



Pharmacist Registration Certificate



Certificate No: 57425 A2

Date : 28th January 2019

This is to certify that

K. SYEDYUSUFILIYAS D.Pharm

(son of S.K.Kaleel Raguman)

whose date of birth is 27th September 1998 (Nineteen Ninety Eight)

has been duly registered as a

Registered Pharmacist

and is entitled to all the privileges granted under
The Pharmacy Act 1948 (Central Act No. VIII of 1948)
as amended to regulate the practice of Pharmacy in the State of Tamilnadu.

IN WITNESS whereof are herewith affixed the seal of the
Tamil Nadu Pharmacy Council and the Signature of the
Registrar of the said Pharmacy Council.

K. Syed Yusuf Ilyas

Signature of the Candidate



T. J.
Registrar



DIRECTORATE OF MEDICAL EDUCATION, CHENNAI
TAMILNADU STATE, INDIA
Govt. Board Examinations - Diploma in Pharmacy Course
STATEMENT OF MARKS



S. No. 5277

Name of Candidate		Register Number	
SYEDYUSUFILIAS K		20165513	
Date of Birth	Regulation	Month/Year of Exam.	
27-09-1998	REGULATION-1	APR-2017	
Name of College			
2043.RVS PADMAVATHI AMMAL COLLEGE OF PHARMACY COIMBATORE			
Subject Code	Name of Subject	Marks Secured	Result
211001	HEALTH EDUCATION AND COMMUNITY PHARMACY TOTAL (Internal+Written)	074	PASS
211002	HUMAN ANATOMY AND PHYSIOLOGY TOTAL (Internal+Written)	053	PASS
211003	PHARMACEUTICS I TOTAL (Internal+Written)	067	PASS
211004	PHARMACEUTICAL CHEMISTRY I TOTAL (Internal+Written)	064	PASS
211005	PHARMACOGNOSY TOTAL (Internal+Written)	067	PASS
211006	BIOCHEMISTRY AND CLINICAL PATHOLOGY TOTAL (Internal+Written)	077	PASS
211007	HUMAN ANATOMY AND PHYSIOLOGY TOTAL (Internal+Practical)	090	PASS
211008	PHARMACEUTICS I TOTAL (Internal+Practical)	078	PASS
211009	PHARMACEUTICAL CHEMISTRY I TOTAL (Internal+Practical)	089	PASS
211010	PHARMACOGNOSY TOTAL (Internal+Practical)	083	PASS
211011	BIOCHEMISTRY AND CLINICAL PATHOLOGY TOTAL (Internal+Practical)	083	PASS
Max. marks - 100 / Passing marks 40			

Seal :

21 JUN 2017

Date :

Deputy Chairman
Board of Pharmacy

**DIRECTORATE OF MEDICAL EDUCATION, CHENNAI**

TAMILNADU STATE, INDIA

Govt. Board Examinations - Diploma in Pharmacy Course

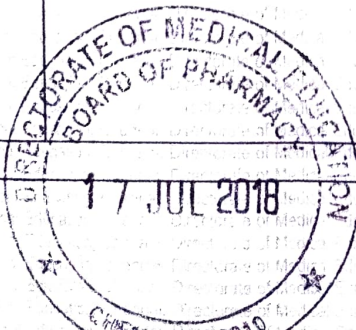
STATEMENT OF MARKS



S. No. 0012835

Name of Candidate		Register Number	
SYEDYUSUFILIIYAS K		20165513	
Date of Birth	Regulation	Month/Year of Exam.	
27-09-1998	REGULATION-1	APR-2018	
Name of College			
2043.RVS PADMAVATHI AMMAL COLLEGE OF PHARMACY, COIMBATORE			
Subject Code	Name of Subject	Marks Secured	Result
212001	PHARMACEUTICS II - THEORY Total(Internal+Written)	055	PASS
212002	PHARMACUETICAL CHEMISTRY II - THEORY Total(Internal+Written)	060	PASS
212003	PHARMACOLOGY & TOXICOLOGY - THEORY Total(Internal+Written)	077	PASS
212004	PHARMACEUTICAL JURISPRUDENCE- THEORY Total(Internal+Written)	061	PASS
212005	DRUG STORES AND BUSINESS MANAGEMENT - Total(Internal+Written)	061	PASS
212006	HOSPITAL & CLINICAL PHARMACY - THEORY Total(Internal+Written)	064	PASS
212007	PHARMACEUTICS II - PRACTICAL Total(Internal+Practical)	080	PASS
212008	PHARMACUETICAL CHEMISTRY II - PRACTICAL Total(Internal+Practical)	077	PASS
212009	PHARMACOLOGY & TOXICOLOGY - PRACTICAL Total(Internal+Practical)	087	PASS
212010	HOSPITAL & CLINICAL PHARMACY - PRACTICAL Total(Internal+Practical)	086	PASS

Max. marks - 100 / Passing marks 40



Seal :

Date :

Deputy Chairman



D.C. No.

32618

**DIRECTORATE OF MEDICAL EDUCATION
CHENNAI, TAMILNADU STATE, INDIA
BOARD OF PHARMACY EDUCATION**



Registration No. 20165513

Mr./Ms. SYEDYUSUFILIYAS K

has satisfactorily completed the course of Theoretical and Practical Training as prescribed in the Education Regulations of the Pharmacy Council of India for

DIPLOMA IN PHARMACY

at RVS PADMAVATHI AMMAL COLLEGE OF PHARMACY

and has passed the final qualifying examination held in APRIL 2018

He / She underwent 500 hours Practical Training during the period from 07/05/2018 to 25/08/2018 at GOVERNMENT STANLEY HOSPITAL, CHENNAI.

He / She has qualified for the award of Diploma in Pharmacy by The Board of Examining Authority constituted by Government of Tamil Nadu.

Deputy Chairman,
Board of Examiners(Pharmacy)/
Joint Director of Medical Education

Chairman,
Board of Examiners(Pharmacy)/
Director of Medical Education

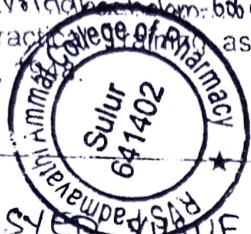


GOVERNMENT OF TAMIL NADU
DIRECTORATE OF MEDICAL EDUCATION, CHENNAI-10
DIPLOMA IN PHARMACY COURSE
PART II-B (PRACTICAL TRAINING)
APPENDIX - E)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Mr. Ms. K. SYED YUSUF ILIYAS
 s/o of Mr. S.K. KALIL RAHUMAN residing at 185/B1, Sekkilar St, Periyar
Nagar (South), Vaikath, Coimbatore-606 001 who has produced evidence before me that he/she is entitled to
 receive the Practical Training as set out in the Education Regulations framed under section 10 of
 Pharmacy Act, 1948.



Date/Seal:

04/05/2018

PRINCIPAL
R.V.S. PADMAVATI
 (Sn.) Head of Academic Institution
 Kannampalayam, Sullur, Coimbatore

SECTION - II

K. SYED YUSUF ILIYAS (student) accept Mr./Ms. C. MAHILLA PREMA KUMARI
 (Name of Apprentice Master) of GOVT. STANLEY HOSPITAL (Name of
 Institution/Hospital / Pharmacy) as my Apprentice Master for the above training and agreed to obey and
 respect him/ her during the entire period of my training.

F. J. JACOB
 (Sn.) Student Pharmacist.

SECTION - III

C. MAHILLA PREMA KUMARI CHIEF PHARMACIST (Apprentice Master) accept
 Mr./Ms. SYED YUSUF ILIYAS as trainee and I agree to give him/her training facilities in my organization
 so that during his/her training he/she may acquire:

1. Working knowledge of keeping of records required by the various Acts affecting the profession of Pharmacy and
2. Practical experience in--
 - a. the manipulation of Pharmaceutical apparatus in common use;
 - b. the recognition of chief crude drugs and chemicals used in medicines;
 - c. the reading, translation and copying of prescriptions including checking of doses,
 - d. the dispensing of prescription illustrating the commoner methods of administering medicaments; and
 - e. the storage of drugs and medicinal preparations.

C. Mahilla

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

REGD NO:- 3864/A2
C. Mahilla
 (Sn.) Apprentice Master/
 Address of the Institution.

SECTION - IV

I certify that Mr./Ms. K. SYED YUSUF ILIYAS (student Pharmacist) has
 under gone FIVE HUNDRED hours training spread over three months (from 27.05.18 to
25.08.18) in accordance with the details enumerated in Section III.

[Signature]
 (Sn.) Head of Orgn./Pharm. Division.
Dean

SECTION - V

I certify that Mr./Ms. [Signature] (student) completed in all respects
 the practical training under regulation 20 of the Education Regulations framed under Sec. 10 of the
 Pharmacy Act, 1948. He/She had his/her practical training in an Institution approved by the PCI

[Signature]
 (Sn.) Head of academic Institution.

Station/Date.

