

Observer ship Training Program for Bachelor of Pharmacy Students at All India Institute of Medical Sciences (AIIMS) Raipur Department of Pharmacy

Introduction

The observership training program for Bachelor of Pharmacy (Pharmacy) or equivalent as per Pharmacy council of India students at AIIMS Raipur Central Pharmacy aims to bridge the gap between academic knowledge and practical experience. The program is designed to provide comprehensive training in various aspects of pharmacy practice, ensuring that students gain hands-on experience in a real-world healthcare setting. The whole process of observership will involve assessment of the intern pharmacists by measuring practical experience obtained that renders him/her competent to be registered and provide holistic pharmaceutical services.

Objectives

- To enhance the practical skills of Pharmacy students through hands-on training.
- To provide exposure to the working environment of a central pharmacy in a premier medical institute.
- To develop competencies in various areas of pharmacy practice, including clinical pharmacy, hospital pharmacy, and community pharmacy.
- To foster professional and ethical attitudes in pharmacy practice.

Program Structure

- The observership training program will be structured as follows:

No. of Seats

- The total number of seats will be 4 per batch*.

Duration

- The observership program will be for duration of 4 weeks /28 calendar days.

Fee

- As per Central Pharmacy, AIIMS Raipur (C.G.) there will be 2000/- for 1 month observership to be deposited in AIIMS Raipur Account through secure online payment system, AIIMS Raipur Payment Portal (E-PAY AIIMS Raipur), link provided below:

<https://www.aiimsraipur.edu.in/user/epay.php>

(Please share the E-PAY Receipt generated after payment
at trainingcp@aiimsraipur.edu.in)

How to make payments:

1. Select Category: Student/ Employee/ Vendor/ Others
2. Fill the form.
3. Select the payment option you wish to make.
4. Follow the on-screen instructions to complete the payment.
5. After payment, an online receipt will be saved for your reference.

- No stipend or honorarium or TA/DA will be paid during the observership.

General Instructions for selected candidates:

1. No accommodation will be arranged/ provided for the interns. The interns should make their own arrangements.
2. The selected candidates should follow Central Pharmacy, AIIMS Raipur rules and regulations with regular attendance during the observership period.
3. The observership will be terminated immediately if any breach of code of conduct is reported by the mentor.
4. AIIMS Raipur (C.G.) accepts no responsibility for costs or fatality arising from illness/or accidents during the observership period.
5. Central Pharmacy AIIMS Raipur (C.G.) Observerships are purely academic in nature. The interns cannot apply for any posts/positions at AIIMS Raipur during the observership period.
6. Central Pharmacy, AIIMS Raipur (C.G.) has a strict policy on data security. Publication can be developed based on observership work after obtaining due approval of competent authority as per existing rules.
7. All interns are required to submit a report of work done during their observership, duly certified by mentor.
8. An observership certificate as per the format of PCI/Institute will be provided at the end of the successful completion of the observership.

Training Modules

The training will be divided into the following modules:

1. **Orientation and Induction (3 days)**
 - Introduction to AIIMS Raipur and the Central Pharmacy.
 - Overview of the hospital's departments and functions.
 - Introduction to standard operating procedures (SOPs).
2. **Hospital Pharmacy (15 days)**
 - Medication dispensing and inventory management (HMIS Software).
 - Pharmacy Store management
 - Preparation and dispensing of sterile and non-sterile products.
 - Understanding and implementing medication safety practices.
3. **Pharmacovigilance and Materiovigilance (7 days)**
 - Understanding Pharmacovigilance and Materiovigilance and its importance.
 - Understanding the procedures followed for PV and MV.
 - Interaction with patients and healthcare providers regarding ADRs.
4. **Narcotic Drugs Storing and Dispensing (3 days)**
 - Understanding NDPS ACT and its importance.
 - Exposure to storing and dispensing of Narcotic drugs and psychotropic substances.
 - Understanding the procedures followed under NDPS Act.

Mentorship and Evaluation

- Each intern will be assigned a senior mentor who will provide guidance throughout the observership.
- Regular evaluations will be conducted to assess the progress of the interns.
- Feedback sessions will be held to address any concerns and provide constructive feedback.

Eligibility Criteria

- Candidates must be in their final year of the Bachelor of Pharmacy or equivalent program (No diploma as now).
- They must have a good academic record with an aggregate of minimum 65% in previous years or 6.5 CGPA and a keen interest in clinical and hospital pharmacy.

Application Process

- Interested candidates must submit an application form along with their academic transcripts and a letter of recommendation from their academic advisor to the email id: trainingcp@aiimsraipur.edu.in **on or before 31-12-2025.**
- Based on the merit, the students will be shortlisted and intimated via e-mail.

Benefits to Interns

- Exposure to a premier medical institute's working environment.
- Hands-on experience in various areas of pharmacy practice.
- Professional development and networking opportunities.
- Narcotic handling exposure.

Conclusion

The observership training program at AIIMS Raipur Central Pharmacy aims to produce well-rounded pharmacy professionals equipped with the necessary skills and knowledge to excel in their careers. We are committed to providing a robust training platform that fosters learning and professional growth.

Co- Ordinator: Dr Pugazhenthana T

Faculty- in-charge, Department of Pharmacy

Associate Professor, Pharmacology.

All India Institute of Medical Sciences (AIIMS), Raipur

drpugal@aiimsraipur.edu.in

Note: * Any changes/modifications and matters related to intake and change in the seat of intake and starting of observer ship will be at discretion of Faculty-in –charge, Department of Pharmacy, AIIMS Raipur (C.G.)



APPLICATION FORM

(For Observership Program of Pharmacy Student)

Application Fee Amount(₹)

E-Pay No.

Payment Date

:

:

Affix self-attested
recent passport
size photograph1. Name in full (in CAPITAL letters) : Miss/
Mr.

2. Father's/Husband's Name :

3. Address:(in CAPITAL letters) :

(i) Present address (for correspondence, with phone/mobile No. & E-mail)

Email Id

Mobile No.

(ii) Permanent home address:

4. Date of birth : dd mm yyyy

(in words)

5. Nationality :

6. Gender:

:

☐ Male☐ Female☐ Other

7. (a) Mother Tongue :

8. Examinations passed (*Please enclose a copy of each degree/certificate & mark sheet*):

<i>Examination</i>	<i>Name of degree/diploma and board</i>	<i>Name of college and University</i>	<i>Percentage of marks/ OG PA obtained(Aggregate in case of degree programs)</i>	<i>Division obtained</i>	<i>Year of passing</i>	<i>Subject(s)(Major)/Specialization</i>	<i>Distinction, if any</i>
(i) 10+2 or equivalent							
(ii) Bachelor's degree/Master's degree (last semester)							

9. Additional information, if any, which you would like to mention in support of your suitability for the Observership:

(Enclose separate sheet, if the space is insufficient in any column)

DECLARATION

I affirm that information given in this application is true and correct. I also fully understand that if at any stage it is discovered that any attempt has been made by me to willfully conceal or misrepresent the facts, my candidature maybe summarily rejected.

Place:_____

Signature of the candidate

Date:_____

(Name in CAPITAL letters)

REMARKS OF THE PRINCIPAL OF INSTUTUTE

Certified that information furnished by Shri/Ku. /Smt. _____ in His/her application has been verified from the office records and is found to be correct. No vigilance/disciplinary case is pending or contemplated against him/her and he/she is clear from vigilance angle.

Place:_____

Signature

Date:_____

(Designation of Authority with official seal)