

**CEYLON MEDICAL COLLEGE COUNCIL
TRAINEE PHARMACIST ATTENDANCE RECORD**

Duration: Four (4) Months Internship

Trainee Pharmacist Details

Name of Trainee Pharmacist: _____

Index Number: _____

Registration Number (if applicable): _____

Internship Period: From _____ To _____

Pharmacy Details

Name of Pharmacy: _____

Address of Pharmacy: _____

Contact Number: _____

NMRA Registration Number : _____

B. Supervising (Master) Pharmacist Details

Name of Supervising Pharmacist: _____

SLMC Registration Number: _____

Contact Number: _____

Note: Please attach a certified copy of the manual attendance register or fingerprint record as evidence of attendance certified by the Owner Pharmacist or head of the Chain Pharmacy outlet