

MAHARASHTRA STATE, BOARD OF TECHNICAL EDUCATION AUTONOMOUS

49, KHERWADI, ALIYAWER JUNG MARG BANDRA (EAST) MUMBAI – 400 051.

Date: 03/05/2007

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No.MSBTE/D-52-AMC/2007 / 4666

To,
The Principal
All the institutes
Conducting Diploma in pharmacy course.

Sub: Diploma in pharmacy, part III pharmacy practice training

In accordance with the ER 91. Part III of the course leading to diploma in pharmacy, to be completed by student after appearing in part II i.e. final year diploma in pharmacy examination.

The part III includes practical training under a registered pharmacist at licensed medical store/Govt/ESIS/Municipal Hospitals/Pharmaceutical Industries for a minimum 500 hours, spread over not less than 3 months.

In some Institutes the Part III, is not currently monitored or evaluated by MSBTE or the institute. The student is not checked whether he/she has really undergone training under qualified pharmacist by actually working in organization.

Since, MSBTE issues diploma certificate based on completion of part I (first year diploma pharm).Part II (final year diploma.) Part III (training) the evaluation becomes essential for quality technical manpower.

The following steps should be taken by the institute before recommending student for issuing the final certificate by the MSBTE.

- 1. The institute should identify places of training organization such as licensed medical stores/Govt/ESIS/Municipal Hospitals / Pharmaceutical industries and their acceptance to impart training for 500 hours duration at least to two students.
- 2. Procedure to be followed prior to commencing of the training:
- I) The Head of an Academic Training Institution, on application shall supply in **triplicate** 'Practical Training Contract Form' for Qualification as a Pharmacist to candidate eligible to under-take the said Practical Training. The Contract Form shall be as specified in **Annexure I** to these regulations.
- II) The Head of an Academic Training Institution shall fill Section-I of the Contract Form. The trainee shall fill Section-II of the said Contract Form and Head of the Institution/Organisation agreeing to impart training, shall fill section-III of the said contract Form.
- III) It shall be the responsibility of the trainee to ensure that one copy so filled is submitted to the Head of the Academic Training Institution and the other two copies shall be filled with the Apprentice Master or with the trainee pending completion of the training.

3. Certificate of passing diploma in pharmacy (Part – III)

On satisfactory completion of the apprentice period, the Apprentice Master shall fill SECTION IV of the Second copy and Third copy of the Contract Form and cause it to be sent to the Head of the Academic Training Institution who shall suitably enter in the First copy of the entries from the Second copy and Third copy and shall fill SECTION V of the Three copies of Contract Form and thereafter hand over both the Second copy and Third copy to the trainee.

This, if completed in all respects, shall be regarded as a Certificate of having successfully completed the Course of Diploma in Pharmacy (Part - III)

- 4. Student pharmacist should maintain the daily diary of prescriptions honored in a day, should get it counter signed by Apprentice Master.
- 5. Institute should conduct surprise inspection by sending concerned teacher atleast once in the entire period of training and also maintaining telephonic contacts for getting information about attendance/progress of student.
- 6. After completion of training student is required to get evaluation sheet filled by trainer to submit to institute as per the format (Annexure II)

The above procedure is mandatory towards obligation of judicious evaluation and monitoring of training under part III as laid down under ER 91. This will result in the improvement of quality of assessment and implementation of curriculum Diploma in Pharmacy effectively.

Secretary,
Maharashtra State Board of Technical Education
Mumbai.

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1.Copy w/c. to the Director Maharashtra State Board of Technical Education Mumbai 2.Copy to the Dy. Secretary M.S.Regional Board of Technical Education for information & see that the part III training of Diploma in pharmacy is carried out as per guidelines.

Annexure I Practical Training Contract Form for Pharmacists.

(Certificate for completion of Dip. In Pharmacy, Part III)

Section I

This form has been issued to	
C (/ 1 1, C	(Name of student pharmacist)
Son of / daughter of	
Residing	
Who has produced evidence before we th	nat he/she is entitled to receive the practical Training
as set out in the Education Regulation fra	amed under 10 of the pharmacy Act. 1948
Place-	
Date	Principal/Head of the Diploma in pharmacy
Section II	
1	accept (Name of the Apprentice Master)
(Name of student pharm	(Name of the Apprentice Master)
of	as my Apprentice Master spital/ pharmacy)
(Name of the Institute, Hos	spital/ pharmacy)
For the above training and agree to obey	and respect him/her during the entire period of my
training.	
•	
Place-	
Date	(Student Pharmacist)
	,
Section III	
1	

(Name of the Apprentice Master)

(Name of the Student Pharmacist)

as a trainee and I agree to give him/her training facilities in my organization so that during his/her training he/she may acquire.

 Working knowledge of keeping of records required by the various Acts affecting the Profession of pharmacy: and

- 2. Practice experience in
 - a. the manipulation of pharmaceutical apparatus in common use;
 - the recognition of chief crude drugs and chemical substances used in medicine;
 - c. the reading, translation and copying of prescriptions including the checking of doses;
 - d. the dispensing of prescription illustrating the commoner methods of administering medicaments; and
 - e. the storage of drugs and medicinal preparations

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

Place-	
Date	(Apprentice Master)
	(Name and address of the Institution)
	Registration no.

Section IV

I certify that _		has
Under gone	hours training spread over	months in accordance
With the details enumer	ated in section III.	
Drug License No.		
Place-		
Date		Head of the Organisation /
		Pharmaceutical Division
Section V I certify that	(Name of the stud	
has completed in all resp	pect his practical training under reg	gulation 20 of the Education
Regulation framed unde	er section 10 of the pharmacy Act.	1948. He had his practical training
in an Institution approve	ed by the pharmacy Council of Indi	ia.
Place- Date	Principal/Head	of the Dept. of Diploma pharmacy

Trainer/Supervisor's rating of the Student's Performance (Please put a tick mark in the appropriate column)

Name	of the	Student	Pharmacist	

Sr.	Characteristic	RATING			
No.		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	Involvement in the work				
9	Willingness to take up additional work				
10	Maturity in Interpersonal relations				

Other observations, if any:	
PLACE:	
DATE:	
	Signature:
	Designation: Seal of the Training Organisation