

# अंजली कॉलेज ऑफ फॉर्मेसी एण्ड साईंस

(यूनिट ऑफ डा. आर.एन.गुप्ता टैक्नीकल एजुकेशनल सोसाईटी)

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## ANJALI COLLEGE OF PHARMACY & SCIENCE

(Unit of Dr. R. N. Gupta Technical Educational Society)

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अखिल भारतीय तकनीकी शिक्षा परिषद, भारत सरकार से मान्यता प्राप्त  
उ.प्र. प्राविधिक विश्वविद्यालय, लखनऊ से अनुबंधित

Approved by AICTE, MHRD, Govt. of India, New Delhi  
Affiliated to U.P. Technical University, Lucknow

Ref..... ACPS/B. Pharm/Hosp. Trg./

Dated.....

To,

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### Sub: Request for Hospital Training for B. Pharm Students

Dear Sir/Madam,

Anjali College of Pharmacy and Science is a premier institute in the Uttar Pradesh region approved by Pharmacy Council of India, Government of India and affiliated to Dr. A.P.J. Abdul Kalam Technical University, Uttar Pradesh, Lucknow.

Our Institute conducts a four years degree course in Bachelor of Pharmacy, the duration of which includes training at a hospital establishment for a minimum duration of 45 days. The hospital training shall include First aid (wound dressing, artificial respiration etc.), different routes of injection, study of patient observation charts, prescriptions and dispensing, simple diagnostic reports etc.

The aim of the Hospital training is to provide students with opportunities for exposure to the work experience at a hospital establishment and hence to produce knowledgeable, skilled and experienced graduates, demanded by employers, who are able to apply the knowledge acquired at the Institute to the working world outside the Institute.

In view of the above, we submit herewith the application of one of our students for his/ her Hospital training of 45 days in your esteemed organization and request you to kindly accommodate the student in your esteemed organization for the training purpose. Your kind cooperation for making your hospital facilities available to the student for the training is solicited please. The student is required to submit a project report of the work conducted at your esteemed organization and a Hospital Training Completion Certificate duly signed by the concerned authority at your organization, to the Institute.

1. Name.....
2. Class..... Roll No.....
3. Address for correspondence.....  
.....
4. Contact No. / Mobile No..... E-mail D.....

We are extremely thankful for your kind gesture to accommodate our student and would also like to mention that the Hospital training would enable the above-mentioned student to qualify for the award of the Degree in B. Pharm among other requirements of the Pharmacy Council of India, Government of India.

Thanking you.

Yours faithfully,

(Signature)  
Head of the Department