



IDEAL INSTITUTE OF PHARMACY

Pimplas Road, Vill- Posheri, Tal- Wada, Dist- Palghar

ANALYTICAL METHOD

आयुर्वेदिक विश्वविद्यालय
आयुर्वेदिक औषधि विभाग
विश्वविद्यालय, पालघर, महाराष्ट्र

विद्यार्थी का विवरण		समय	
नाम	अक्षय शिंदे	दिनांक	19/09/23
पता	Ideal Pharmacy College	समय	11
कक्षा		दिनांक	19
समय		समय	

क्र.सं.	नाम	परिचय
	Amala solution	Am
	Amal solution	1) 10% Amal solution 2) 10% Amal solution 3) 10% Amal solution 4) 10% Amal solution 5) 10% Amal solution + 10% Amal solution

S. Patel
Ideal Institute Of Pharmacy
At-poshesheri, Tal-Wada,
Dist - Palghar Maharashtra 421303

INFORMATION OF STUDENT PHARMACIST AND APPRENTICE MASTER

Name of student Mr /Mrs/MS Ankita Shrishael Horarav

Roll No. 25 Year 2021-2023

Enrollment No. 2118470025 Exam Seat No. 155635

S/W Exam SUMMER 2023

Address: B-202, Mahesh-Megha CHSL, Shree Jivadani Krupa Complex, Chandansar, VITAR (E)

Pin 401305 Phone: _____ Mobile: 7030356154

Practical Training period From 03/07/2023 To 02/10/2023
For 500 Hours.

Name of Pharmacy/Druggist & Chemists _____

Dr. Sainath Medical & General stores

Address Shop No 1, Nageshwar Apt, Sainath Nagar, Chandansar Road, Vitar (E).

Pin 401305 Phone 8999599580 Mobile 7066402858

Name of Apprentice Master Harshad Dharmchand Jain

Registration No. 21519091000018
329624

DR. SAINATH MED. & GEN. STORES
Shop No. 1, Nageshwar Apt, Chandansar
Nagar, Chandansar Road, Vitar (E)
Pin No. 401305, 401305, 401305
Signature: _____
Apprentice Master

Handwritten signature

Handwritten signature
Student signature.

Name Ankita Shrishael Horarav

Ideal Institute of Pharmacy, Poohar

Handwritten signature
PRINCIPAL
Ideal Institute Of Pharmacy
At-post-Poohar, Tal. Wada,
Dist. E. ... Mangrotra 321307

Annexure II

APPRENTICE MASTER'S RATING OF THE STUDENT'S PERFORMANCE

(Please put a tick (✓) mark in the appropriate column)

Name of the Student/Pharmacist: Ankita Shrishael Honratav

Sr. No	Characteristics	Rating			
		Very Good	Good	Satisfactory	Unsatisfactory
1	Regularity	✓			
2	Punctuality		✓		
3	Accuracy		✓		
4	Neatness	✓			
5	Initiative	✓			
6	Insight for the understanding of the work	✓			
7	The sense in carrying out the assigned duties	✓			
8	Engagement in the work	✓			
9	Willingness to take up		✓		
10	Maturity in interpersonal relations		✓		

Other observations, if any

Place: VITOD (E)
Date: 02/11/2023

(Signature)

Signature

ON SANGH MED. & GEN. STORES
Plot No. 1, Talaswadi, Tal. Wada,
Rajur, Chaudwara Road, Dist. Tal.
Tel. No. 30824, 30825, 30826
Dist. Tal. Wada

Designation: Head of the Training Organization

(Signature)
PRINCIPAL

Ideal Institute of Pharmacy
At-post: posner, Tal. Wada,
Dist - Talaswadi, Maharashtra 421303

COPY OF THE PRESCRIPTION

Date: 11/7/23

Name of the Physician: Dilip V. Salunke Qualification: MBBS

Name of the Patient: Yashvivee Kadam Age: 7yrs Sex: Female

Disease / Allment / Disorder: Abominal pain, Fever

Brand/Generic Drug Name	Dose	Route Of Administration	Frequency	Indication	Contraindication
Tb. Cefine 100	5 days	oral	Twice a day	treat bacterial infection of Ear, nose etc treat typhoid fever	consult doctor if you have allergic to antibiotics
Sy. Clavfer LB	5 days	oral	Twice a day	treatment of bacterial infection	you must take adequate rest for a faster recovery
Sy. Mefal Spas	5 days	oral	Twice a day	treatment of stomach pain bloating, abdominal cramps	consult doctor if you have allergic to any ingredients history of birth defects, liver disease

No. of prescriptions honoured in a day: 15 or more



DM SAINATH MED. & BGM STORES
Shop No. 1, Nageshwar Acl, Sainath
Nagar, Chandrapur Road, Dist. (Ct)
DL No. 338624, 334025, 334620
Ph. No. 272477, 272478, 272479

Dilip Salunke

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Dist - Palghar Maharashtra 421303

COPY OF THE PRESCRIPTION

Date: 12/1/23

Name of the Physician: Dr. R. Jadhavkushna Bai Qualification: M.B.B.S., MD

Name of the Patient: Vibha Vaidya Age: 62 Sex: Female

Disease / Allergy / Disorder: Skin infection, nerve pain

Brand/Generic Drug Name	Dose	Route Of Administration	Frequency	Indication	Contraindication
Lac soft. Oyl		Topical	At night	treatment of eczema & Proriasis	inform doctor if you have allergies from medicine.
Tb. Nurogab NT	30 days	Oral	At night	Treatment of nerve pain (neuropathic pain)	do not take from doctor if you suffer from kidney or liver disease
ivij doflon 1000mg	2 days	IV	once a At night day	to treat varicose veins	if you have allergies from any ingredients in medicine.

No. of prescriptions honoured in 7 days: 20 of more

(Faint, illegible text, possibly a stamp or additional notes)

Signature of Pharmacist: _____

(Handwritten signature)

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