

SECTION I

This form has been issued to _____

(Name of student pharmacist)

son of /daughter of _____ residing at _____ who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2020 made under section 10 of the Pharmacy Act, 1948.

Date: The Head of Institution imparting practical training

SECTION IV

I certify that _____ had
(Name of student pharmacists)

has undergone _____ hours training spread over _____ months in

accordance with the details enumerated in SECTION III.

(The Head of Institution imparting practical training)