MET'S INSTITUTE OF PHARMACY
Bhujbal Knowledge City, Adgaon, Nashik – 422003

FIELD WORK TRAINING REPORT

Academic Year 2025–2026

Submitted by

Name of Student: _____

Roll Number & Division: _____ / A

Semester: _____

Class: First Year B. Pharmacy

📍 **Place:** Nashik

📅 **Year:** 2025–2026

Endorsement by the Principal

This is to certify that the **"Field Work Training"** is a bona fide and authentic practical work successfully carried out by **Mr./Ms.**

_____ as a part of the **partial fulfillment of the requirements for the award of the Degree in Pharmacy**.

I hereby endorse that the work undertaken during the training reflects the student's sincere efforts and adherence to the academic guidelines of **MET's Institute of Pharmacy, BKC, Adgaon, Nashik (422003), Maharashtra, India**.

Dr. S. J. Kshirsagar
Principal
MET's Institute of Pharmacy
BKC, Adgaon, Nashik – 422003
Maharashtra, India

Date: _____
Place: Nashik

Declaration by the Candidate

I hereby declare that this **"Field Work Training Report"** is a bona fide and genuine work carried out entirely by me. The contents of this report are true to the best of my knowledge and belief, and no part of it has been submitted elsewhere for any other academic purpose.

Name of Student: Mr./Ms. _____

MET's Institute of Pharmacy

BKC, Adgaon, Nashik – 422003

Maharashtra, India

Date: _____

Place: Nashik

Pharmacist 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*

Objectives:

1. To familiarize students with day-to-day functioning of a retail pharmacy.
2. To understand prescription handling, dispensing procedures, and patient counseling.
3. To gain knowledge of drug storage, inventory control, and stock management.
4. To develop communication, professionalism, and ethical responsibility.
5. To create awareness about financial workflow, billing systems, and regulatory compliance in retail pharmacy practice.

Retail Pharmacy Field Work Training Report

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1. Student Details

- **Name of Student:** _____
- **Class / Year:** _____
- **Roll Number / ID:** _____
- **Email ID:** _____

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2. Training Details

- **Name of Retail Pharmacy (Medical Store):** _____
- **Address:** _____
- **Training Start Date:** _____
- **Training End Date:** _____
- **Duration of Training:** _____
- **Supervising Pharmacist / Proprietor:** _____

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3. Introduction

(Write about the importance of retail pharmacy, purpose of training, and learning objectives. Minimum ½ page – Maximum 1 page)

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4. Sections / Areas Observed in Retail Pharmacy

(List the areas observed and briefly describe each)

1. _____
2. _____
3. _____
4. _____

5. _____

_____

5. Activities Performed and Learning Outcomes

(Write in detail about activities performed and knowledge gained)

_____

_____

_____

_____

_____

6. Skills Acquired

- **Dispensing Skills:** _____
- **Communication Skills:** _____
- **Documentation Skills:** _____
- **Professional Skills:** _____

_____

7. Challenges Faced

(Write the difficulties faced during training and how they were overcome)

_____

_____

_____

_____

8. Suggestions for Improvement

(Any suggestions to improve the training program)

_____

_____

_____

9. Conclusion

(Summarize overall experience, learning, and future benefits)

_____

_____

FIELD WORK TRAINING ASSESSMENT REPORT

A) Project Report Submitted on: _____

B) Name of Student: _____

Enrolment No._____

Roll No.___ ID. No._____

C) Second Year Result: SGPA_____ P

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 Co-Ordinator: _____

Seal & Signature of Principal