

(Apprentice Master)

Name and address of the Institute

I certify that TANNU JAT
(Name of the student pharmacist)

Has undergone 18/05/2023 To 21/08/2023 75 hours training spread Over 3 Months in accordance with the details enumerated in SECTION-III.

For: **SHIFA MEDICAL & SURGICAL STORE & COSMETIC**

(Head of the Organization)
Pharmaceutical Authority

SECTION-V
I certify that Tannu Jat
(Name of student pharmacist)

Has completed in all respect his 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 India.

Date 21/08/23

DOCUMENTS :-

1. DRUG LICENSE
2. PHARMACIST REGISTRATION
3. FINAL YEAR MARK SHEET OF PHARMACIST

Training Letter of PCI



SEAL

SEAL & SIGNATURE

(Name of the academic Institution)

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

INDORE INSTITUTE OF PHARMACY, INDORE

LIST OF STUDENT

B. PHARM VII SEMESTER (JULY-DEC2022)

PRACTICE SCHOOL (BP706PS)

LIST OF STUDENTS WITH GUIDES

Sl. No.	Enrolment Number	Name of the Candidate	Title	Name of Guide	Sign
1	0841PY191077	SHIVKANT BADOLE	Retail Pharmacy	Dr Ritesh Patel	
2	0845PY191001	AASTHA JAISWAL	Retail Pharmacy	Mrs Yashu Chourasiya	
3	0845PY191002	AAYUSHI ARORA	Community Pharmacy	Dr Pritesh Paliwal	
4	0845PY191003	AAYUSHI RATHORE	Retail Pharmacy	Ms Deepika Bhawsar	
5	0845PY191004	ABDULLAH	Retail Pharmacy	Ms Abhilasha Jhala	
6	0845PY191005	ABHISHEK NAGAR	Retail Pharmacy	Dr Pritesh Paliwal	
7	0845PY191006	ABHISHEK SHUKLA	Hospital Pharmacy	Dr Rekha Bisht	
8	0845PY191007	ADITYA SHARMA	Retail Pharmacy	Gaurav Agarwal	
9	0845PY191009	AHMED FARHAZ KHAN	Retail Pharmacy	Rohit Sahu	
10	0845PY191011	AKHILESH SIRVI	Retail Pharmacy	Ms Yashu Chourasiya	
11	0845PY191012	AMAN CHOUDHARY	Retail Pharmacy	Ms Yashu Chourasiya	
12	0845PY191014	AMAN THAKUR	HPLC Analysis	Mr Gaurav Sarsodia	
13	0845PY191015	ANJALI KUMAWAT	Retail Pharmacy	Mr Rohit Sahu	
14	0845PY191016	ARPAN RATHORE	Retail Pharmacy	Ms Komal Mahajan	
15	0845PY191018	AYUSHI PATEL	Retail Pharmacy	Mr Kuldeep Vinchurkar	
16	0845PY191019	BAIBHAV RAJ	Retail Pharmacy	Mr Kuldeep Vinchurkar	
17	0845PY191020	BALRAM RAJPUT	Retail Pharmacy	Dr Gurmeet Chabra	
18	0845PY191021	BHAGYASHREE YADAV	Environment lab Testing	Dr Ritesh Patel	
19	0845PY191022	DEEPAK YADAV	Retail Pharmacy	Ms Nayany Sharma	
20	0845PY191023	DHANANJAY TANWAR	Retail Pharmacy	Ms Shivangi Patidar	
21	0845PY191024	DIPENDRA SINGH CHOUHAN	Retail Pharmacy	Mr Kuldeep Vinchurkar	
22	0845PY191025	DURGESH SHARMA	Retail Pharmacy	Ms Abhilasha Jhala	

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

Principal
Indore Institute of Pharmacy,

23	0845PY191026	FATEMA KUKSHIWALA	HPLC Analysis	Ms Aarti Majumdar	Aarti
24	0845PY191027	GARIMA VYAS	HPLC Analysis	Dr Ritesh Patel	Ritesh
25	0845PY191028	GAYATRI PATIL	Clinical Pharmacy	Mr Darshan Jamindar	Darshan
26	0845PY191029	HIMANI DUBEY	Retail Pharmacy	Mr Kuldeep Vinchurkar	Kuldeep
27	0845PY191030	HITESH WARKE	Retail Pharmacy	Dr Priya Jain	Priya
28	0845PY191031	HRITHIK RAGHUWANSHI	Retail Pharmacy	Dr Gurmeet Chabra	Gurmeet
29	0845PY191032	JAHEER PATEL	Retail Pharmacy	Ms Shivangi Patidar	Shivangi
30	0845PY191033	JATIN GURNANI	Retail Pharmacy	Ms Komal Mahajan	Komal
31	0845PY191034	JATIN KESHIYA	Retail Pharmacy	Ms Shivangi Patidar	Shivangi
32	0845PY191035	KANAK BHARDWAJ	Retail Pharmacy	Dr Pritesh Paliwal	Pritesh
33	0845PY191036	KARAN RAKESH PAWAR	Retail Pharmacy	Dr Rupesh Gautam	Rupesh
34	0845PY191037	KARAN SINGH JHALA	Retail Pharmacy	Ms Aarti Majumdar	Aarti
35	0845PY191038	KHUSHAL BHILOTIYA	Retail Pharmacy	Mr Darshan Jamindar	Darshan
36	0845PY191039	KRISHNA	Hospital Pharmacy	Dr Nadeem Farooqui	Nadeem
37	0845PY191040	KUNAL RAI	Retail Pharmacy	Mr Gaurav Agarwal	Gaurav
38	0845PY191042	LOKESH GEHLOT	Retail Pharmacy	Mr Darshan Jamindar	Darshan
39	0845PY191043	MANASVI DUBEY	Hospital Pharmacy	Ms Komal Mahajan	Komal
40	0845PY191044	MANISH VERMA	Retail Pharmacy	Mr Gaurav Sarsodia	Gaurav
41	0845PY191045	MAYURI PATEL	Retail Pharmacy	Dr Pankaj Dixit	Pankaj
42	0845PY191046	MEGHRAJ NIGODIYA	Retail Pharmacy	Ms Aarti Majumdar	Aarti
43	0845PY191047	MOHAN	Retail Pharmacy	Mr Gaurav Sarsodia	Gaurav
44	0845PY191049	MOHAMMAD ARSHAD	Retail Pharmacy	Dr Priya Jain	Priya
45	0845PY191050	MOHIT SOLANKI	Retail Pharmacy	Ms Saloni Yadav	Saloni
46	0845PY191051	MUKESH PAWAR	Retail Pharmacy	Ms Abhilasha Jhala	Abhilasha
47	0845PY191052	NAYAN JOSHI	Hospital Pharmacy	Ms Yashu Chourasiya	Yashu
48	0845PY191053	NEHA TIRKEY	Retail Pharmacy	Dr Pritesh Paliwal	Pritesh
49	0845PY191054	NITESH PATIDAR	Retail Pharmacy	Mr Gaurav Agrawal	Gaurav
50	0845PY191055	PANKAJ PANWAR	Retail Pharmacy	Ms Nayany Sharma	Nayany
51	0845PY191056	PARUL BHORIYA	Clinical Pharmacy	Dr Rupesh Gautam	Rupesh
52	0845PY191057	PAVAN BAMNIYA	Retail Pharmacy	Ms Abhilasha Jhala	Abhilasha
53	0845PY191058	PAWAN PATIDAR	Retail Pharmacy	Dr Priya Jain	Priya

54	0845PY191059	PRABHAKAR	Retail Pharmacy	Mr Sandip Patil	
55	0845PY191060	PRACHI BOREKAR	Retail Pharmacy	Mr Gaurav Sarsodia	
56	0845PY191061	PRADHYUM PATEL	Janaushadhi Kendra	Dr Nadeem Farooqui	
57	0845PY191062	PRADHYUM RAWAT	Retail Pharmacy	Ms Yashu Chourasia	
58	0845PY191063	PRAGYA PRAJAPATI	Retail Pharmacy	Dr Rupesh Gautam	
59	0845PY191064	PRASHANT KUMAR JAISWAL	Clinical Pharmacy	Ms Saloni Yadav	
60	0845PY191065	PRATEEK RAIWAL	Retail Pharmacy	Mr. Kuldeep Vinchurkar	
61	0845PY191066	RADHIKA BAIS	Retail Pharmacy	Mr Rohit Sahu	
62	0845PY191067	RAHUL SINGH RAJPUT	Retail Pharmacy	Dr Gurmeet Chabra	
63	0845PY191068	RAJESH PANWAR	Retail Pharmacy	Ms Nayany Sharma	
64	0845PY191069	RAJKUMAR SEN	Retail Pharmacy	Mr Gaurav Sarsodia	
65	0845PY191070	RAVI SOLANKI	Retail Pharmacy	Dr Priya Jain	
66	0845PY191071	ROHIT LOVEVANSI	Retail Pharmacy	Mr Sandip Patil	
67	0845PY191072	ROUNAB BISWAS	Retail Pharmacy	Dr Rekha Bisht	
68	0845PY191073	RUQAIYA DEWAS WALA	Clinical Pharmacy	Ms Nayany Sharma	
69	0845PY191074	SACHCHIDANAND KUSHWAH	Retail Pharmacy	Mr Gaurav Sarsodia	
70	0845PY191075	SACHIN CHOUHAN	Retail Pharmacy	Ms Shivangi Patidar	
71	0845PY191076	SAGAR CHOUDHARY	Retail Pharmacy	Ms Saloni Yadav	
72	0845PY191077	SAKINA RAMPURA WALA	Retail Pharmacy	Ms Saloni Yadav	
73	0845PY191078	SANKET YAWATKAR	Retail Pharmacy	Ms Deepika Bhawsar	
74	0845PY191079	SHALEKH SAIKH	Retail Pharmacy	Dr Rupesh Gautam	
75	0845PY191080	SHASHI RANJAN SINGH	Retail Pharmacy	Mr Rohit Sahu	
76	0845PY191081	SHEETAL PATIL	Retail Pharmacy	Mrs Aarti Majumdar	
77	0845PY191082	SHIVAM BISEN	Retail Pharmacy	Dr Nadeem Farooqui	
78	0845PY191083	SHIVAM PATEL	Retail Pharmacy	Mrs Komal Mahajan	
79	0845PY191084	SHIVANI PRAJAPATI	Retail Pharmacy	Mrs Deepika Bhawsar	
80	0845PY191085	SHIVANI THAKUR	Retail Pharmacy	Mr Gaurav Agarwal	
81	0845PY191086	SHIVSAGAR DOGAYA	Retail Pharmacy	Dr Rupesh Gautam	
82	0845PY191087	SIMRAN SONI	Janaushadhi kendra	Dr Pritesh Paliwal	
83	0845PY191088	SIMRAN PATIDAR	Community Pharmacy	Dr Rekha Bisht	
84	0845PY191089	SIMRAN PATIDAR	Retail Pharmacy	Mr Sandip Patil	

85	0845PY191090	SWETA PARMAR	Retail Pharmacy	Mrs Deepika Bhawsar	Deepika
86	0845PY191091	TANUSHREE PATIDAR	Retail Pharmacy	Dr Ritesh Patel	Ritesh
87	0845PY191092	UDESH PAWAR	Retail Pharmacy	Ms Abhilasha Jhala	Abhilasha
88	0845PY191093	VAISHNAVI MALVIYA	Arogya Medicals	Mrs Arti Majumdar	Arti
89	0845PY191095	VANSH VERMA	Retail Pharmacy	Mrs Shivangi Patidar	Shivangi
90	0845PY191097	VINAY CHOUHAN	Retail Pharmacy	Dr Rekha Bisht	Rekha
91	0845PY191098	VINAY THAKUR	Retail Pharmacy	Dr Rekha Bisht	Rekha
92	0845PY191099	VISHAL ADHIKARI	Retail Pharmacy	Mrs Shivangi Patidar	Shivangi
93	0845PY191100	VISHAL CHOYAL	Retail Pharmacy	Mrs Deepika Bhavsar	Deepika
94	0845PY191101	VIVEK KUMAR DWIVEDI	Retail Pharmacy	Dr Nadeem Farooqui	Nadeem
95	0845PY191102	YASH SHARMA	Retail Pharmacy	Mrs Komal Mahajan	Komal
96	0845PY191103	YASHI JAIN	Retail Pharmacy	Mr Darshan Jamindar	Darshan
97	0845PY191104	YOGITA PATIDAR	Retail Pharmacy	Mrs Nayany Sharma	Nayany
98	0845PY203D01	ARSHI MANSURI	Retail Pharmacy	Mr Sandip Patil	Sandip
99	0845PY203D02	MAHAK RATHORE	Retail Pharmacy	Mr Sandip Patil	Sandip
100	0845PY203D03	POOJA CHOUDHARY	Retail Pharmacy	Mr Rohit Sahu	Rohit
101	0845PY203D04	PRITAM ADHIKARY	Retail Pharmacy	Mr Darshan Jamindar	Darshan
102	0845PY203D05	SHIVANI	Retail Pharmacy	Mr Gaurav Agarwal	Gaurav
103	0845PY203D06	SHIVANI JOSHI	Retail Pharmacy	Dr Gurmeet Chabra	Gurmeet
104	0845PY203D07	SHIVANI PATIDAR	Retail Pharmacy	Dr Nadeem Farooqui	Nadeem
105	0845PY203D08	SHRADHA SULE	Retail Pharmacy	Dr Ritesh Patel	Ritesh
106	0845PY203D09	VAISHNAVI PATIDAR	Retail Pharmacy	Mr Sandip Patil	Sandip



Principal
Dr. Dinesh Kumar Mishra

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

**CENTRAL ANALYTICAL
LABORATORIES**
Purs to Quality
As ISO 9001 : 2015 Certified & FDA Approved Laboratory

NABL
Accredited
Laboratory


Date: 24.09.2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. Aman Thakur S/o Mr. Shri Bhagwan Singh Thakur, Student of B.Pharmacy (VII Semester) of Indore Institute of Pharmacy, Indore has completed his Industrial training in our quality control department, dated from 07.09.2022 to 24.09.2022. He has undergone training in Chemical, HPLC, UV analysis of various pharmaceutical products.

During the training period we found, he is hard working having good communication skills. We wish him all the best.

For Central Analytical Laboratories


Quality Manager
(Contact - +919644399971, +919644399975)

Address : 333, A. B. Road, Pipalimber, Bhopal, Indore - 453331 (Madhya Pradesh)
Website : www.centralanalabs.in • E-mail : centralanalyticallaboratories@gmail.com
Contact No. : +91 7202576343, +91 9644399971, +91 9644399975



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Register: Under UGC 2(F)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331



CENTRAL ANALYTICAL LABORATORIES

Path to Quality

An ISO 9001 : 2015 Certified & FDA Approved Laboratory



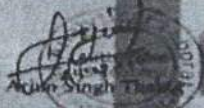
Date: 24.09.2022

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Ms. Garima Vyas D/o Mr. Nand kishore Vyas Student of B.Pharmacy (VII Semester) of Indore Institute of Pharmacy, Indore has completed her Industrial training in our quality control department, dated from 07.09.2022 to 24.09.2022. she has undergone training in Chemical, HPLC, UV analysis of various pharmaceutical products.

During the training period we found, she is hard working having good communication skills. We wish her all the best.

For Central Analytical Laboratories



Arjun Singh Thakur

Quality Manager

(Contact : +919644399971, +919644399975)

Address : 523, A. B. Road, Pithampur, Rau, Indore - 453331 (Madhya Pradesh)
Website : www.centrallabs.in & E-mail : centralanalyticallaboratory@gmail.com
Contact No. : +91 7898576343, +91 9644399971, +919644399975




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



INDORE INSTITUTE OF PHARMACY

Pithampur Road, Opp IIM, Rau, Indore 453331

CERTIFICATE

DATAR CLINIC

Tara Complex, Near LIC Bank, Opp. Flexitoff Co. Mhow, Neemuch Road, Sector-1
Pithampur, DHAR-454775, (M.P.) India

TO WHOMSOEVER IT MY CONCERN

This is to certify that Miss. Gayatri Patil, pursuing her 4th year B. Pharma (2019-2023) Batch) from Indore Institute of Pharmacy, Indore, has successfully completed her Pharmacy Practice School training at Datar Clinic, Pithampur from 06/09/2022 to 21/09/2022.

We found her sincere, punctual, hardworking. She worked well during her training tenure.

We wish her all the best for her future.

For Datar Clinic,

Dr. Yogesh Jain

BSc. M.B.B.S.,

Family Physician and Surgeon

DR. Y. C. JAIN

B.Sc. M.B.B.S.

PHYSICIAN AND SURGEON

Reg. - 5880

TARA COMPLEX

Near - Yash Bank

Opp. - Flexitoff Company

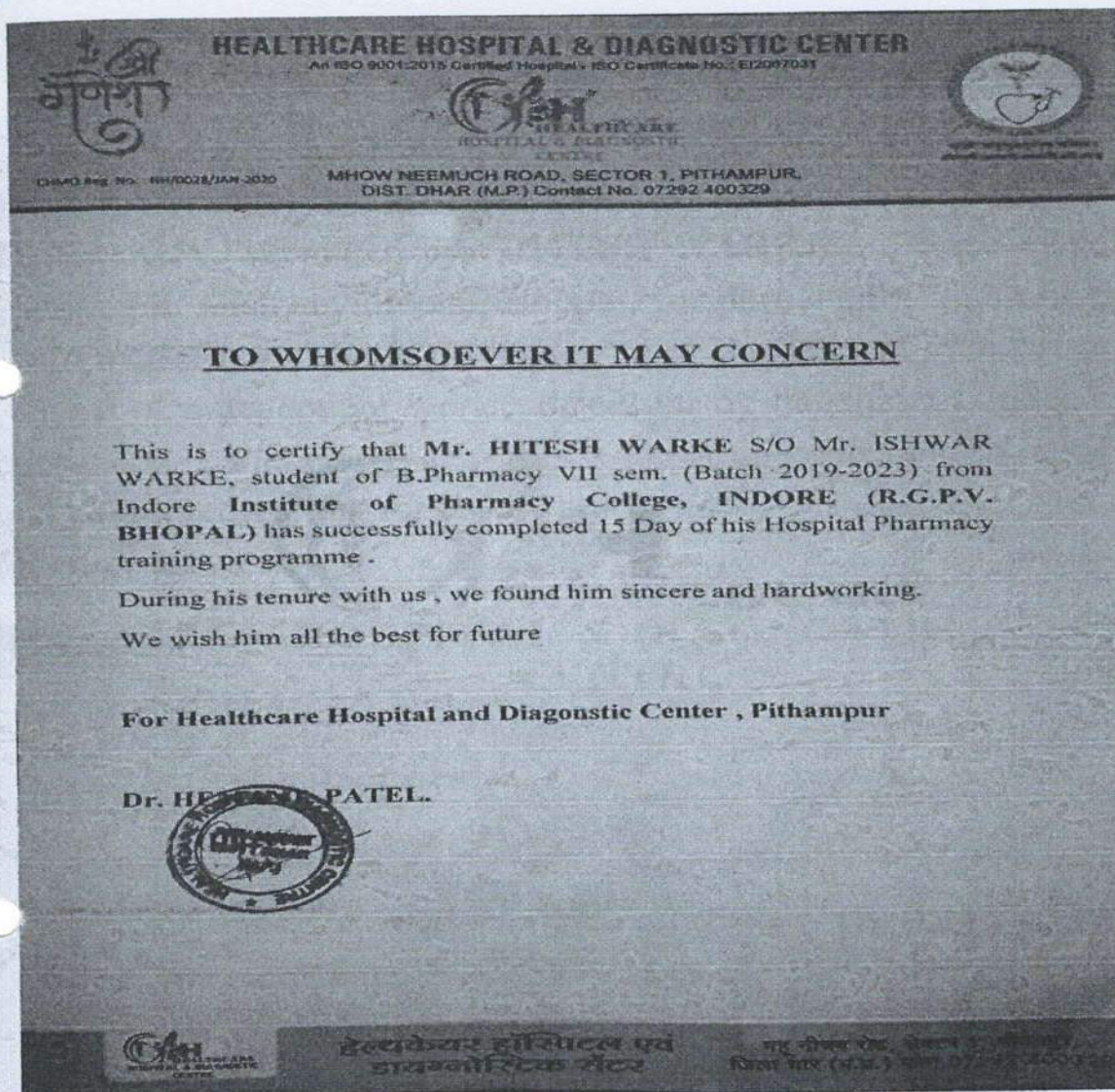
Mhow, Neemuch Road

Pithampur, Dist. Dhar (M.P.) 454775





INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

Retailer Pharmacy Experience Letter

Licence No:


TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr. Jatin Keshiya S/O Shri. Jagdish Keshiya Enrollment No. 0845PY191034 pursuing B.Pharmacy - VII Semester from Indore Institute of Pharmacy, Indore (M.P.) has successfully completed one month of training in our organization from /09/2022 to /10/2022 during this period we found him hardworking and quick learner. We wish him success in his life.

Name of Student : - Jatin Keshiya

Name of Guide : - Shivangi Patidar




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

CERTIFICATE

(RETAIL PHARMACY)


This Certify To Mr Karan Pawar S/O Mr Rakesh Pawar Enrolment No .
0845PY191036 Pursuing B.Pharmacy From Indore Institute Of Pharmacy Has
• Been Successfully Completed Training For Practice School In A Retail Pharmacy
Shop Named Bandhu Medical store and polyclinic , License NO.20/2400/10/2022
From 01/10/2022 To 10/10/2022 During This Period We Found Him Dedicated
And Sincere .

We Wish His Success In His Life.

Mrs. Pinki Singh

(Pharmacist)




Principal
Indore Institute of Pharmacy.
INDORE (M.P.)

Retail Pharmacy Experience Letter

**Ganesh medical store,
Indore**

**Licence No : 20B/9/18/2000/2011
Date : 06/10/2022**

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr. Karan Singh Jhala S/O Mr. Shekhar Singh Jhala** Enrollment No. **0845PY191037** pursuing B.Pharmacy-VII Semester from Indore Institute of Pharmacy, Indore (M.P) has successfully completed one month of training in our organization from **06/09/2022** to **06/10/2022**, during this period we found him hardworking and sincere.

We wish him success in his life.

Name of Student :- Mr. Karan Singh Jhala

Name of Guide :- Mrs. Arti Majundar

Mr. Manoj Bohra

(PHARMACIST)



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Date.....

Age.....

Name Wt.....

R_x

This is Certified that MR. KHUSHAL
BHILOTIYA S/O ANANDILAL BHILOTIYA

D/OIB 1/12/2000 B.Pharm 4th YEAR

Have been Successfully Complete medical
training at medicine House Raigarh
Dist. DHAR (M.P.) from 30/09/2022 to
15/10/2022.

मेडिसीन हाउस

प्रोप्रायटर



[Signature]

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

बेटी बचाओ, बेटी पढ़ाओ

मेडिसीन हाऊस

* मेडिकल एवं जनरल स्टोर्स *

सरकारी अस्पताल के सामने, गज्जगर (जिला-धार) में 0000000000

32

HOSPITAL PHARMACY

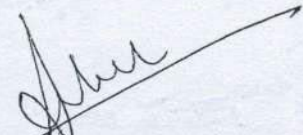
ARPAN HOSPITAL & RESEARCH CENTRE

(151/2 IMLI BAZAAR NEAR RAJWADA INDORE (M.P) 452007)

To whom so ever it may concern

This is to certify that Mr. Krishna Gupta S/o Sanjay Gupta pursuing B. Pharmacy -VII Semester from Indore Institute of Pharmacy, Indore (M.P) has successfully completed 1 month of training in our organizations from 04.10.2022 to 31.10.2022. During this period, we found his hardworking and sincere.

We wish him success in his life.



अर्पण मेडिकल स्टोर्स
पीरगली अर्पण नर्सिंग होम
के पास, इन्दौर-452004



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

Retail Pharmacy Experience Letter

Diamond medical store

DATE-30/10/2022

M,43/ khatiwala tank, near babji kirana, Saifee Nagar,
Indore, Madhya Pradesh 452014

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Manish Verma** Enrollment No. **0845PY191044** pursuing B.Pharmacy-VII Semester from Indore Institute of Pharmacy, Indore (M.P) has successfully completed one month of training in our organization from 30/09/2022 to 29/10/2022 during this period we found him hardworking and sincere.

We wish him success in his life.

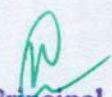
Name of Student **Manish Verma**

Mr. MURTAZA SINGAPURWALA

(PHARMACIST)

Diamond Medical Stores
3, M Khatiwala Tank, INDORE

Name of Guide :- **Mr. Gaurav Sarsodia**



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331



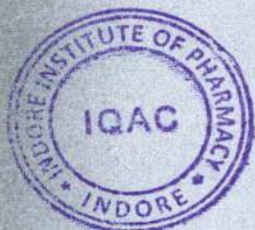
CERTIFICATE

Date :-

This to certify that the work entitled ""submitted by "Meghraj Nigodiya " to Rajiv Gandhi Proudhyogiki Vishwavidhyala, Bhopal, for partial fulfillment of the requirement for the award of the degree of Bachelor of Pharmacy, is a record of independent work carried out by the student under my supervision

Completing 150 hrs of Training for Practice School in Pharmacy Shop at Pradhanmantri Bhartiya Jan Aushadhi Kendra, Pithampur

Signature:
PRACHAN MANTRI BHARTIYA
JAN AUSHADHI KENDRA
Shop No. 05, Jitu Cr. complex
In Front of Shrinan Sweets Pithampur-451715



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

Retail Pharmacy Experience Letter

ain Medical & General Store

dd. Shop No.3,Om, Guru Kripa Appartment
Vishnupuri Main A.B. Road INDORE (MP)

Licence No : 106/2003-04

Date: 08/10/2022

TO WHOM SO EVER IT MAY CONCERN


s is to certify that **Mr. Mohan Bare S/O Mr Gulab Singh Bare** Enrollment No
5PY191047 pursuing B.Pharmacy-VII Semester from Indore Institute of Pharmacy, Indore
(P) has successfully completed one month of training in our organization from **06/09/2022** to
10/2022 during this period we found him hardworking and sincere.

wish him success in his life.

ne of Student :- Mohan Bare


ne of Guide :- Gaurav Sarsodiya

ain Medical & General Store
Shop No.3, Om, Guru Kripa Apprt.
Vishnupuri Main A.B. Road, Indore
Ph: 0731-4054311, 9876031111



MR. YASH JAIN

(PHARMACIST)



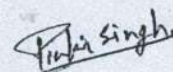
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

CERTIFICATE

(RETAIL PHARMACY)

This Certify To Mr Mohhamad Arshad S/O Mr Mohhamad shafi Enrolment No . 0845PY191049 Pursuring B.Pharmacy From Indore Institute Of Pharmacy Has Been Successfully Completed Training For Practice School In A Retail Pharmacy Shop Named Bandhu Medical store and polyclinic , License NO.20/2400/10/2022 From 15/09/2022 To 25/10/2022 During This Period We Found Him Dedicated And Sincere .

We Wish His Success In His Life.



Mrs. Pinki Singh

(Pharmacist)



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

CERTIFICATE

PREETAM MEDICAL AND GENERAL STORES

15/1 Sagore Kuti, Pithampur, Indore [M.P.]

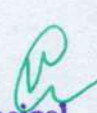
This is to certify that Ms. Mahak Rathore d/o Mr. Satyanarayan Rathore whose Enrolment no is 0845PY203D02 pursuing B.pharma [7th sem] from INDORE INSTITUTE OF PHARMACY, INDORE has successfully completed 150 hrs of pharmacy training from 15th Sep to 15th October 2022. During this period we found her sincere and hardworking. We wish her best luck and success in her career.


PREETAM MEDICAL STORES

Preetam Medical &
General Store
Sagore Kuti, Pithampur

Date- 16 October 2022




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

"Shyam pharmacy"


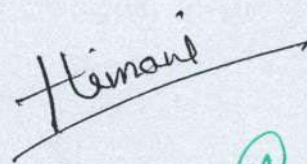
Date -20/10/2022

This is to certify that Mayuri Patel B.Pharm final year student(2019-2023 batch) has successfully completed her 15 days training (5/10/2022 — 20/10/2022) in "Shyam pharmacy ,222 Kajipalsiya Khudel Indore" for partial fulfillment of the requirement for the award of degree of Bachelor of Pharmacy. We found her very sincere , disciplined and punctual during her training period.

We wish her all the best for her future.

Owner of Shyam pharmacy

Mis,Himani Choudhary



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

COMMUNITY PHARMACY

(Janhit Retail Pharmacy, Mhow, Madhya Pradesh 453441)

Date: 15/10/2022

To whom so ever it may concern

This is to certify that Mr. Mohit Solanki So. Mr Ashok Solanki Enrollment No. 0845PY191050 pursuing B. Pharmacy -VII Semester from Indore Institute of Pharmacy, Indore (M.P) has successfully completed 1 month of training in our organizations from 15.09.2022 to 15.10.2022. During this period we found him hardworking and sincere.

We wish him success in his life.


For, Janhit Medical

Proprietor

Mr. Kuldeep Patel

(Pharmacist)




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

Retail Pharmacy Experience Letter

Krishna Medical & General Store

Add. Infront of Agrashen Gate
Mansi palace, Indore (M.P)

Licence No : 20/2507/11/2021

Date : 08/10/2022

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr. Mukesh Pawar S/O shri Sitaram Pawar** Enrollment No. **0845PY191051** pursuing B.Pharmacy-VII Semester from Indore Institute of Pharmacy, Indore (M.P) has successfully completed one month of training in our organization from **06/09/2022** to **06/10/2022** during this period we found him hardworking and sincere.

We wish him success in his life.

Name of Student :- **Mukesh Pawar**

Name of Guide :- **Abhilasha Jhala**



Mr. Jitendra Rajawat

(PHARMACIST)

DRx. Jitendra Singh Rajawat
Reg No. 43064




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

HOSPITAL PHARMACY

ARPAN HOSPITAL & RESEARCH CENTRE

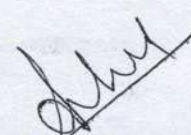
(151/2 IMLI BAZAAR NEAR RAJWADA INDORE (M.P) 452007)

To whom so ever it may concern

This is to certify that Mr. Nayan Joshi S/o Dharmesh Joshi pursuing B. Pharmacy -VII Semester from Indore Institute of Pharmacy, Indore (M.P) has successfully completed 1 month of training in our organizations from 04.10.2022 to 31.10.2022. During this period, we found his hardworking and sincere.

We wish his success in his life.




अर्पण मेडिकल स्टोर्स
पीरगली अर्पण नसिंग होम
के पास, इन्दौर-452004


Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

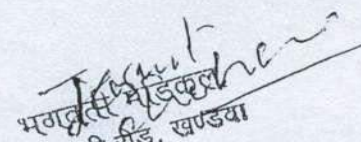
CERTIFICATION OF COMPLETION

Date-30/10/22

To whom so ever it may concern

This is certified to **Miss Neha Tirkey D/O Mr. Sunil Tirkey** Enrollment no 0845PY191053 pursuing Bachelor of Pharmacy from **Indore Institute of Pharmacy**, Indore has successfully completed **Bhagwati medical Store** from training for practice school in a retail pharmacy shop named 01/10/2022 to 30/10/2022. Successfully completed' one-month training during this training we found her sincere and dedicated.




भगवती मेडिकल
स्टोर, खण्डवा
Jaswant Singh Chauhan
(Pharmacist)

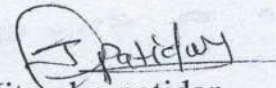

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

CERTIFICATE


(RETAIL PHARMACY)

This Certify To Mr Nitesh Patidar S/O Mr Rakesh Patidar Enrolment No .
0845PY191054 Pursuring B.Pharmacy From Indore Institute Of Pharmacy Has
Been Successfully Completed Training For Practice School In A Retail Pharmacy
Shop Named Shree Ji Medical Store From 01/10/2022 To 10/10/2022 During This
Period We Found His Dedicated And Sincere .

We Wish His Success In His Life.


Jitendra patidar
(Pharmacist)




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)


CERTIFICATE

This is certified that Prashant Kumar Jaiswal s/o Brijesh Chandra Jaiswal, 4th year student of B.Pharm from Indore Institute Of Pharmacy, Indore has attended training in our Pharmacy Department.

During this period his conduct was good and found him very sincere and hardworking.

We wish all the best for all his future endeavors.

Community Healthcare
Center


Dr. Om Kesharvani





Indore Institute of Pharmacy

Affiliated to - BOPU (Bhopal) | Approved by - AICTE (New Delhi) & PCI (New Delhi)
Register - Under UGC 2(F)

Retail Pharmacy



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

CERTIFICATE

Best Care Pharmacy

Address- 68 B Sudama Nagar Annapurna Road Indore 452009

This is certify that Pooja Choudhary D/O Jeevan Choudhary has successfully completed the three month pharmacy internship from 9 Sep 2022 to 25 Sep 2022. He joined us as a pharmacist during this internship, he has been found to be honest, dedicated, hardworking and actively participating in all activities at this pharmacy

We wish his all the best for her future endeavours.

Schur
BEST CARE PHARMACY
68-B, Sudama Nagar, Indore
Mob.: 9098558838
DL-20/2661/11/2021
DL-21/2662/11/2021

Date: 26 Sep 2022



Indore Institute of Pharmacy

P
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

IV

Samarpan Chemist

4, DWARKAMAI TOWER
FREEGANJ, UJJAIN

This is Certify that Mr. Pawan Patidar
s/o Mr. Manoharlal Patidar D/O/B - 16/10/1999
B-Pharma 4th year has been Successfully
Complete Medical training at Samarpan
Medical, Ujjain (M.P) from 30/09/22 to
15/10/22.


Samarpan Chemist
4, DWARKAMAI TOWER,
FREEGANJ, UJJAIN




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)




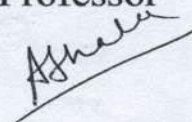
INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

CERTIFICATE

This to certify that the practice school report entitled **"FUNCTIONING OF RETAIL COMMUNITY PHARMACY"** submitted by **"PAVAN BAMNIYA"** to Rajiv Gandhi Proudhyogiki Vishwavidhyala, Bhopal, for partial fulfillment of the requirement for the award of the degree of Bachelor of Pharmacy, is a record of independent work carried out by the student under my supervision. I also certify that this work or any part thereof has not been submitted earlier for the award of any other degree of this or any other university.

Miss. ABHILASHA JHALA

Asst. Professor



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

Clinical Pharmacy- Introduction, Regulation and Growth

EXPERIENCE CERTIFICATE

CLINICAL PHARMACY

(Suraj clinic, Khadayte dental clinic, Indore road, Betma, Indore Madhya Pradesh, 453001)

Date: 23/10/2022

To whom so ever it may concern

This is to certify that **Ms. Parul Bhoariya** pursuing B.Pharmacy, 7th semester from Indore Institute of Pharmacy, Indore (M.P.) has successfully completed 150 hours of training in our organization from 23/09/2022 to 23/10/2022. During this period found her hardworking and sincere.

We wish her success in her life.




Dr. Vijay Gehlod
सूरज क्लिनिक
इन्दौर रोड, बेटमा
M. 9691438170,


Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

RAJ MEDICOS

Date- 22/10/2022

Training Certificate

This is to certify that **Mr. Prateek Raiwal, S/O- Mr. Vinod Raiwal**, a student of B.pharma (Bachelor of Pharmacy – 7th Semester), **Enrollment No. – 0845PY191065**, of **Indore Institute of Pharmacy Indore**, affiliated to **Rajiv Gandhi Proudhyogiki Vishwavidyalaya Bhopal (M.P.)**, has successfully completed 01 (One) month (From 20/09/2022 to 20/10/2022) long Practice School programme at this Medical Store. During this training period of his practice school programme with us he was found punctual, hardworking and inquisitive.


We wish his every success in life.

For Raj Medicos

Raj Medicos

St. Shikha Appartment
Near Mahal Colony, Indore

.....
Authorized Signature



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

भारतीय
जन औषधि
परियोजना



Department of Pharmaceuticals
Ministry of Chemicals & Fertilizers
Government of India



अब दवाइयाँ हुई सस्ती।

Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana

Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana
Shri Sidheshwar Ganesh Mandir Ke Pass, Padawa, Khandwa
Contact No. 9977143577

To Whom It May Concern

This is to certify that Mr. PRADHYUM PATEL s/o ISHWARLAL PATEL
B Pharmacy, Semester - VII from Indore Institute of Pharmacy, Indore
undergone internship training from 01/08/2022 to 30/10/2022

During these three month Internship he has worked tremendously well.
He remains continuously updated about medicinal stock and the competitive
products available in the market. He takes deep interest in Medicine to
provide the best medical services to Patients.
He can prove to be an asset to a community pharmacy.

We wish him a successful future.

Mr. Akshat Laad

Owner

Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana

सिद्धेश्वर गणेश मंदिर के पास
पड़वा, खण्डवा 0733 2244201



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

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**Indore Institute of
Pharmacy**

Affiliated to - BOPU (Bhopal) (Approved by - AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

CERTIFICATE

(Retail Pharmacy)

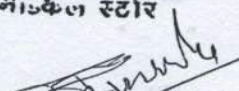
To whom it may concern

This is certify to **Miss Prachi Borekar D/O Mr Suresh Borekar** Enrollment
No. **0845PY191060** pursuing B.pharmacy from Indore Institute Of Pharmacy has successfully
completed training for practice school in a retail pharmacy shop named "**Abhishek Medical
Store**" from 15/09/22 to 30/09/22. During this period we found her dedicated and sincere.


We wish her success in her life.

Abhishek Medical Store

वास्ते अभिषेक मेडिकल स्टोर


प्रोप्रायटर




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

GAYATRI MEDICAL STORE.

DL NO.- 20/105/31/2014

IKLERA, DISTRICT - RAJGARH (M.P.)

TO WHOM IT MAY CONCERN

This is to certify that **Mr. Pradhyum Rawat S/O Kanhaiyalal Rawat** whose enrollment no. **0845PY191062** pursuing B. Pharmacy 7th semester from **Indore institute of Pharmacy (RGPV) Indore**, has successfully completed 150 Hrs. of training from 24th September to 8th October, 2022. During this period, his services were found to be satisfactory in carrying out the job duties.

We wish him all the best in his future endeavors.

GAYATRI MEDICAL STORE
IKLERA
DIST. RAJGARH (M.P.)
(Signature)

NAVEEN PATIDAR

(Pharmacist & Proprietor)



(Signature)
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

PHARMACY PRACTICE **INDORE INSTITUTE OF PHARMACY**



PHARMACEUTICALS & MEDICAL DEVICES BUREAU OF INDIA (PMBI)
(Set up under the Department of Pharmaceuticals, Government of India)

भारतीय
जल औषधि

Date: 17/04/22

INTERNSHIP CERTIFICATE

This is so certify that **Ms. PURVASHI MODI** completed his/her (1 month) Community Pharmacy Internship in **Pradhan Mantri Bhartiya Jan Aushadhi Kendra** with study of therapeutics / medical terminology, disease states.

He / She acquired knowledge and skills in prescription monitoring and developing of Pharmaceutical care, plan, problem solving, decision making and active participation in the medical team, Pharmacotherapy and rational use of medicine.

He / She was found intelligent, hardworking and punctual in whole tenure of his/her training. I wish his/her best of success in the every part of his/her life in the future.

Shivraj Singh Parthian
Manager
Pradhan Mantri Bhartiya Jan Aushadhi Kendra



Contact Number : 9144007495, Address : 63 Dwarkapuri, Hawa
Banglo Main Road, Indore (M.P.) - 452009



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) | Approved by: AICTE (New Delhi) & PCI (New Delhi)
Registered Under UGC 2(F)

Hospital Pharmacy



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

HEALTHCARE HOSPITAL & DIAGNOSTIC CENTER
An ISO 9001:2015 Certified Hospital • ISO Certificate No.: EI2007031

CHMO Reg. No.: NH/0028/JAN-2020

MHOW NEEMUCH ROAD, SECTOR 1, PITHAMPUR,
DIST. DHAR (M.P.) Contact No. 07292 400329

31-10-22

To Whom It May Concern

It is to certify that **Mr. Rajkumar Sen S/O Mr. Brijendra Sen** student of B. Pharmacy 4th Year from **Indore Institute of Pharmacy**, Indore (M.P.) has undergone internship training from 01/10/2022 to 30/10/2022.

During 01 month he has worked tremendously well. He remains continuously updated about medicine stock and the competitive products available in the market. He takes deep interest to provide the best medical services to Patients. He can prove to be an asset to the Hospital pharmacy.

We wish him a successful future.



Seal & Sign

Dr. Hemant Patel
Director
Healthcare Hospital & Diagnostic Centre
Pithampur



हेल्थकेयर हॉस्पिटल एवं
डायग्नोस्टिक सेंटर

महू नीचम रोड, सेक्टर 1, पीथमपुर,
जिला धार (म.प्र.) फोन 07292 400329



Indore Institute of Pharmacy

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

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Retail Pharmacy Experience Letter

Prasiddhi Medicose
Nehru Nagar Indore (M.P.)

Date : 16/10/2022

TO WHOM SO EVER IT MAY CONCERN

It is to certify that **Mr. Rahul Singh Rajput s/o Mr. Ladsingh Rajput** Enrollment No. **45PV191067** pursuing B.Pharmacy-VII Semester from Indore Institute of Pharmacy, Indore (M.P.) has successfully completed one month of training in our organization from **04/09/2022** to **10/10/2022** during this period we found him hardworking and senior.

We wish him success in his life.

Name of Student :- **Rahul Singh Rajput**

Name of Guide :- **Dr. Gurmeet Chhabra**

Mr. Virendra Singh Jadhav
(PHARMACIST)

PRASIDHI MEDICOSE
Nehru Nagar Indore
984/9, Nehru Nagar Indore
Mob.: 984/9, Nehru Nagar Indore
संदर्भ : दस्तावेजों के साथ संलग्न है।



Principal
Indore Institute of Pharmacy
Indore (M.P.)


CERTIFICATE (RETAIL PHARMACY)

To whom it may concern.

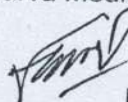
This is certify to Miss. Redhika Bais DIO
Mr. Chait Singh Bais. Enrollment NO-0845P/19108
pursuing B.Pharmacy from Indore Institute of
Pharmacy as successfully completed training
for Practice school in a retail Pharmacy
shop named "Athena Medical Stores"
from 15/10/22 to 30/10/22. During this
period we found her dedicated and
sincere.

We wish her success in her life.




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

For Atharva Medical Stores


Proprietor



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**Indore Institute of
Pharmacy**

Affiliated to - BOPU (Bhopal) (Approved by - AICTE (New Delhi) & PCI (New Delhi))
Registered - Under UGC 2(F)

JAI MEDICAL CENTRE

LIC.NO. 20/154/14/2016

DATE :

REG.NO.19096

To,
Whom It May Concern
Date : 15/04/2022

It is to certified that MR ROHIT PATIDAR SO MR MUKESH PATIDAR Of
B.Pharmacy , semester - VIII from Indore Institute of Pharmacy , Indore has
un-dergone internship training from 15/02/2022 to 15/03/2022.


During these One month internship he has worked very well . He remains
continuously updatedet medicinal stock and the competitive products available
in the market . He takes deep interest in medicine to provide the best medical
service to patience .

We wish him a successful future .

बसु जय मेडिकल
Lic.NO.20/154/14/20
21/154/14/20
Mo9826335971

SAGORE KUTLBETMA ROAD OPP BHADORIYA MOBILE GALLERY
MOB - 6262769203




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

Retail Pharmacy Experience Letter

Gurukripa Medical Agencies,
Khandwa

Licence No : 20B/9/18/2000/2011
Date : 06/10/2022

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Mr. Rounab Biswas S/O Mr. Biprojit Biswas** Enrollment No. **0845PY191072** pursuing B.Pharmacy-VII Semester from Indore Institute of Pharmacy, Indore (M.P) has successfully completed one month of training in our organization from **06/09/2022** to **06/10/2022**, during this period we found him hardworking and sincere.

We wish him success in his life.

Name of Student :- **Mr. Rounab Biswas**

Name of Guide :- **Miss. Rekha Bisht**

Mr. Sohan Ahuja
(PHARMACIST)



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



**Indore Institute of
Pharmacy**

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Registered - Under UGC 2(F)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331



AzisLabs

▶ **Work:** Plot No. M-43, Sector-3, Pithampur 454774, Dist. Dhar, (M.P.) India
▶ **City Office:** 3/26, Vijay Nagar, Opp. Sayaji Hotel, Indore (M.P.) India, Tel. No.: 0731-4088178
▶ **Lab Contact No.:** 98898 98316, 98270 08819, 7089333892
▶ **Email:** info@azislabs.com, j.dingwani@azislabs.com, Visit: www.azislabs.in

NABL ACCREDITED LAB (ISO/IEC 17025:2017), RECOGNIZED BY MINISTRY OF ENVIRONMENT, FOREST & CLIMATE CHANGE (MoEFCC), NEW DELHI, ISO 9001:2015, ISO 14001:2015, ISO 45001:2018 (OH&S) CERTIFIED LAB

Date: 29/10/2022

TO WHOMSOEVER IT MY CONCERN

This is to certify that Miss. Bhagyashree Yadav, pursuing her 4th year B.Pharm (2019-2023 Batch) from Indore Institute of Pharmacy, Indore, has successfully completed her training on Pharmaceutical Testing at Azis Labs, Pithampur from 13/10/2022 to 29/10/2022.

We found her sincere, punctual, hardworking, technically sound and result oriented. She worked well during her training tenure.


We wish her all the best for her future.

For AZIS LABS,


Jitendra Dingwani
Lab Head



2022/10/31 22:50

 60
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)





INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

CAL **CENTRAL ANALYTICAL
LABORATORIES**
Facts in Quality
An ISO 9001 : 2015 Certified & FDA Approved Laboratory

NABL
Accredited
Laboratory


Date: 24.09.2022

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms. Fatema Kukshi wala D/o Mr. Idrees Kukshi wala Student of B.Pharmacy (VII Semester) of Indore Institute of Pharmacy, Indore has completed her Industrial training in our quality control department, dated from 07.09.2022 to 24.09.2022. she has undergone training in Chemical, HPLC, UV analysis of various pharmaceutical products.

During the training period we found, she is hard working having good communication skills. We wish her all the best.

For Central Analytical Laboratories


Adar Singh
Quality Manager

(Contact - +919644399971, +919644399975)

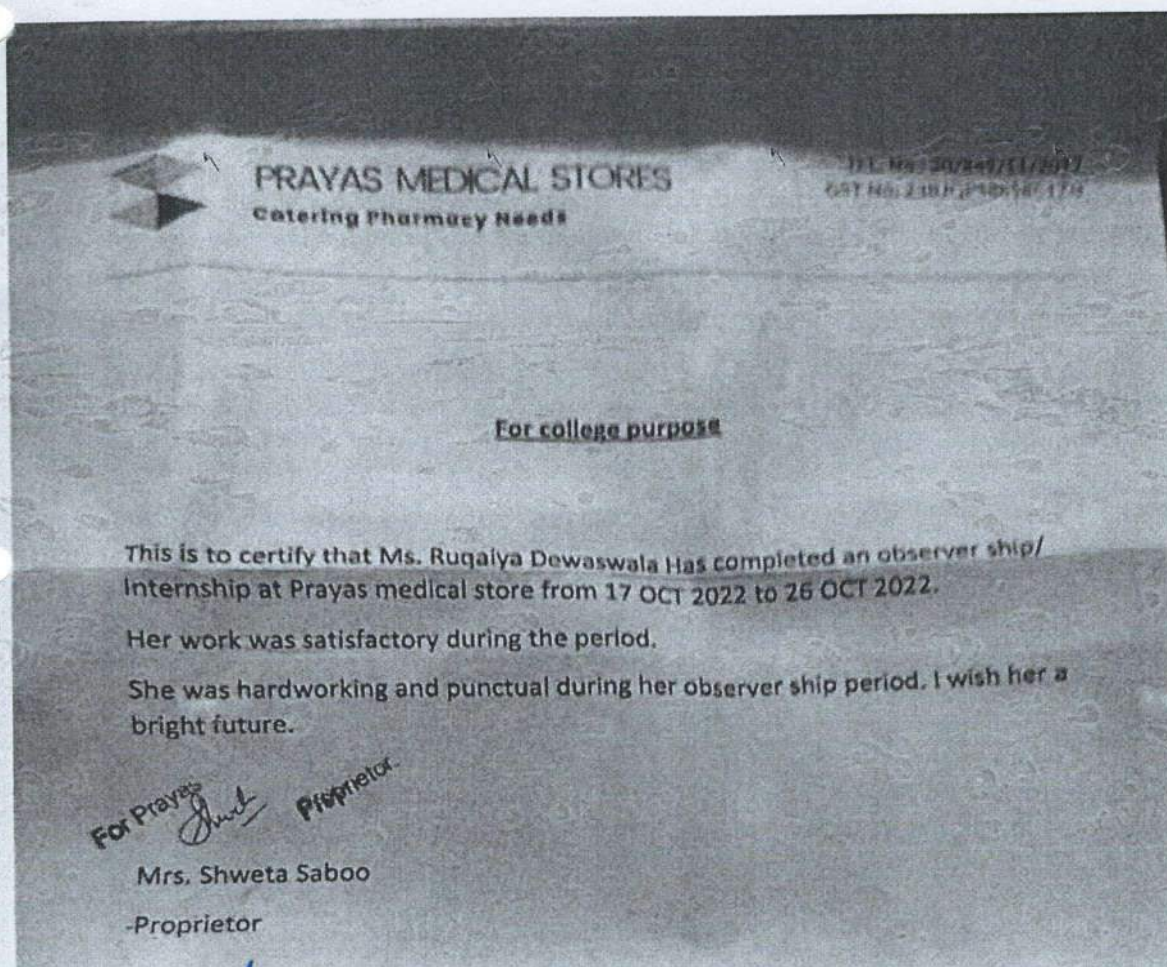
Address : 523, A. B. Road, Pithampur, Rau, Indore - 453331 (Madhya Pradesh)
Website : www.centralindia.in • E-mail : centralanalyticallaboratories@gmail.com
Contact No. : +91 7898576343, +91 9644399971, +919644399975




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331



Principal
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



**Indore Institute of
Pharmacy**

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Registered Under UGC 2(F)

GAYATRI MEDICAL

UG-1 SHUBHLABH COMPLEX JEEVAN JYOTI COLONY KALIBILLO.

TEH. DEPALPUR DIST. INDORE (M.P.) . PIN CODE 453006

9752561217, 8871475327

E-mail: gayatrimedical1217@gmail.com

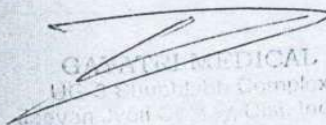
INTERNSHIP CERTIFICATE

This is to certify that Mr. Sachin Chouhan S/o Jawahar Chouhan completed his/her (15 Dec.,
Community Pharmacy Internship in Gayatri medical with study of therapeutics/ medical terminologies
Disease states.

He/She was found intelligent, hard working & punctual in the whole tenure of his/her training. I wish
his/her best of success in the every part of his/her life in the future.




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)


GAYATRI MEDICAL,
UG-1 Shubhlabh Complex
Jeevan Jyoti Colony, Indore
D.L. 20/07/2014
21/08/2014

DRX. PRITI PATLE

Pharmacist & Proprietor

Gayatri medical

DHARMISHTA MEDICOSE AND SURGICAL STORE

Training Certificate

This is to certify that Sagar Chaudhary, S/O- Mr. Balakram Choudhary, a student of B.pharma (Bachelor Of Pharmacy - 7th Semester), Enrollment No. - 0845PY191076, Indore Institute Of Pharmacy Indore, affiliated to Rajiv Gandhi Proudyogiki Vishwavidyalaya Bhopal (M.P.), has successfully completed 01 (One) month (From 15/09/2022 to 15/10/2022) long Practice School programme at this Medical Stores. During the period of his internship programme with us he was found punctual, hardworking and inquisitive.


We wish his every success in life.

For Dharmishta Medical And Surgical Stores

धर्मिष्ठा मेडिकल एण्ड सर्जिकल स्टोर,
प्लॉट नं. 289, इन्द्रपुरी कॉलोनी,
.....भंवस्कुआँ, इन्दौर..

Authorized Signature




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

CERTIFICATE

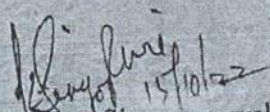
(Retail pharmacy)

Date 15/10/22


To whom it may concern

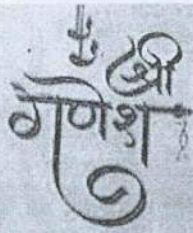
This is certify to Miss Sakina rampura wala D/O Mr Mansoor rampura wala Enrollment no. 0845PY191077 pursuing b pharmacy from Indore Institute Of Pharmacy has successfully completed training for practice school in a retail pharmacy shop named Diamond medical store from 1/10/22 to 15/10/22. During this period we found her dedicated and sincere.

We wish her success in her life.


Khuzema Singapore wala
[pharmacist]
from Diamond medical store




Principal
Indore Institute of Pharmacy
INDORE (M.P.)



HEALTHCARE HOSPITAL & DIAGNOSTIC CENTER

An ISO 9001:2015 Certified Hospital • ISO Certificate No.: EI2007031



HEALTHCARE
HOSPITAL & DIAGNOSTIC
CENTRE

CHMO Reg. No. : NH/0028/JAN-2020

MHOW NEEMUCH ROAD, SECTOR 1, PITHAMPUR,
DIST. DHAR (M.P.) Contact No. 07292 400329



या हेल्थ केयर हॉस्पिटल व डायग्नोस्टिक सेंटर
इसका नाम है स्वास्थ्य सेवा केंद्र

TO WHOMSOEVER IT MAY CONERN

This is to certify that Mr. SANJAY KUMAR PATEL S/O Mr. SURYA PAL PATEL, student of B. Pharmacy VIII sem. (Batch 2018 – 2022) From INDORE INSTITUTE OF PHARMACY, INDORE (R.G.P.V. BHOPAL) has successfully completed 1 Month Hospital Pharmacy Training Programme.

During his tenure with us, we found him sincere and hardworking.

We wish him all the best for future.

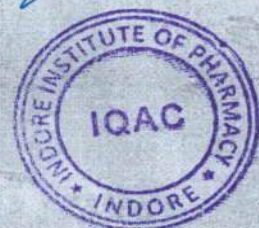
For Healthcare Hospital and Diagnostic Center, Pithampur

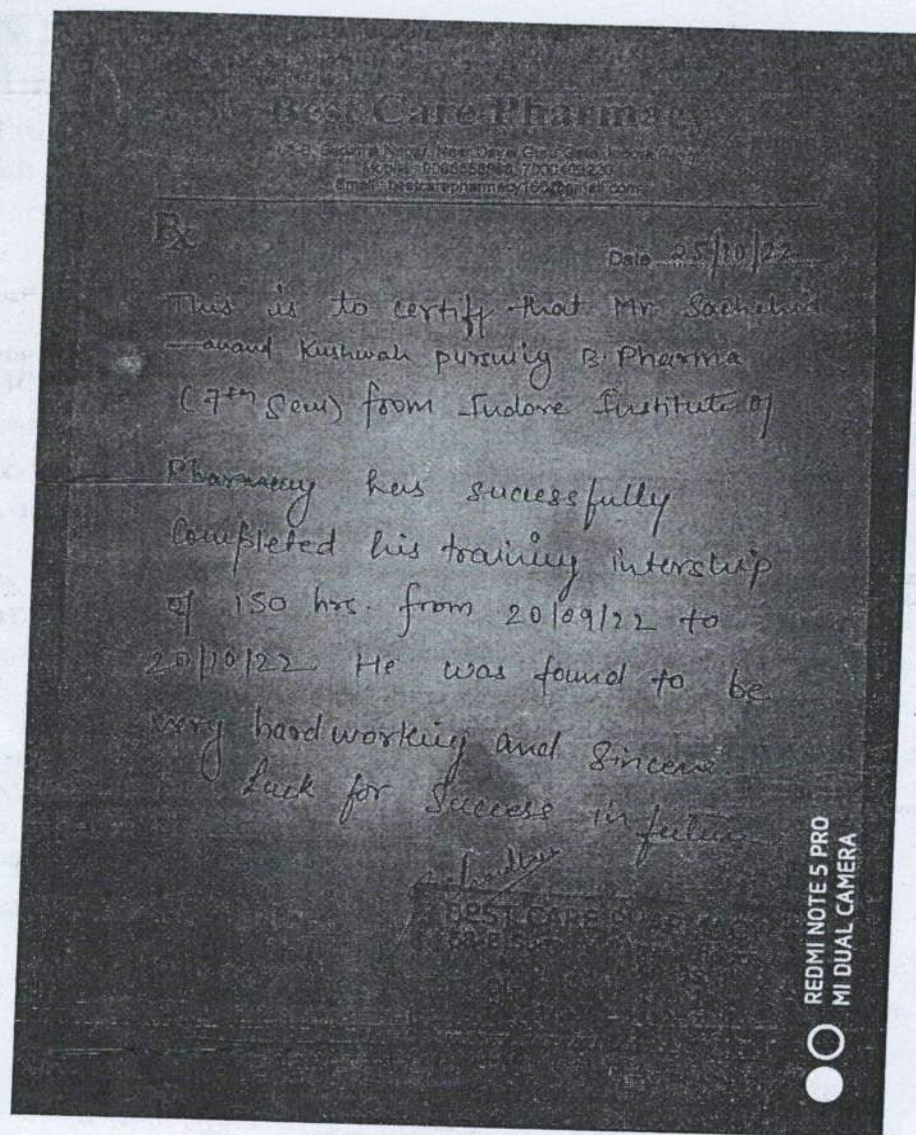
DR. HEMANT PATEL

(Director)



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)





[Signature]
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Raú, Indore 453331

SHIV MEDICAL & GENERAL STORE
Chhatra Chhaya Colony, behind New Genius school Pithampur (M.P.)

Licence No. 20/585/14/2018

Date: 10/10/2022

Training Certificate


This is to certify that **Mr. Sanket Yawatkar**, S/O- **Mr. Hari Yawatkar**, a student of B.pharma (Bachelor Of Pharmacy - 7th Semester), Enrollment No. - 0845PY191078, Indore Institute Of Pharmacy Indore, affiliated to **Rajiv Gandhi Proud yogiki Vishwavidyalaya Bhopal (M.P.)**, has successfully completed 01 (One) month (From 06/09/2022 to 06/10/2022) long internship programme at this Medical Stores. During the period of his internship programme with us he was found punctual, hardworking and inquisitive.

We wish his every success in life.

For SHIV MEDICAL & GENERAL STORE




Authorized Signature



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331


HEALTHCARE
HOSPITAL & DIAGNOSTIC
CENTRE
MHOW NEEMUCH ROAD, SECTOR 1, PITHAMPUR,
DIST. DHAR (M.P.) Contact No. 07292 400329


TO WHOMSOEVER IT MAY CONCERN


This is to certify that **Mr. SHASHI RANJN SINGH S/O Mr. RAM BINOD SINGH**, student of B.Pharmacy VII sem. (Batch 2019-2023) from **Indore Institute of Pharmacy College, INDORE (R.G.P.V. BHOPAL)** has successfully completed 15 Day of his Hospital Pharmacy training programme.


During his tenure with us, we found him sincere and hardworking.

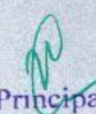
We wish him all the best for future

For Healthcare Hospital and Diagnostic Center, Pithampur

Dr. HE  TEL.






Principal
Indore Institute of Pharmacy,
INDORE (M.P.)




INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

AMAN MEDICAL
(DHARNAKA MHOW, INDORE)
(PIN Code 453331)


To Whom So Ever It May Concern

This is to certify that Miss Sheetal Patil daughter of Ramdas patil pursuing B.Pharmacy from Indore Institute of Pharmacy, Indore(M.P) whose roll no is 0845py191081 has successfully completed 15 days of training in our organization. During this period found her sincere and hardworking.

We wish him success in her life.


(Pharmacist)




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



INDORE INSTITUTE OF PHARMACY

Pithampur Road, Opp IIM, Rau, Indore 453331

CERTIFICATE

VINAYAK MEDICAL

ADDRESSES: DREAMLAND SQUARE OPPOSITE ORPHIUM

This is to certify that Shivani Patidar D/O Mr. Dinesh Patidar has successfully completed the pharmacy internship from 9 Sep 2022 to 25 Sep 2022. She joined us as a pharmacist during the internship, she has been found to be honest, dedicated, hardworking and actively participating in all activities at this pharmacy.


We wish her all the best for her future endeavours.

For Vinayak Medicoase

Date: 26 September 2022

Mr. Sunil Patidar

Indore Institute of Pharmacy



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



**Indore Institute of
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Affiliated to - BOPU (Bhopal) (Approved by - AICTE (New Delhi) & PCI (New Delhi))
Registered - Under UGC 2(F)

D.I.NO:20/1041/11/2018
GSTIN:23A00PJ7940N1Z7



OJAS MEDICOSE

OJAS MEDICOSE

Building No.3, sector 2, Sunder sadan,
vaishali nagar, Annapurna Road, Indore.

Ref.no.-041

Date- 14/sep/2022

INTERNSHIP CERTIFICATE

This is so certify that Mr.SHIVSAGAR DOGAYA S/O Mr.HARERAM DOGAYA completed his (20 days) retail pharmacy internship in OJAS MEDICOSE INDORE with study of therapeutics/medical terminology,disease states.

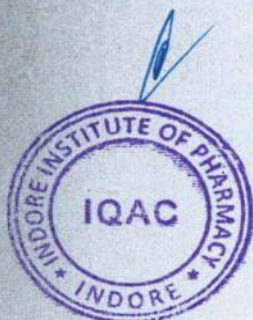
He acquired knowledge and skills in prescription monitoring and developing of pharmaceutical care,plan, problem solving decision making and active participation in the medical team, pharmacotherapy and rational use of medicine.

He was found intelligent hardworking and punctual in whole tenure of his training.I wish his best of success in every part of his life in the future.

OJAS MEDICOSE INDORE
GSTIN: 23A00PJ7940N1Z7

PROPRIETOR

OJAS MEDICOSE



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)


Shree Patidar Medical Store Rau
10/108, Station Road, Rau, Indore
453331 (Near Bus Stand)
Contact No. - 9009067904

To Whom It May Concern

It is to certify that **Shradha Sule D/o Mr. Ashok Sule** Student of **B. Pharmacy**, Semester- VII from Indore Institute of Pharmacy, Indore (M.P.) has undergone internship training from 09/09/2022 to 25/09/ 2022.

During these Internship she has Worked tremendously well. She remains continuously updated about medicinal stock and the competitive products available in the market. She takes deep interest in Medicine to provide the best medical services to Patients. She can prove to be an asset to a community pharmacy.


We wish her a successful future.


SHRI PATIDAR MEDICAL STORES
10/108, STATION ROAD, RAU
PH. NO.: 2856619

Drx. Kunal Patidar

Owner




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)



**Indore Institute of
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Registered Under UGC 2(F)

GAYATRI MEDICAL

UG-1 SHUBHLABH COMPLEX JEEVAN JYOTI COLONY KALIBILLO

TEH. DEPALPUR DIST. INDORE (M.P.) . PIN CODE 45300.

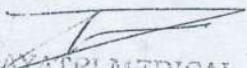
9752561217, 8871475327

E-mail: gayatrimedical1217@gmail.com

INTERNSHIP CERTIFICATE

This is to certify that Mr. Shivam Bisen S/o Rooplal Bisen completed his/her (15 Day) Community Pharmacy Internship in Gayatri medical with study of therapeutics/medical terminology. He/She states.

He/She was found intelligent, hard working & punctual in the whole tenure of his/her training. I wish his/her best of success in the every part of his/her life in the future.



GAYATRI MEDICAL
UG-1 Shubhlabh Complex
Jeevan Jyoti Colony, Dist. Indore
D.L. 20/03/10/2014
21/03/10/2014

DRX. PRITI PALTE

Pharmacist & Proprietor

Gayatri medical




Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

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Indore Institute of Pharmacy

Affiliated to: BOPU (Bhopal) (Approved by: AICTE (New Delhi) & PCI (New Delhi))
Registered Under UGC 2(F)

Retail Pharmacy



Indore Institute
Of Pharmacy

INDORE INSTITUTE OF PHARMACY
Pithampur Road, Opp IIM, Rau, Indore 453331

CERTIFICATE

Best Care Pharmacy

Address- 68 B Sudama Nagar Annapurna Road Indore 452009

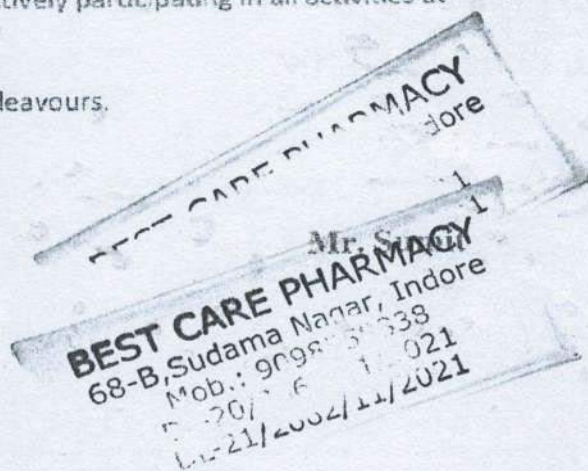
This is certify that Valshanavi Patidar D/O Kallash Patidar has successfully completed the three month pharmacy internship from 9 Sep 2022 to 25 Sep 2022. He joined us as a pharmacist during this internship, he has been found to be honest, dedicated, hardworking and actively participating in all activities at this pharmacy

We wish his all the best for her future endeavours.

Date: 26 Sep 2022



Indore Institute of Pharmacy



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

IV

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INDORE INSTITUTE OF PHARMACY, INDORE
LIST OF STUDENT
B. PHARM VIII SEMESTER (JAN-JUNE 2023)

PROJECT BP814PW

LIST OF STUDENTS WITH GUIDES

SN	Enrolment Number	Name of the Candidate	Name of Guide	Topic	SIGN
1	0841PY191077	SHIVKANT BADOLE	Dr Ritesh Patel	Formulation of Herbal Chocolate Using Sitopaladi for Treating Cough & Cold	
2	0845PY191001	AASTHA JAISWAL	Mrs Yashu Chourasia	Formulation of nutraceuticals: chayanprash	
3	0845PY191002	AAYUSHI ARORA	Dr Pritesh Paliwal	Formulation of herbal energy drink	
4	0845PY191003	AAYUSHI RATHORE	Ms Deepika Bhavsar	Preparation and evaluation of Herbal Soap	
5	0845PY191004	ABDULLAH	Ms Parul Vaishnav	Future aspects of 3D printing technology in Pharmaceutical Field	
6	0845PY191005	ABHISHEK NAGAR	Dr Pritesh Paliwal	Formulation of herbal energy drink	
7	0845PY191006	ABHISHEK SHUKLA	Dr Rekha Bisht	Market survey on growth of usage of nutraceuticals worldwide	
8	0845PY191007	ADITYA SHARMA	Gaurav Agarwal	Formulation of Herbal Chocolate Using Sitopaladi for Treating Cough & Cold	
9	0845PY191009	AHMED FARHAZ KHAN	Rohit Sahu	Formulation of Herbal hand wash	
10	0845PY191011	AKHILESH SIRVI	Ms Yashu Chourasia	Formulation of nutraceutical chayanprash	
11	0845PY191012	AMAN CHOUDHARY	Ms Yashu Chourasia	Formulation of nutraceutical chayanprash	
12	0845PY191014	AMAN THAKUR	Dr Gurmeet Chabra	Preparation of Face cream	
13	0845PY191015	ANJALI KUMAWAT	Mr Rohit Sahu	Herbal Hand wash	
14	0845PY191016	ARPAN RATHORE	Ms Parul Vaishnav	Preparation and evaluation of Herbal antidiabetic Tablet	
15	0845PY191018	AYUSHI PATEL	Mr Kuldeep Vinchurkar	Formulation of herbal hand sanitizer	
16	0845PY191019	BAIBHAV RAJ	Mr Kuldeep Vinchurkar	Formulation of herbal hand sanitizer	
17	0845PY191020	BALRAM RAJPUT	Dr Gurmeet Chabra	Formulation	
	0845PY191021	BIJAYASHREE YADAV	Dr Ritesh Patel	Formulation of Herbal Chocolate Using Sitopaladi for Treating Cough & Cold	
	0845PY191022	DEEPAK YADAV	Ms Nayany Sharma	Life with Nutraceutical: A Market Survey	



Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

Principal
Indore Institute of Pharmacy



20	0845PY191023	DHANANJAY TANWAR	Ms Shivangi Patidar	Formulation and evaluation of skin whitening cream with sunscreen factor	
21	0845PY191024	DIPENDRA SINGH CHOUHAN	Mr Kuldeep Vinchurkar	Formulation of herbal hand sanitizer	
22	0845PY191025	DURGESH SHARMA	Ms Nisha Retrekar	Preparation and evaluation of Herbal Toothpaste Tablet	
23	0845PY191026	FATEMA KUKSHIWALA	Ms Aarti Majumdar	Formulation & evaluation of Herbal Gel for the treatment of dark circle	
24	0845PY191027	GARIMA VYAS	Dr Ritesh Patel	Formulation of Herbal Chocolate Using Sitopaladi for Treating Cough & Cold	
25	0845PY191028	GAYATRI PATIL	Mr Darshan Jamindar	Formulation and characterization of herbal hair oil for alopecia	
26	0845PY191029	HIMANI DUBEY	Mr Kuldeep Vinchurkar	Formulation of herbal hand sanitizer	
27	0845PY191030	HITESH WARKE	Ms Neelima Mandloi		
28	0845PY191031	HRITHIK RAGHUWANSHI	Dr Gurmeet Chabra	Formulation of face cream	
29	0845PY191032	JAHEER PATEL	Ms Shivangi Patidar	Formulation and evaluation of skin whitening cream with sunscreen factor	
30	0845PY191033	JATIN GURNANI	Ms Neelima Mandloi	Preparation and evaluation of Herbal antidiabetic Tablet	
31	0845PY191034	JATIN KESHIYA	Ms Shivangi Patidar	Formulation and evaluation of skin whitening cream with sunscreen factor	
32	0845PY191035	KANAK BHARDWAJ	Dr Pritesh Paliwal	Formulation of health drink	
33	0845PY191036	KARAN RAKESH PAWAR	Dr Rupesh Gautam	Survey on awareness perception and extent of usage of nutraceutical and dietary supplement in market and daily life	
34	0845PY191037	KARAN SINGH JHALA	Ms Aarti Majumdar	Formulation & evaluation of Herbal Gel for the treatment of dark circle	
35	0845PY191038	KHUSHAL BHILOTIYA	Mr Darshan Jamindar	Formulation and characterization of herbal hair oil for alopecia	
36	0845PY191039	KRISHNA	Dr Nadeem Farooqui	Formulation of hand sanitizer	
37	0845PY191040	KUNAL RAI	Mr Gaurav Agarwal	Formulation of Herbal Chocolate Using Sitopaladi for Treating Cough & Cold	
38	0845PY191042	LOKESH GEHLOT	Mr Darshan Jamindar	Formulation and characterization of herbal hair oil for alopecia	
39	0845PY191043	MANASVI DUBEY	Ms Neelima Mandloi	Preparation and evaluation of Herbal antidiabetic Tablet	
40	0845PY191044	MANISH VERMA	Mr Gaurav Sarsodia	Survey on Green Chemistry	
41	0845PY191045	MAYURI PATEL	Dr Rupesh Gautam	Survey on awareness perception and extent of usage of nutraceutical and dietary supplement in market and daily life	
42	0845PY191046	MEGHRAJ NIGODIYA	Ms Aarti Majumdar	Formulation & evaluation of Herbal Gel for the treatment of dark circle	





Sl. No.	Enrolment Number	Name of the Candidate	Name of Guide	Topic	SIGN
43	0845PY191047	MOHAN	Mr Gaurav Sarsodia	Market survey of cosmetics calming medication purpose	
44	0845PY191049	MOHAMMAD ARSHAD	Ms Neelima Mandloi		
45	0845PY191050	MOHIT SOLANKI	Ms Saloni Yadav	Comparative ADMET studies using different open source software of nutraceuticals	
46	0845PY191051	MUKESH PAWAR	Ms Nisha Retrekar	Preparation and evaluation of Herbal Toothpaste Tablet	
47	0845PY191052	NAYAN JOSHI	Ms Yashu Chourasia	Formulation of nutraceutical chayanprash	
48	0845PY191053	NEHA TIRKEY	Dr Pritesh Paliwal	Formulation of health drink	
49	0845PY191054	NITESH PATIDAR	Mr Gaurav Agrawal	Formulation of Herbal Chocolate Using Sitopaladi for Treating Cough & Cold	
50	0845PY191055	PANKAJ PANWAR	Ms Nayany Sharma	Life with Nutraceutical: A Market Survey	
51	0845PY191056	PARUL BHORIYA	Dr Rupesh Gautam	Survey on awareness perception and extent of usage of nutraceutical and dietary supplement in market and daily life	
52	0845PY191057	PAVAN BAMNIYA	Ms Neelima Mandloi		
53	0845PY191058	PAWAN PATIDAR	Ms Neelima Mandloi		
54	0845PY191059	PRABHAKAR	Mr Sandip Patil	Review on spine gourd	
55	0845PY191060	PRACHI BOREKAR	Mr Gaurav Sarsodia	Statistics of Lead structures	
56	0845PY191061	PRADHYUM PATEL	Dr Nadeem Farooqui	Formulation of hand sanitizer	
57	0845PY191062	PRADHYUM RAWAT	Ms Yashu Chourasia	Formulation of nutraceutical chayanprash	
58	0845PY191063	PRAGYA PRAJAPATI	Dr Rupesh Gautam	Survey on awareness perception and extent of usage of nutraceutical and dietary supplement in market and daily life	
59	0845PY191064	PRASHANT KUMAR JAISWAL	Ms Saloni Yadav	Comparative ADMET studies using different open source software of nutraceuticals	
60	0845PY191065	PRATEEK RAIWAL	Mr Kuldeep Vinchurkar	Formulation of herbal hand sanitizer	
61	0845PY191066	RADHIKA BAIS	Mr Rohit Sahu	Formulation of Herbal hand wash	
62	0845PY191067	RAHUL SINGH RAJPUT	Dr Gurmeet Chhabra	Formulation of face cream	
63	0845PY191068	RAJESH PANWAR	Ms Nayany Sharma	Life with Nutraceutical: A Market Survey	
64	0845PY191069	RAJKUMAR SEN	Mr Gaurav Sarsodia	Statistics of named reaction utilized for drug discovery	
65	0845PY191070	RAVI SOLANKI	Parul Vaishnav		
66	0845PY191071	ROHIT LOVEVANSHI	Mr Sandip Patil	Review on spine gourd	
67	0845PY191072	ROUNAB BISWAS	Dr Rekha Bisht	Market survey on growth of usage nutraceuticals	



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68	0845PY191073	RUQAIYA DEWAS WALA	Ms Nayany Sharma	Life with Nutraceutical: A Market Survey	<i>Deepika</i>
69	0845PY191074	SACHCHIDANAND KUSHWAH	Mr Gaurav Sarsodia	Statics of Biotech product penetration in Indian market	<i>Deepika</i>
70	0845PY191075	SACHIN CHOUHAN	Ms Shivangi Patidar	Formulation and evaluation of skin whitening cream with sunscreen factor	<i>Deepika</i>
71	0845PY191076	SAGAR CHOUDHARY	Ms Saloni Yadav	Comparative ADMET studies using different open source software of nutraceuticals	<i>Deepika</i>
72	0845PY191077	SAKINA RAMPURA WALA	Ms Saloni Yadav	Comparative ADMET studies using different open source software of nutraceuticals	<i>Deepika</i>
73	0845PY191078	SANKET YAWATKAR	Ms Deepika Bhavsar	Preparation and evaluation of Herbal Soap	<i>Deepika</i>
74	0845PY191079	SHALEKH SAIKH	Dr Rupesh Gautam	Survey on awareness perception and extent of usage of nutraceutical and dietary supplement in market and daily life	<i>Deepika</i>
75	0845PY191080	SHASHI RANJAN SINGH	Mr Rohit Sahu	Formulation of Herbal hand wash	<i>Deepika</i>
76	0845PY191081	SHEETAL PATIL	Mrs Aarti Majumdar	Formulation & evaluation of Herbal Gel for the treatment of dark circle	<i>Deepika</i>
77	0845PY191082	SHIVAM BISEN	Dr Nadeem Farooqui	Formulation of hand sanitizer	<i>Deepika</i>
78	0845PY191083	SHIVAM PATEL	Ms Parul Vaishnav	Preparation and evaluation of Herbal antidiabetic Tablet	<i>Deepika</i>
79	0845PY191084	SHIVANI PRAJAPATI	Mrs Deepika Bhavsar	Preparation and evaluation of Herbal Soap	<i>Deepika</i>
80	0845PY191085	SHIVANI THAKUR	Mr Gaurav Agarwal	Formulation of Herbal Chocolate Using Sitopaladi for Treating Cough & Cold	<i>Deepika</i>
81	0845PY191086	SHIVSAGAR DOGAYA	Dr Rupesh Gautam	Survey on awareness perception and extent of usage of nutraceutical and dietary supplement in market and daily life	<i>Deepika</i>
82	0845PY191087	SIMRAN SONI	Dr Pritesh Paliwal	Formulation of health drink	<i>Deepika</i>
83	0845PY191088	SOURABH PATIDAR	Dr Rekha Bisht	Market survey on growth of usage of nutraceuticals worldwide	<i>Deepika</i>
84	0845PY191089	SOURAV PATIDAR	Mr Sandip Patel	A review on spine gourd	<i>Deepika</i>
85	0845PY191090	SWETA PARMAR	Mrs Deepika Bhavsar	Preparation and evaluation of Herbal Soap	<i>Deepika</i>
86	0845PY191091	TANUSHREE PATIDAR	Dr Ritesh Patel	Formulation of Herbal Chocolate Using Sitopaladi for Treating Cough & Cold	<i>Deepika</i>
87	0845PY191092	UDESH PAWAR	Ms Anita Patidar	<i>Nutraceuticals</i>	<i>Deepika</i>
88	0845PY191093	VAISHNAVI MALVIYA	Mrs Arti Majumdar	Formulation & evaluation of Herbal Gel for the treatment of dark circle	<i>Deepika</i>
89	0845PY191095	VANSH VERMA	Mrs Shivangi Patidar	Formulation and evaluation of skin whitening cream with sunscreen factor	<i>Deepika</i>
90	0845PY191097	VINAY CHOUHAN	Dr Rekha Bisht	Market survey on growth of usage of nutraceuticals worldwide	<i>Deepika</i>
91	0845PY191098	VINAY THAKUR	Dr Rekha Bisht	Market survey on growth of usage of nutraceuticals worldwide	<i>Deepika</i>
92	0845PY191099	VISHAL ADHIKARI	Mrs Shivangi Patidar	Formulation and evaluation of skin whitening cream with sunscreen factor	<i>Deepika</i>
93	0845PY191100	VISHAL CHOYAL	Mrs Deepika Bhavsar	Preparation and evaluation of Herbal Soap	<i>Deepika</i>
94	0845PY191101	VIVEK KUMAR DWIVEDI	Dr Nadeem Farooqui	Formulation of hand sanitizer	<i>Deepika</i>
	0845PY191102	YASH SHARMA	PV Ms Parul Vaishnav	Preparation and evaluation of Herbal antidiabetic Tablet	<i>Deepika</i>
	0845PY191103	YASHI JAIN	Mr Darshan Jamindar	Formulation and characterization of herbal oil for alopecia	<i>Deepika</i>
	0845PY191104	YOGITA PATIDAR	Mrs Nayany Sharma	Life with Nutraceutical: A Market Survey	<i>Deepika</i>
	0845PY203D01	ARSHI MANSURI	Ms Nisha Retrekat	Preparation and evaluation of Herbal Toothpaste Tablet	<i>Deepika</i>

99	0845PY203D02	MAHAK RATHORE	Mr Sandip Patil	Review on spine gourd	
100	0845PY203D03	POOJA CHOUDHARY	Mr Rohit Sahu	Formulation of Herbal hand wash	
101	0845PY203D04	PRITAM ADHIKARY	Mr Darshan Jamindar	Formulation and characterization of herbal hair oil for treatment of alopecia	
102	0845PY203D05	SHIVANI	Mr Gaurav Agarwal	Herbal chocolate of sitopaladi.	
103	0845PY203D06	SHIVANI JOSHI	Dr Gurmeet Chabra	Formulation of face cream	
104	0845PY203D07	SHIVANI PATIDAR	Dr Nadeem Farooqui	Formulation of hand sanitizer	
105	0845PY203D08	SHRADHA SULE	Dr Ritesh Patel	Formulation of Herbal Chocolate Using Sitopaladi for Treating Cough & Cold	
106	0845PY203D09	VAISHNAVI PATIDAR	Mr Sandip Patil	Review on spine gourd	

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PREPARATION AND EVALUATION OF HERBAL HAIR OIL



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**PREPARATION AND EVALUATION OF
HERBAL HAIR OIL**



**A MAJOR PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIC VISHWAVIDYALAYA, BHOPAL TOWARDS
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD OF
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(2022-2023)

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SUPERVISED BY:

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**“ FORMULATION OF A PAIN RELIEF ROLL-ON FOR
THE MANAGEMENT OF MENSTRUAL CRAMPS.”**



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
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A REVIEW ON “NATURAL ANTIOXIDANT SOURCES AND ITS HEALTH BENEFITS”



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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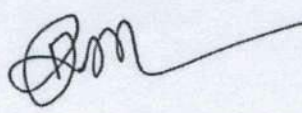
83

FORMULATION AND EVALUATION OF POLYHERBAL SOAP




A PROJECT REPORT SUBMITTED TO
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AWARD OF THE DEGREE OF
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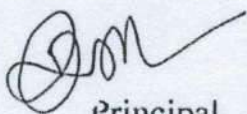

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Moringa Leaves Extract for The Management of Malnutrition



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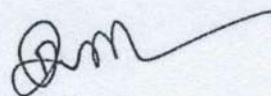

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COMPARITIVE INSILICO ADMET STUDIES OF NUTRACEUTICALS




A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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2022-2023



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Survey on awareness perception & extent of usage of nutraceuticals and dietary supplements



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**SURVEY ON AWARENESS, PERCEPTION & EXTENT OF
USAGE OF NUTRACEUTICAL AND DIETARY
SUPPLEMENT IN MARKET AND DAILY LIFE.**



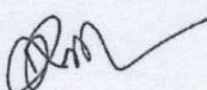
**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
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PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD OF
THE DEGREE OF BACHELOR OF PHARMACY**

(2022-2023)

SUBMITTED BY:

Pragya Prajapati



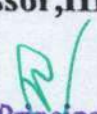

Principal

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SUPERVISED BY:

Dr. Rupesh K. Gautam

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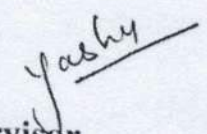



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CERTIFICATE

This to certify that the project work entitled "Brief Study and Formulation of Nutraceutical (Chyawanprash)" submitted by "Pradhyum Rawat" to Rajiv Gandhi Proudyogiki Vishwavidhyala, Bhopal, for partial fulfillment of the requirement for the award of the degree of Bachelor of Pharmacy, is a record of independent research/review work carried out by the student under my supervision. I also certify that this work or any part thereof has not been submitted earlier for the award of any other degree of this or any other university.




Supervisor
Mrs. Yashu Chourasiya


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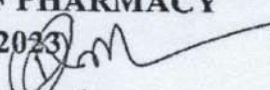
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A REVIEW ON “NATURAL ANTIOXIDANT SOURCES AND ITS HEALTH BENEFITS”



**A PROJECT REPORT SUBMITTED TO
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Preparation of Herbal Tea For Lowering blood Cholestrol, High Blood Pressure
And Purifying Blood



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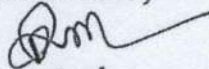
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**Preparation of Herbal Tea For Lowering blood
Cholestrol, High Blood Pressure And Purifying
Blood**



**A PROJECT REPORT SUBMITTED TORAJIVGANDHI PROUDYOGIC
VISHWAVIDYALAYA, BHOPAL TOWRADS PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF THE
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(2022-2023)



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SUBMITTED BY:


Prachi Borekar

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SUPERVISED BY:

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Assistant Professor, IIP



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A REVIEW ON SPINE GOURD
(MOMORDICA DIOICA)



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR AWARD OF THE DEGREE OF
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PRABHAKAR MOURYA

Roll No:0845PY191059



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Formation of Herbal Lip Balm

Formulation Of Herbal lip Balm



A PROJECT REPORT SUBMITTED TO
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PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR AWARD OF THE DEGREE OF BACHELORE OF
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(2022-2023)

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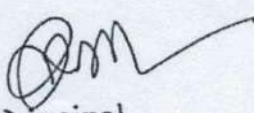
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NEUTRACEUTICAL IMPACT ON HEALTH CARE SYSTEM



PROJECT WORK REPORT SUBMITTED RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE
REQUIREMENT FORWARD OF THE DEGREE OF
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Submitted by
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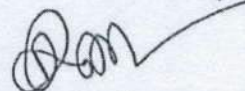
FORMULATION OF POLYHERBAL FACE
CREAM




**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR AWARD OF THE DEGREE OF
BACHELOR OF
PHARMACY 2022-2023**

**SUBMITTED BY:-HRITHIK
RAGHUWANSHI**

**SUPERVISED BY:- Dr.GURMEET CHHABRA
(PROFESSOR)**



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Formulation And Evaluation of Herbal Lip Balm



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2022-2023**

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Submitted by
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0845PY191030

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IIP Indore



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PROJECT

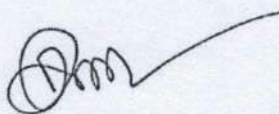
Gel Based Sanitizer With Goodness of Herbs



PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE
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Submitted by
Himani Dubey

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Supervised by
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Vinchurkar



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PREPARATION AND EVALUATION OF HERBAL HAIR OIL



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**PREPARATION AND EVALUATION OF
HERBAL HAIR OIL**

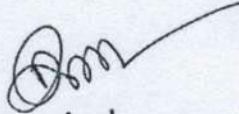


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PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD OF
THE DEGREE OF BACHELOR OF PHARMACY**

(2022-2023)

SUBMITTED BY:

**Gayatri Patil
0845PY191028**


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SUPERVISED BY:

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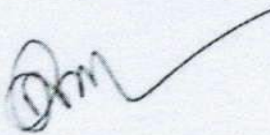
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Pithampur Road, Opp IIM, Rau, Indore 453331

FORMULATION OF HERBAL SHITOPALADI DARK CHOCOLATE FOR COUGH AND COLD



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**

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“FORMULATION AND EVALUATION OF HERBAL HAND WASH”

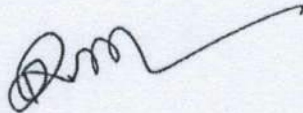


**A PROJECT REPORT ON SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
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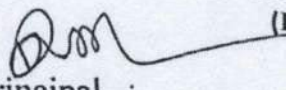
FORMULATION OF POLYHERBAL FACE
CREAM



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR AWARD OF THE DEGREE OF
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SUBMITTED BY:- AMAN THAKUR

**SUPERVISED BY:- Dr. GURMEET CHHABRA
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BRIEF STUDY AND FORMULATION OF NUTRACEUTICAL (CHYAWANPRASH)



A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD
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10/

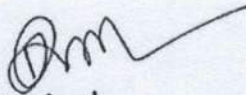


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**BRIEF STUDY AND FORMULATION OF
NUTRACEUTICAL (CHYAWANPRASH)**



A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD
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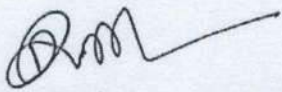
102

“FORMULATION AND EVALUATION OF HERBAL HAND WASH”



**A PROJECT REPORT ON SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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Moringa Leaves Extract for The Management of Malnutrition



A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD
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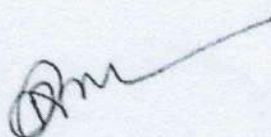
A MARKET SURVEY ON NEUTRACEUTICALS



A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF
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Formulation of Herbal Energy Drink

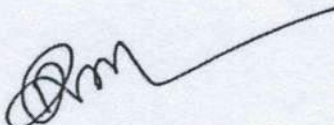


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Formulation of Herbal Energy Drink



A PROJECT REPORT SUBMITTED TO
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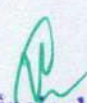

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Guided By
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HOD & Professor




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LIFE WITH NUTRACEUTICALS & DIETRY SUPPLEMENT: A MARKET SURVEY



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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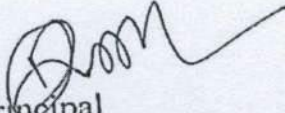


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FORMULATION AND EVALUATION OF SUNSCREEN



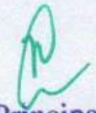
A PROJECT REPORT SUBMITTED TO
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2022-2023


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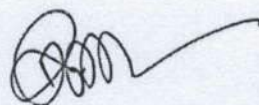

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

PROJECT

Gel Based Sanitizer With Goodness of Herbs



PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA,
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TOWARDS PARTIAL FULFILLMENT OF THE
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2022-2023



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Submitted by

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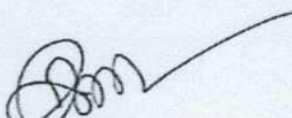
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

NEUTRACEUTICAL IMPACT ON HEALTH CARE SYSTEM



PROJECT WORK REPORT SUBMITTED RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR AWARD OF THE DEGREE OF
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FORMULATION AND EVALUATION OF ANTI DARK CIRCLE GEL

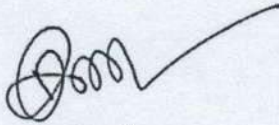


A PROJECT REPORT SUBMITTED TO
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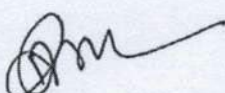
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FORMULATION AND EVALUATION OF POLYHERBAL SOAP




**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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BACHELOR OF PHARMACY
2022-2023**

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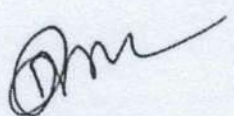
Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

FUTURE PROSPECTIVE OF 3D PRINTING TECHNOLOGY IN COSMETICS “A LITERATURE REVIEW”



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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**“DEVELOPMENT OF THE PAIN RELIEF ROLL-ON FOR
THE MANAGEMENT OF MENSTRUAL CRAMPS.”**



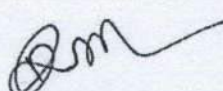
**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL TOWARDS PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF THE
DEGREE OF BACHELOR OF PHARMACY**

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SUBMITTED BY:

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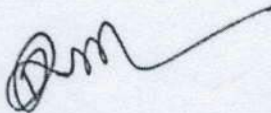
PROJECT

Gel Based Sanitizer With Goodness of Herbs



PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA,
BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE
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Formulation of polyherbal face cream

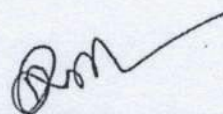


**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT
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**FORMULATION OF HERBAL SHITOPALADI
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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Preparation of Herbal Tea For Lowering blood Cholestrol, High Blood Pressure
And Purifying Blood



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**Preparation of Herbal Tea For Lowering blood
Cholestrol, High Blood Pressure And Purifying
Blood**



**A PROJECT REPORT SUBMITTED TORAJIVGANDHI PROUDYOGIC
VISHWAVIDYALAYA, BHOPAL TOWRADS PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF THE
DEGREE OF BACHELORE OF PHARMACY**

(2022-2023)

SUBMITTED BY:

Rajkumar Sen

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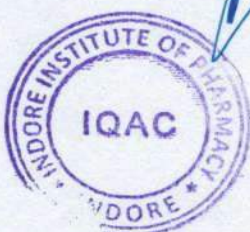
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Formation of Herbal Lip Balm

Formulation Of Herbal lip Balm



**A PROJECT REPORT SUBMITTED
TORAJIVGANDHI PROUDYOGIC
VISHWAVIDYALAYA, BHOPAL TOWARDS
PARTIAL FULFILLMENT OF THE REQUIREMENT
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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BRIEF STUDY & FORMULATION OF NUTRACEUTICAL (CHYAWANPRASH)



A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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Formulation of Herbal Energy Drink



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Formulation of Herbal Energy Drink



A PROJECT REPORT SUBMITTED TO
RAJIV GANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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PHARMACY 2022-2023

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Guided By
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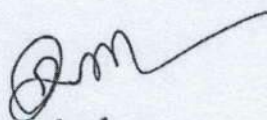
Principal 2
Indore Institute of Pharmacy,
INDORE (M.P.)

PROJECT

Gel Based Sanitizer With Goodness of Herbs




PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA,
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TOWARDS PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR AWARD OF THE DEGREE OF
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2022-2023



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Formulation of polyherbal face cream

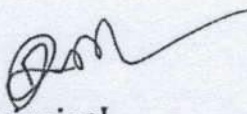


**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT
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Survey on awareness perception & extent of usage of nutraceuticals and dietary supplements



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**SURVEY ON AWARENESS, PERCEPTION & EXTENT OF
USAGE OF NUTRACEUTICAL AND DIETARY
SUPPLEMENT IN MARKET AND DAILY LIFE.**



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIC VISHWAVIDYALAYA, BHOPAL TOWARDS
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD OF
THE DEGREE OF BACHELOR OF PHARMACY
(2022-2023)**

SUBMITTED BY:

Shivsagar Dogaya

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SUPERVISED BY:

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125

Formulation of Herbal Energy Drink



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Formulation of Herbal Energy Drink



A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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A MARKET SURVEY ON NEUTRACEUTICALS



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**

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**FORMULATION AND EVALUATION OF
ANTI DARK CIRCLE GEL**



**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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FORMULATION AND EVALUATION OF SUNSCREEN



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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A REVIEW ON SPINE GOURD
(MOMORDICA DIOICA)



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR AWARD OF THE DEGREE OF
BACHELOR OF
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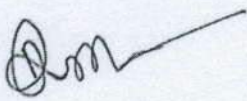
Principal
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“FORMULATION AND EVALUATION OF HERBAL HAND WASH”



A PROJECT REPORT ON SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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PREPARATION AND EVALUATION OF HERBAL HAIR OIL



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PREPARATION AND EVALUATION OF
HERBAL HAIR OIL



A MAJOR PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIC VISHWAVIDYALAYA, BHOPAL TOWARDS
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD OF
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Survey on awareness perception & extent of usage of nutraceuticals and dietary supplements



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**SURVEY ON AWARENESS, PERCEPTION & EXTENT OF
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SUPPLEMENT IN MARKET AND DAILY LIFE.**



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIC VISHWAVIDYALAYA, BHOPAL TOWARDS
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD OF
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133

Moringa Leaves Extract for The Management of Malnutrition



A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD
OF THE DEGREE OF
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134

Formulation of Herbal Energy Drink



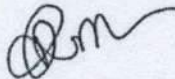
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Formulation of Herbal Energy Drink




A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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BRIEF STUDY AND FORMULATION OF NUTRACEUTICAL (CHYAWANPRASH)



A PROJECT REPORT

SUBMITTED TO

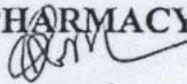
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT

FOR AWARD OF

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137

Preparation of Herbal Tea For Lowering blood Cholestrol, High Blood Pressure And
Purifying Blood



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Preparation of Herbal Tea For Lowering blood
Cholestrol, High Blood Pressure And Purifying
Blood



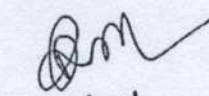
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VISHWAVIDYALAYA, BHOPAL TOWRADS PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF THE
DEGREE OF BACHELORE OF PHARMACY

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**“ FORMULATION OF A PAIN RELIEF ROLL-ON FOR
THE MANAGEMENT OF MENSTRUAL CRAMPS.”**



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL TOWARDS PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF THE
DEGREE OF BACHELOR OF PHARMACY**

2022-2023

SUBMITTED BY:

Manasvi Dubey

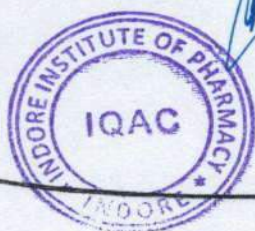
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PREPARATION AND EVALUATION OF HERBAL HAIR OIL

**PREPARATION AND EVALUATION OF
HERBAL HAIR OIL**

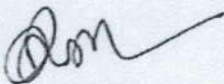


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PROUDYOGIC VISHWAVIDYALAYA, BHOPAL TOWARDS
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD OF
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140

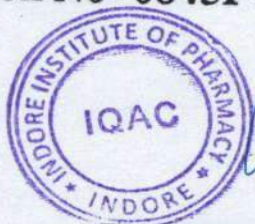
Moringa Leaves Extract for The Management of Malnutrition



A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD
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Survey on awareness perception & extent of usage of nutraceuticals and dietary supplements



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PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD OF
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FORMULATION AND EVALUATION OF POLYHERBAL SOAP



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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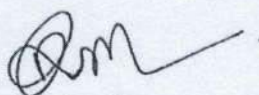


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COMPARATIVE INSILICO ADMET STUDIES OF NUTRACEUTICALS




A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
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COMPARITIVE INSILICO ADMET STUDIES OF NUTRACEUTICALS



A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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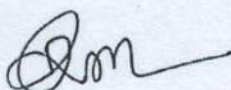
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Preparation and evaluation of Sunscreen




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Preparation of Herbal Tea For Lowering blood Cholestrol, High Blood Pressure
And Purifying Blood



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Preparation of Herbal Tea For Lowering blood Cholestrol, High Blood Pressure And Purifying Blood



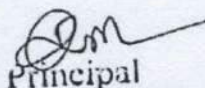
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VISHWAVIDYALAYA, BHOPAL TOWRADS PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF THE
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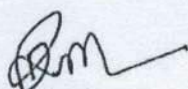

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LIFE WITH NUTRACEUTICALS & DIETRY SUPPLEMENT: A MARKET SURVEY




**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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2022-2023**



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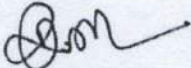
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NEUTRACEUTICALS




**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
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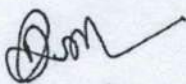



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INDORE (M.P.)

A REVIEW ON SPINE GOURD
(MOMORDICA DIOICA)



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR AWARD OF THE DEGREE OF
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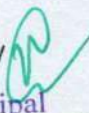
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A REVIEW ON SPINE GOURD
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT
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**FORMULATION OF HERBAL SHITOPALADI
DARK CHOCOLATE FOR COUGH AND COLD**



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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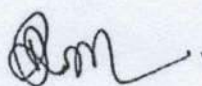
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A REVIEW ON "NATURAL ANTIOXIDANT SOURCES AND ITS HEALTH BENEFITS"




**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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Formulation of polyherbal face cream



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL TOWARDS
PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR AWARD OF THE DEGREE OF**

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A MARKET SURVEY ON NEUTRACEUTICALS



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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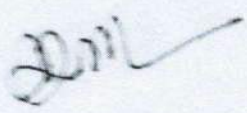
151

Preparation and evaluation of Sunscreen



A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023

Submitted by
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0845PY191099


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Associate Professor



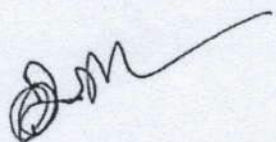

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

NEUTRACEUTICAL: A BOON FOR HUMAN HEALTHCARE



PROJECT WORK REPORT SUBMITTED RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR AWARD OF THE DEGREE
BACHELOR OF PHARMACY
2019-2023

Submitted by
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(0845PY191092)




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FORMULATION OF HERBAL SHITOPALADI DARK CHOCOLATE FOR COUGH AND COLD



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**

Submitted by
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Supervised by
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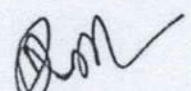
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Pithampur Road, Opp IIM, Rau, Indore 453331

FORMULATION AND EVALUATION OF POLYHERBAL SOAP




**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
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Submitted by
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0845PY191090



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INDORE (M.P.)

A REVIEW ON SPINE GOURD
(MOMORDICA DIOICA)

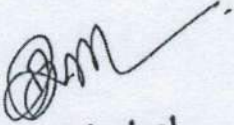


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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR AWARD OF THE DEGREE OF**
**• BACHELOR OF
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Submitted by

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**FORMULATION AND EVALUATION OF
ANTI DARK CIRCLE GEL**



**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**

Submitted by
Sheetal Patil
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Supervised by
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Principal
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INDORE (M.P.)

LIFE WITH NUTRACEUTICALS & DIETRY SUPPLEMENT: A MARKET SURVEY



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
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Submitted by
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NEUTRACEUTICALS



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**

**Submitted by
Rounab Biswas
0845PY191072**

**Supervised by
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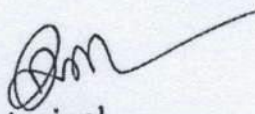
“FORMULATION AND EVALUATION OF HERBAL HAND WASH”



**A PROJECT REPORT ON SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY**


2022-2023

Submitted by:
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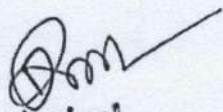
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FORMULATION AND EVALUATION OF ANTI DARK CIRCLE GEL



**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
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Submitted by
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Supervised by
Dr. Arti Majumdar
Professor




Principal
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Formulation of Herbal Energy Drink



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Formulation of Herbal Energy Drink



A PROJECT REPORT SUBMITTED TO
RAJIV GANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF
PHARMACY 2022-2023

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0845PY191035

Guided By
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HOD & Professor



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2



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**"DEVELOPMENT OF THE PAIN RELIEF ROLL-ON FOR
THE MANAGEMENT OF MENSTRUAL CRAMPS."**



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL TOWARDS PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF THE
DEGREE OF BACHELOR OF PHARMACY**

2022-2023

SUBMITTED BY:

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0845PY191033

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SUPERVISED BY:

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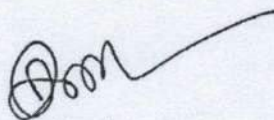


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FORMULATION AND EVALUATION OF SUNSCREEN




**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**



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**Submitted by
Jaheer Patel
0845PY191032**

**Supervised by
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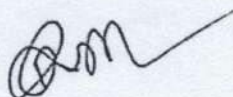


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LIFE WITH NUTRACEUTICALS & DIETRY SUPPLEMENT: A MARKET SURVEY




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BACHELOR OF PHARMACY
2022-2023**



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**FORMULATION OF HERBAL SHITOPALADI
DARK CHOCOLATE FOR COUGH AND COLD**




**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**

**Submitted by
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**Supervised by
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BACHELOR OF PHARMACY
2022-2023**

Submitted by
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**FORMULATION OF HERBAL SHITOPALADI
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BACHELOR OF PHARMACY
2022-2023**

**Submitted by
Shradha Sule
0845PY203D08**

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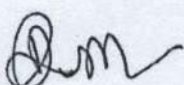
**Principal
Indore Institute of Pharmacy,
INDORE (M.P.)**

**“Moringa Leaves Extract for The Management of
Malnutrition”**




A PROJECT REPORT ON SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
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Submitted by:
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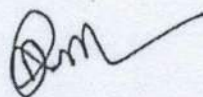


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**FORMULATION AND EVALUATION OF
ANTI DARK CIRCLE GEL**




**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
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2022-2023**



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Submitted by
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0845PY191046

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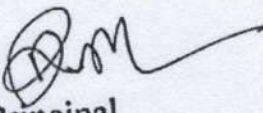


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A REVIEW ON SPINE GOURD
(MOMORDICA DIOICA)



A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR AWARD OF THE DEGREE OF
BACHELOR OF
PHARMACY 2022-2023


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Submitted by

AVAN BAMNIYA

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**COMPARATIVE INSILICO ADMET STUDIES
OF
NUTRACEUTICALS**



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**

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**Submitted by
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0845PY191050**

**Supervised by
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INDORE (M.P.)**



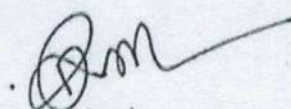
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Formulation And Evaluation of Herbal Lip Balm



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
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Submitted by
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0845PY191049


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Preparation of Herbal Tea For Lowering blood Cholestrol, High Blood Pressure
And Purifying Blood



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Preparation of Herbal Tea For Lowering blood Cholestrol, High Blood Pressure And Purifying Blood



**A PROJECT REPORT SUBMITTED TORAJIVGANDHI PROUDYOGIC
VISHWAVIDYALAYA, BHOPAL TOWRADS PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF THE
DEGREE OF BACHELORE OF PHARMACY**

(2022-2023)

SUBMITTED BY:

Mohan Bare

0845PY191047

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SUPERVISED BY:

Mr. Gaurav Sarsodia

Assistant Professor, IIP



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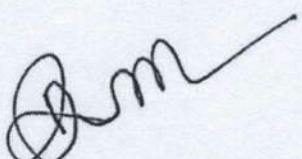
Indore Institute of Pharmacy

NEUTRACEUTICAL IMPACT ON HEALTH CARE SYSTEM



PROJECT WORK REPORT SUBMITTED RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR AWARD OF THE DEGREE OF
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Submitted by
Arshi Mansuri
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LIFE WITH NUTRACEUTICALS & DIETRY SUPPLEMENT: A MARKET SURVEY



**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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2022-2023**

Submitted by
YOGITA PATIDAR
0845PY191104

Supervised by
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FORMULATION AND EVALUATION OF POLYHERBAL SOAP



**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**

Submitted by
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0845PY191003

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Asst. Professor



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**FORMULATION OF HERBAL SHITOPALADI
DARK CHOCOLATE FOR COUGH AND COLD**



**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
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Submitted by
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0845PY191027

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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**

Submitted by
Bhagyashree Yadav
0845PY191021

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Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

Survey on awareness perception & extent of usage of nutraceuticals and dietary supplements



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**SURVEY ON AWARENESS, PERCEPTION & EXTENT OF
USAGE OF NUTRACEUTICAL AND DIETARY
SUPPLEMENT IN MARKET AND DAILY LIFE.**



**A PROJECT REPORT SUBMITTED TORAJIVGANDHI
PROUDYOGIC VISHWAVIDYALAYA, BHOPAL TOWARDS
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD OF
THE DEGREE OF BACHELORE OF PHARMACY**

(2022-2023)

SUBMITTED BY:


Parul Bhoariya

A handwritten signature in black ink, likely belonging to Dr. Rupesh K. Gautam.

SUPERVISED BY:

**Dr. Rupesh K. Gautam
Professor, IIP**




**Principal
Indore Institute of Pharmacy,
INDORE (M.P.)**



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**"DEVELOPMENT OF THE PAIN RELIEF ROLL-ON FOR
THE MANAGEMENT OF MENSTRUAL CRAMPS."**



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL TOWARDS PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF THE
DEGREE OF BACHELOR OF PHARMACY**

2022-2023

SUBMITTED BY:

Jatin Gurnani

0845PY191033



SUPERVISED BY:

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FORMULATION AND EVALUATION OF ANTI DARK CIRCLE GEL



**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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BACHELOR OF PHARMACY
2022-2023**

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FORMULATION AND EVALUATION OF POLYHERBAL SOAP



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023**

Submitted by
Sweta Parmar
0845PY191090

Supervised by
Ms. Deepika Bhawsar
Asst. Professor



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Indore Institute of Pharmacy,
INDORE (M.P.)

FORMULATION AND EVALUATION OF POLYHERBAL SOAP



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BACHELOR OF PHARMACY
2022-2023

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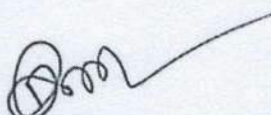



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A REVIEW ON "NATURAL ANTIOXIDANT SOURCES AND ITS HEALTH BENEFITS"



A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
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2022-2023


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**Indore Institute of
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Register - Under UGC 2(F)

PREPARATION AND EVALUATION OF HERBAL HAIR OIL



**Indore Institute of
Pharmacy**

Affiliated to - RGPU(Bhopal) & Approved by - AICTE(New Delhi) & PCI(New Delhi)

**PREPARATION AND EVALUATION OF
HERBAL HAIR OIL**



**A MAJOR PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIC VISHWAVIDYALAYA, BHOPAL TOWARDS
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR AWARD OF
THE DEGREE OF BACHELORE OF PHARMACY**

(2022-2023)

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SUBMITTED BY:

**Khushal Bhilotia
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SUPERVISED BY:

MR. DARSHAN JAMINDAR



Indore Institute of Pharmacy

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INDORE (M.P.)**

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FORMULATION AND EVALUATION OF POLYHERBAL SOAP



A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
2022-2023

Submitted by
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Supervised by
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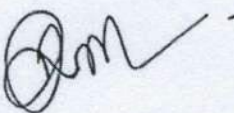
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FORMULATION AND EVALUATION OF POLYHERBAL SOAP



A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
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FORMULATION AND EVALUATION OF POLYHERBAL SOAP



**A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
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**“ FORMULATION OF A PAIN RELIEF ROLL-ON FOR
THE MANAGEMENT OF MENSTRUAL CRAMPS.”**



**A PROJECT REPORT SUBMITTED TO RAJIVGANDHI
PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL TOWARDS PARTIAL
FULFILLMENT OF THE REQUIREMENT FOR AWARD OF THE
DEGREE OF BACHELOR OF PHARMACY**

2022-2023

SUBMITTED BY:

Shivam Patel

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SUPERVISED BY:

Ms. Parul Vaishnav

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A REVIEW ON "NATURAL ANTIOXIDANT SOURCES AND ITS HEALTH BENEFITS"



A PROJECT REPORT SUBMITTED TO
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TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
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2022-2023

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**FORMULATION AND EVALUATION OF
ANTI DARK CIRCLE GEL**



**A PROJECT REPORT SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY
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Supervised by
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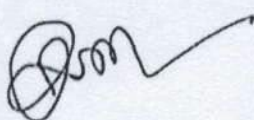
"FORMULATION AND EVALUATION OF HERBAL HAND WASH"



**A PROJECT REPORT ON SUBMITTED TO
RAJIVGANDHI PROUDYOGIKI VISHWAVIDYALAYA, BHOPAL
TOWARDS PARTIAL FULFILLMENT OF THE REQUIREMENT FOR
AWARD OF THE DEGREE OF
BACHELOR OF PHARMACY**


2022-2023

Submitted by:
Shashi Ranjan Singh
0845PY191080


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Supervised by:
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INDORE INSTITUTE OF PHARMACY, INDORE
M.PHARM PROJECT WORK (PHARMACEUTICS)

Session 2022-2023

M.P.
Sess

S.no.	Enrollement no.	Name of students	Project Title	Guide Name	Sign of Guide
1	0845PY20MP01	Anjali Arun Jaiswal	Formulation and evaluation of nanogel based on bakayan as an antifungal agent	Dr. Nadeem Farooqui	
2	0845PY20MP03	Megha Gupta	Design and characterization of nanosponge loaded topical gel of ciclopirox olamine	Dr. Dinesh Kumar Mishra	
3	0845PY20MP04	Moumita Sant	Formulation optimization and evaluation of lipid based nanocarrier containing antifungal agent	Dr. Dinesh Kumar Mishra	
4	0845PY20MP05	Nitubala	Preparation and characterization of microspheres utilizing rate controlling porous membrane for mana	Dr. Darshan Jamindar	
5	0845PY20MP06	Parul Vaishnav	Design and development of gastroretentive floating tablet using 3D printing technology	Dr. Dinesh Kumar Mishra	
6	0845PY20MP07	Prachi Gupta	Formulation and evaluation of 3D printed based multicompartment tablet	Dr. Dinesh Kumar Mishra	










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Principal
Dr. Dinesh Kumar Mishra

Principal
Indore Institute of Pharmacy,
INDORE (M.P.)

INDORE INSTITUTE OF PHARMACY
M. PHARM IV SEM PCS
SUBJECT NAME AND CODE: DISSERTATION PART-II & MPY 401 PCS
END SEM EXAMINATION DEC 2023

S. No.	Name of Student	Enrollment No.	Title	Supervisor	Signature
1	ASTHA PATIDAR	0845PY21MP05	Development and evaluation of nanoemulgel loaded with minoxidil	Dr. Rupesh Kumar Gautam	
2	HARSHITA GAURAH	0845PY21MP06	Development, Characterization and Evaluation of Imiquimod Loaded Nanoemulgel For The Effective Treatment of Genital Warts.	Dr. Gurmeet Chhabra	
4	RITU KUMARI	0845PY21MP09	Formulation and evaluation of Nanosuspension containing poorly water soluble antifungal drug.	Dr. Nadeem Farooqui	
5	SAPNA SAINI	0845PY21MP10	Designing and Evaluation of 3D printing based formulation	Dr. Nadeem Farooqui	
6	SHADAB KHAN	0845PY21MP11	Formulation and Evaluation of Orodispersible Film of Anti-Hypertensive Drug	Dr. Nadeem Farooqui	
7	SHIVANI BURMAN	0845PY21MP12	Green synthesis of silver nanoparticle using Eclipta Prostrata and Punica granatum _ for diabetic wound healing activity.	Dr. Rekha Bisht	
8	YASH JAISWAL	0845PY21MP13	Formulation and evaluation of ethosomal patch of Tretinoin for psoriasis treatment.	Dr. Pritesh Paliwal	

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Registered - Under UGC 2(F)

INDORE INSTITUTE OF PHARMACY

M. PHARM IV SEM PCS

SUBJECT NAME AND CODE: DISSERTATION PART-II & MQA 401 QA

END SEM EXAMINATION DEC 2023

S. No.	Name of Student	Enrollment No.	Title	Supervisor	Signature
1	ANKITA BHADORIYA	0845PY21MP01	Development and Validation of Calculation Data Sheets to Ensure the Accuracy and Security of Pharmaceutical Data Through QA Procedures (QAPS)	Dr. Gurmeet Singh Chhabra	
2	NIEL RAVI DANILE	0845PY21MP02	Computer System Validation of Packi Code Verification	Dr. Gurmeet Singh Chhabra	
3	RAJA PATHAN	0845PY21MP03	Rapid, cost-effective analytical method on High performance liquid chromatography for trace level API drug "aceclofenac" in support of cleaning validation activity.	Dr. Ritesh Patel	
4	TANVI SHARMA	0845PY21MP04	A Root cause analysis and implementation of CAPA in pharmaceutical Quality management system.	Dr. Gurmeet Singh Chhabra	

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INDORE (M.P.)



APEX TECHNICAL SERVICES

CERTIFICATE

... of training ...

This certificate is presented to

NIEL RAVI DANIEL

For completing his/her training program with the
company's CSV department from August 2022 to January 2023.



12-Jun-2023

Date


**amit
nimbe**

Signature (CSV Head)

Digitally signed
by amit nimbe
Date:

2023.06.12
22:45:23 +05'30'




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Indore Institute of Pharmacy,
INDORE (M.P.)