**SHIVA TRUST’S**

**Gajanan Maharaj COLLEGE OF PHARMACY,**

**NIPANI-BHALGAON, AURANGABAD.**



***S*tudents Practical Training Report Project**

(AS PER PCI NORMS)

Principal Co-Ordinator

**M.S.B.T.E.**

**Endorsement by the Principal**

*This is to certify that this* ***“Practical Training Report”*** *is abonafide and genuine practical work carried out by …………………………………………. partial fulfilment of the requirement for the certificate of Diploma in Pharmacy.*

**Principal**

Gajanan Maharaj College of Pharmacy,

Nipani – Bhalgaon, Aurangabad

Maharashtra, India.

Date:

Place: Aurangabad

**Maharashtra State Board of Technical Education**

**Declaration by The Candidate**

*I hereby declared that this “*Practical Training Report” *is a bonafide and genuine work carried out by me under the guidance of Mrs. Anjali Narayanrao Padalkar, Head of Department Gajanan Maharaj College Of Pharmacy, Aurangabad.*

**Name of Student:-**

Shiva trust’s,

Gajanan Maharaj College of Pharmacy,

Nipani – Bhalgaon, Aurangabad

Maharashtra, India.

Date:

Place: Aurangabad

***PHARMACIST’S OATH***

* *I swear by the code of Ethics of Pharmacy Council of India in relation to the community and shall act as an Integral part of health care team.*
* *I shall uphold the laws and standards governing my profession*
* *I shall strive to perfect and enlarge my knowledge to contribute to the advancement of pharmacy and public health*
* *I shall follow the system, which I consider best for pharmaceutical care and counseling of patients.*
* *I shall endeavour to discover and manufacture drugs of quality to alleviate sufferings of humanity.*
* *I shall hold in confidence the knowledge gained about the patients in connection with professional practice and never divulge unless compelled to do so by the law.*
* *I shall associate with organizations having their objectives for betterment of the profession of Pharmacy and make contribution to carry out the work of those organizations*
* *While I continue to keep this Oath inviolated, may it be granted to me to enjoy life and the practice of pharmacy respected by all, at all times!*
* *Should I trespass and violate this oath, may the reverse be*

**फार्मसी रजिस्ट्रेशन करावयाची आवश्यक कागदपत्रे**

1. Application form duly filled in by the APPLICANT in his neat legible hand

2. Four recent, passport size, front pose (both ears should be visible) identical Photographs (3.5cmx4.5cm)

3. One of those may be used for identity slip. Photos with cap or head gear will not be allowed.

4. First and Second year Original Mark list issued by the concerned examining body and Photo Copy of same

5. **Original 500 hours** Practical Training Certificate duly signed by the Principal of the concerned pharmacy institute.

6. Pharmacy College Leaving Certificate in original and photo copy of the same.

7. S.S.C. passing certificate (mentioning Date of Birth) in original and photo copy of the same.

8. Copy of the proof of the residence in Maharashtra State (ration card/domicile certificate/election card/Aadhar Card/Passport duly attested.

9. Identity slip attested by Principal/ Gazetted Officer/Officer of Equivalent rank of this state.

10. For the applicants having diploma from other states, they should submit original diploma certificate and two photo copies of the same

**FEES TO BE REMITTED AT THE TIME OF REGISTRATION**

1) Form Fee Rs. 25/- 2) Registration Fees Rs. 100/- 3) Postage Rs. 100/-

4) P.P.P. Charges Rs. 200/- 5)Service Charges: Rs. 500/-

6)DIC Publications Rs.250/- (OPTIONAL)

7) Additional Qualification charges -Rs 50 /- for each qualification (if applicable)

8) Change of name charges -Rs 20/-(if applicable)

**For renewal of Registration –**

Advance Renewal fees in lump sum (ARFL)- You may opt for either of the following three options. The fees amount mentioned below is based on present renewal fee of Rs 50/-(fifty only) per year. ARFL will change subject to fee revision, if any in future.

a ) ARFL–Rs 1500/- for renewal of thirty years

b) ARFL-Rs 1000/- for renewal of twenty years

c) ARFL-Rs 500/- for renewal of ten years

**नवीन औषंध परवाना**

**१.नवीन अर्जासोबत जोडावयाची कागदपत्रे**

अ) परिशिष्ट क (जादा माहितीपत्रक )

ब) चातुसिमेसह दोन प्रतीत दुकानाच्या मालकाने अथवा एका भागीदाराने साक्षांकीत केलेल्या जागेचा नकाशा

क) जागेच्या मालकी हक्कासंबधीचा पुरावा

**२.दुकानाची जागा शहर तालुका ,महानगरपालिका , नगरपालिका हद्दीत असल्यास**

अ)कराराची प्रत ब) कराराची प्रत नसल्यास खरेदी खत

क) खरेदिखाताबाबत रजिस्ट्रेशन पावती किवा इडेक्स टू चा उतारा

ड) बांदाकामाचा पुर्णत्त्वाचा दाखला इ)बिल्डरकडील ताबापत्र

ई) सोसायटी असल्यास सोसायटीचे ना हरकत प्रमाणपत्र

फ) नगरपालिकेचे न हरकत प्रमाणपत्र

**३.दुकानाची जागा ग्रामपंचायत हद्दीत असल्यास**

अ) ग्रामपंचायत ८ अ उतारा ब) नमुना १० मधील पावती क) ग्रामपंचायत ना हरकत प्रमाणपत्र

**ड) जागा कायदेशीर ताब्यात असल्याची कागदपत्रे**

१) भाडेपावती

२.) भाडे करार

३.) सोसायटी असल्यास सोसायटीचे ना हरकत प्रमाणपत्र

**इ) घटनेबाबतची कागदपत्रे**

१) भागीदारीपत्र किवा ट्रस्ट डीडी

२.) भागीदारी किवा विश्वस्त कोव संचालक या सर्वांचू संपूर्ण नावे व राहत्या घराचे पत्ते

**फ) अहर्ताप्राप्त व्यक्ती किवा सक्षम व्यक्तीबाबत**

१) शेक्षेनिक अहर्ता २) अनुभवाचा दाखला ३) पूर्णवेळ काम करण्याबाबतचे हमीपत्र

४) दुसर्याठीकानी काम करत असेल तर त्या ठिकाणाचा राजीनामा

**ज) शीतपेटी असल्यास खरेदी बिल**

Name of student: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roll No.:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam Seat No. :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/W. Exam: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Year Marks : -\_\_\_\_\_\_\_\_\_\_/1000 % Marks : - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pin Code : - \_\_\_\_\_\_\_\_\_\_\_\_ Phone : - \_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practical Training Period: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For 500 Hours.

Name of Retail Medical Stores / Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone : - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No.:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Apprentice Master: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification : - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experience : - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years

Registration No.: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Apprentice Master

Stamp:

(STUDENTS SIGNATURE)

NAME: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAYOUT OF THE MEDICAL SHOP

Name of The Shop:-

Name & Address of Doctors Near Medical Shop (Around 200 Mtrs.)

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Name of Medical Shops (Around 50 Mtrs.)

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**Patient Counseling &Care notes**

Patient Counseling & communication is part of profession of Pharmacist working in Drug store. The trainee Pharmacist must concentrate on counseling procedure and queries of patient.

**Remember following points:**

* Initiate conversation with patient by asking age, previous trearment, and allergies if any. Record the information.
* Tell the patient the name of medication, dose, and storage. Confirmed by asking few more question that patient has understood the therapy.
* Explain importance of treatment, particularly if it is antibiotic; explain why completion of total course required.
* Provide information about side effects, drug interaction, drug food interaction and solution to avoid them.
* Advice patient about minor side effect, precaution and for major effects advice him to see the Doctors immediately.
* If dose is missed ask him to skip the dose, he must not take two doses (Missed dose + Regular dose) together.
* Simple pamphlets regarding storage, administration procedure depicted by simple picture should be provided to the patient.

**Master List of Prescription Abbreviations**

**Dosage Form**

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| Abbreviation | From the Latin | Meaning |
| Auristillae | Aurist | Eardrop |
| Capsula | Caps | Capsule |
| Cataplasma | Cataplasma | Poultice |
| Collutorium | Collut | Mouthwash |
| Collurium | Collyr | Eye Lotion |
| Cremor | Crem | Cream |
| Gattae | Gtt | Drops |
| Liquor | Liq | Liquid |
| Haustas | Ht | Drought |
| Mistura | Mist | Mixture |
| Nuristillae | Nurist | Nose Drop |
| Emulsio | Emul | Emulsion |
| Lotio | Lot | Lotion |
| Tabella | Tab | Tablet |
| Pulvis | Pulv | Powder |
| Nebula | Neb | A Spray |
| Pasta | Past | A Paste |
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**Method of Administration**

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| --- | --- | --- |
| Antecibos | a.c. | Before meal |
| ante meridien | a.m. | morning |
| aqua | aq. | water |
| auris utro | a.u. | each ear |
| auristillae | Aurist | ear-drops |
| bis | b. | twice |
| bis in die | b.i.d. | twice a day |
| capsula | Caps | a capsule |
| chartulae | Charts | powder papers; divided powders |
| cum cibus | c.c. | with food; with meals |
| hora | H | at the hour of |
| hora somni | h.s. | at bedtime |
| nocte | n. | at night |
| naristillae | narist. | nasal drops |
| omni mane | o.m. | every morning |
| quater in die | q.i.d. | four times a day |
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**Physiological Parameter**

1. pH of Blood:- 7.35-7.45
2. Hemoglobin
   1. 13-18gm/100ml in adult male
   2. 12-16gm/100ml in female
   3. 9-15gm/100ml in children
3. RBC Count
   1. 4.5-5.5 million/cu mm in male
   2. 3.5-5.5 million/cu mm in female
4. WBC Count 4000-11000/cu mm
5. Platelet or Thromocytes count 1,50,000-4,00,000
6. Clotting time 2-6 min
7. Bleeding time 2-5 min
8. Blood Sugar Level 80-120mg/100ml
9. Blood cholesterol 150-250mg/100ml
10. Blood urea 8-26 mg/dl
11. Creatinine 1-2mg/dl
12. Sperm count 60-150million per ml
13. Heart rate 70-80 beats/min
14. Blood pressure 80-120mm Hg
15. Body temp 370C or 97-980F

**Advice For Common Drug**

**i)Antacid Tablet**- Do not swallow but chew it

**ii) Diazepam-**This drug may cause drowsiness so do not work with dangerous machinery and do not drive a heavy vehicle and do not drink alcoholic beverages.

**(iii) Tetracycline-** Do not take this medication with milk or antacid.

**(iv) Phenolphthalein-** This laxative may colour the urine and feces pink

**v) Bisacodyl:** Do not take this medication with milk or antacid / Do not chew the tablet.

**vi) Phenytoin:** Expose yourself to sunlight in the morning.

**(vii) MAO inhibitors:-** Avoid cheese, chocolate, alcoholic beverages and liver or yeast extract.

**(viii) Aspirin-** Do not take on empty stomach.

**(xiv) Ampicillin**-This medicine should be taken one hour before meal or two hour after meal. This drug sometimes causes diarrhea, call your doctor if it becomes severe. Complete the course of drug otherwise reoccurrences of disease take place.

**(x) Boric Acid-** Contraindicated in children under 12 years old. Not for internal use.

**xi) Antidiadetic drug-** ‘Avoid alcoholic beverages while on drug therapy’.

**(xii) Diphenhydramine:** It may cause sedation

**xiii) Haematinics:- It** may create metallic taste in mouth

**xiv) Castor oil :-**  Avoid in Pregnancy

**xv) Reserpine/ Tolbutamide :-** Do not take with meals

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Name of Patient: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease/Aliment \_\_\_\_\_\_\_\_\_\_\_\_Age:- \_\_

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Name of Patient: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease/Aliment \_\_\_\_\_\_\_\_\_\_\_\_Age:- \_\_

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Name of Patient: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease/Aliment \_\_\_\_\_\_\_\_\_\_\_\_Age:- \_\_

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Name of Patient: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease/Aliment \_\_\_\_\_\_\_\_\_\_\_\_Age:- \_\_

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Name of Doctor: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: -\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Patient: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease/Aliment \_\_\_\_\_\_\_\_\_\_\_\_Age:- \_\_

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Name of Doctor: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: -\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Patient: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease/Aliment \_\_\_\_\_\_\_\_\_\_\_\_Age:- \_\_

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Name of Doctor: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: -\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rx

Name of Doctor: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: -\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease/Aliment \_\_\_\_\_\_\_\_\_\_\_\_Age:- \_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Brand / Generic  Drug Name | Dose | Route of Administration | Frequency | Indication | Contraindication |
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| --- | --- | --- |
| Date: - | Copy of a Prescription | No. of Prescriptions  honoured in a day \_\_\_\_ |

Rx

Name of Doctor: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: -\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease/Aliment \_\_\_\_\_\_\_\_\_\_\_\_Age:- \_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Brand / Generic  Drug Name | Dose | | Route of Administration | Frequency | | Indication | Contraindication | |
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|  |  | |  |  | |  |  | |
| Date: - | | Copy of a Prescription | | | No. of Prescriptions  honoured in a day \_\_\_\_ | | |

Rx

Name of Doctor: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: -\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease/Aliment \_\_\_\_\_\_\_\_\_\_\_\_Age:- \_\_

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| --- | --- | --- | --- | --- | --- |
| Brand / Generic  Drug Name | Dose | Route of Administration | Frequency | Indication | Contraindication |
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| --- | --- | --- |
| Date: - | Copy of a Prescription | No. of Prescriptions  honoured in a day \_\_\_\_ |

Rx

Name of Doctor: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: -\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Patient: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Disease/Aliment \_\_\_\_\_\_\_\_\_\_\_\_Age:- \_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Brand / Generic  Drug Name | Dose | Route of Administration | Frequency | Indication | Contraindication |
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**QUESTION BANK**

(To be answered by candidate after practical training)

Q.1. Name 5 Products of following dosage form with brand name and company name

|  |  |  |
| --- | --- | --- |
| Dosage Form | Brand Name | Company Name |
| Tablet  (Enteric Coated) |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Capsule  (Sustained Release) |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Injection |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Liquid Orals |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Gels for External  Application |  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Q.2. Name two formulation having NDS (New drug delivery system) with ingredients.

|  |  |  |
| --- | --- | --- |
| Sr. No. | Formulation | Ingredients |
|  |  |  |
|  |  |  |
|  |  |  |
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Q.3 what is difference between Generic and Brand name. Give five examples each.

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Q. 4 make a list of 5 OTC products with ingredients.

|  |  |  |
| --- | --- | --- |
| Sr. No. | Product Name | Ingredients |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Q. 5. Name Five Formulations stored at 2 to 8 0C and at Room Temperature respectively.

|  |  |
| --- | --- |
| Storage Temp. | Formulation |
| 2 to 8 0C |  |
|  |
|  |
|  |
|  |
| Room Temperature |  |
|  |
|  |
|  |
|  |

Q. 6. Name any five formulations which are contraindicated in following condition

|  |  |
| --- | --- |
| Patient Condition | Contraindicated Following |
| 1. Breast Feeding |  |
|  |
|  |
|  |
|  |
| 1. Pediatrics |  |
|  |
|  |
|  |
|  |
| 1. Geriatrics |  |
|  |
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Q. 7. Give adverse effect of following drugs.

|  |  |  |
| --- | --- | --- |
| Sr. No. | Drug | Adverse Effect |
|  | Diazepam |  |
|  | Ampicilin |  |
|  | Amlodepin |  |
|  | Terfenadine |  |
|  | Ibuprofen |  |

Q. 8. Give route of administration and dose of following drugs

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Drug | Route of Administration | Dose |
|  | Nimesulide |  |  |
|  | Halothane |  |  |
|  | Povidone – Iodine |  |  |
|  | Dicylomine |  |  |
|  | Sodium Nitroprusside |  |  |
|  | Lignocaine |  |  |
|  | Insulin |  |  |
|  | Codeine |  |  |
|  | Beclomethazone |  |  |
|  | Mitomycin |  |  |
|  | Glyceryl trinitrate |  |  |

Q.9 Name the drug in following diseases / conditions

|  |  |  |
| --- | --- | --- |
| Sr. No. | Disease / Condition | Drug |
|  | Arteriosclerosis |  |
|  | Gangrene |  |
|  | Sexual impotency |  |
|  | Sterility in woman |  |
|  | Leprosy |  |

Q.10 What instruction you will give to patient while dispensing following formulation

|  |  |  |
| --- | --- | --- |
| Sr. No. | Formulation | Instructions |
|  | Ointments |  |
|  |
|  | Ear Drops |  |
|  |
|  | Oily Injection |  |
|  |
|  | Emulsion |  |
|  |
|  | Hair Dyes |  |
|  |

Q.11 did you council any patient? If yes, on what enquiries? What did you advise?

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Q.12 Which Licenses are required for retail medical shop? What are annual fees to renew the licenses?

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| --- | --- |
| Licenses | Annual Renewal Fees |
|  |  |
|  |  |
|  |  |
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|  |  |

Q.13 classify the following formulation according to different schedules and Give warnings for the schedules?

|  |  |  |
| --- | --- | --- |
| Formulation | Schedule | Warning |
| Tab. Restyl |  |  |
| Erytop Cream |  |  |
| Inj. Pitocin |  |  |
| Tab. Glyciphge |  |  |
| Tab. Zanocin |  |  |
| Tab. Phensedyl |  |  |
| Inj. Vitofol |  |  |
| Inj. MMR |  |  |
| Dilosyn Expectorant |  |  |
| Tab. Mebex |  |  |
| Tab. Asthalin |  |  |

Q. 14 What are the different columns given in FDA inspection register?

|  |
| --- |
|  |

Q.15 Write the Penalties for following conditions: -

|  |  |  |
| --- | --- | --- |
| Sr. No. | Condition | Penalties |
|  | If Oxytocin given without prescription |  |
|  | If Pharmacist license not displayed in drug store |  |
|  | If chemist and druggist not written on board |  |
|  | If Pharmacist is absent in store during D.l. Visit |  |
|  | If Expired drug issued to the patient |  |

Q.16 how the expired drugs are handled? What are the procedures?

|  |
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Q.17 in the Medical shop you are under training, how the formulations are arranged (Tick Word)

|  |  |
| --- | --- |
| 1. Companiwise | 1. Pharmacologically |
| 1. Alphabetically | 1. Any other specify \_\_\_\_\_\_\_\_\_\_\_\_ |

Q.18 how will you handle veterinary products? Name any five such information’s? What precautions you will take to avoid wrong dispensing. i.e. veterinary product to human.

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Q.19 Give format of the bill given to the patient.

Patient Name: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash Memo No.: -\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Name: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash Memo Dr. : - \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Name of Patient | Meg | Mfy B.No. | Exp. | Qty. | Amt. |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Gross |  |
|  |  |  |  |  | Net |  |

Sign. Of Q.P.S. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q.20 Write the uses of following surgical products

|  |  |  |
| --- | --- | --- |
| Sr. No. | Surgical Products | Uses |
|  | JELCO |  |
|  | DERMILITE |  |
|  | UROSAC |  |
|  | CATGUT 1 -0 |  |
|  | SURGICAL BLADE |  |
|  | KNEE CAP |  |
|  | AIRWAY |  |
|  | GYPSONA |  |
|  | 50 ML SYRINGE |  |
|  | SOFROLE |  |

Q. 21 what are components and advantages of any software used to maintain inventory in medical store?

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Q.22 how will you calculate price of the formulation? Explain with suitable example (showing sales tax, Local tax, VAT etc. Give three examples.

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Q.23 after training what majors you will like to adopt to give better services to patient in your shop or in the pharmacy.

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Q.24 Describe the prescription which are repeated in your shop? Give reason? Why?

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Q.25 Give any good/bad experience you have faces during your training.

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Q.26 how will you select an ideal spot for starting your retail Medical shop

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**Photographs of Trainee**

**In Front of Medical Shop**

**Inside Medical Shop during Prescription reading with patient**

**PROJECT ASSESSMENT**

**D.PHARM PART-III PACTICAL TRAINING REPORT**

A) Project Report Submitted on: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B) Name of Student: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolment No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roll No.\_\_\_\_\_\_\_\_\_\_ Exam Seat No.\_\_\_\_\_\_\_\_\_\_\_\_\_ S/W\_\_\_\_\_\_\_\_\_\_\_

C) Final Year Result: Total Mark\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage\_\_\_\_\_\_\_\_\_\_\_\_

D) Training Period\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Candidate

E) Viva Conducted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F) Viva Remarks: - Satisfactory / Non- Satisfactory

G) Grade: A+, A, B+, B, C

Sign of Project Assessor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal & Signature of Principal