

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: Second Year B. Pharmacy

 **Place:** Nashik

 **Year:** 2025–2026



**Institute of
Pharmacy**

Adgaon, Nashik-422003

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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 of Wholesale Training

- To familiarize students with the structure and workflow of a wholesale pharmacy.
- To understand drug procurement, inventory, and distribution processes.
- To observe supply chain management in pharmaceutical wholesaling.
- To learn about billing systems, documentation, and regulatory compliance.
- To develop management and communication skills essential for wholesale pharmacy practice.

Wholesale Pharmacy Field Work Training Report

1. Student Details

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

2. Training Details

- Name of Wholesale Pharmacy/Agency: _____
- Address: _____
- Training Start Date: _____
- Training End Date: _____
- Duration of Training: _____
- Supervising Pharmacist / In-charge: _____

3. Introduction

(Brief overview of wholesale pharmacy training program – its purpose, objectives, and significance in the pharmacy profession.)

4. Sections/Units Observed

Examples:

- **Procurement Section** – Understanding drug purchasing from manufacturers.
- **Inventory Management** – Stock entry, expiry tracking, and storage.
- **Distribution Section** – Dispatching orders to retail pharmacies.
- **Billing & Accounts** – Learning invoicing, GST, and documentation.
- **Regulatory Compliance** – Observing records maintained for licenses and audits.

5. Activities and Learning Outcomes

- Observed **wholesale supply chain** and logistics.
- Learned about **drug storage requirements** and cold chain management.
- Exposure to **billing and computerized record-keeping systems**.
- Understood **drug distribution channels** from wholesaler to retailer.
- Gained knowledge of **documentation and compliance with Drugs & Cosmetics Act**.

6. Skills Acquired

- Inventory Management Skills: _____
- Communication & Coordination Skills: _____
- Documentation & Record-Keeping: _____
- Regulatory Awareness: _____

7. Challenges Faced

(Mention challenges such as understanding wholesale documentation, handling large inventories, or coordinating supply logistics.)

8. Suggestions for Improvement

(Provide suggestions to enhance the wholesale pharmacy training program for future batches.)

9. Conclusion

(Summarize experience, key learnings, and how wholesale training complements pharmacy education and professional growth.)

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



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