



Approved by PCI & Affiliated to MAKAUT, WB and WBSCT&VE&SD
Dr. Meghnad Saha Sarani, Bidhannagar, Durgapur-713206, West Bengal (India)

HOSPITAL TRAINING

The training and Placement cell at BCRCP organize hospital training for B. Pharm. Students in different Government and Privet hospital. Hospital pharmacy is a specialized field of pharmacy that is integrated into the care of a medical center. These include centers such as a hospital, outpatient clinic, poison control center, drug information center of residential care facility. Hospital pharmacists play a crucial role in the healthcare system. They are responsible for ensuring the safe and effective use of medications in hospitals and healthcare facilities.

The profession involves choosing, preparing, storing, compounding and dispensing medications for patients in a medical environment. Another important area is the provision of advice to both patients and other health professionals about the safe and effective use of medicines.

Hereby the list of B. Pharm students who attended Hospital Training in the year 2023-24

B.Pharm Batch 2021-2025		
UNIVERSITY ROLL NO.	NAME OF THE STUDENT	Organization (Hospital)
18901919061	TAMAN DAS	Barjora SSH
18901921001	RAHUL DAS	Jangipur SSH
18901921002	SAYONI SAHA	Tufangunj SDH
18901921003	RAHIT DAS	MMC&H
18901921004	SUBHADEEP DANDAPAT	MMC&H
18901921005	BELAL ANSARI	Mission Hospital
18901921006	SWARNENDU GHOSH	Kandi SDH
18901921007	CHANDRIKA SAHOO	NRS MC&H
18901921008	NILADRI ROY	Raipur RH
18901921009	KSHITISH PATRA	Raipur Rural H
18901921010	PRADIPTA SEKHAR MAITY	Contai SDH
18901921011	SUBARNA GHOSH	Ghatal SSH
18901921012	SOUMEN PATRA	Ghatal SSH
18901921013	SOUMIK SAMANTA	MMC&H
18901921014	DEBSEN MALLIK	PCSGMC&H
18901921015	SUBHADIP KUNDU	KRH
18901921016	SAYED JUNAID	BMC&H
18901921017	SOUVIK KUMAR HAZRA	BMC&H
18901921018	SUBHADEEP MUKHERJEE	Manbazar RH
18901921019	MEGHNA BOWRA	BMC&H
18901921020	SAPTADIP SINHA BABU	Simlapal Block H
18901921021	ARIJIT SINHAMAHAPATRA	Simlapal Block H
18901921023	SUBHAM PATRA	BSMC

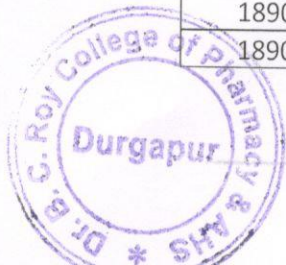


Hof. (Dr.) Sakshi Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



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Dr. Meghnad Saha Sarani, Bidhannagar, Durgapur-713206, West Bengal (India)

18901921024	KOUSIK GIRI	Mission Hospital
18901921025	AKASH BANERJEE	Pursha BPHC
18901921026	RAJDIP GHOSH	Pursha BPHC
18901921027	SAYAN BASAK	Kalna SD SSH
18901921028	SABYASACHI PATI	Mission Hospital
18901921029	SUPRIYO SHYAM	Durgapur SD H
18901921031	SUBIR MAITY	PCSGMC&H
18901921032	DEBJIT MANDAL	Durgapur SD H
18901921033	MD HIDAYAT ANSARI	Mission Hospital
18901921034	SUJOY BISWAS	KMC&H
18901921035	UDIT MONDAL	RGMC&H
18901921036	SOUVIK SAHA	Bolpur SD Hosp.
18901921037	RITWIK PRADHAN	Mugberia RH
18901921038	KOYEL NANDI	Kharagpur SDH
18901921039	TIYASA PATRA	TGMCH
18901921040	DIPENDU MAHATO	DMGMC&H
18901921041	SOUMYABRATA SAMANTA	Nandigram HD
18901921042	SAMRAT DUTTA	Alipurduar DH
18901921043	ANURAG DEY	Garhbeta RH
18901921044	SOUMEN DAS	Kakdweep SD &SSH
18901921046	ATANU MANDI	Dhaniakhali RH
18901921047	KAJAL SAPNA BAKHLA	Mission Hospital
18901921048	SHIWANI CHAUDHURI	Mal SSH
18901921049	ARINDAM SAHA	HSGH
18901921050	UMASANKAR BANERJEE	Chandrakona RH
18901921051	ANINDA DAS	Debra SSH
18901921052	SUBHASISH KARMAKAR	Kharagpur SDH
18901921053	SANCHITA PATHAK	Jagatballvpur RH
18901921055	CHAYAN BHANDARI	Kulpi RH
18901921056	MAMPI HANSDA	Dhaniakhali RH
18901921057	ARPAN KUNDU	Raghunathpur SSH
18901921058	PRASANSHA PRADHAN	Kalingpong DH
18901921059	SURAJIT PANDA	Egra SSH
18901921060	SAMRIDDHA BAGCHI	CM and JNM H
18901921061	NIRMITA KUNDU	NRS MCH
18901921062	SOUDIPTA KANSARI	Mathurapur RH
18901921063	ARNAB MONDAL	Bishnupur District H
18901921064	MONALISA HEMBRAM	MMC&H
18901921065	RAKESH PAUL	Ghatal SD &SSH
18901921066	TUFAN GHOSH	Chandrakona RH
18901921067	SRINATH HALDAR	Taki RH
18901921068	MISTU BASULI	Onda SSPH



Prof. (Dr.) Sanjay Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



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Dr. Meghnad Saha Sarani, Bidhannagar, Durgapur-713206, West Bengal (India)

18901921069	SANJIB GHOSH	Kandi SDH
18901921070	ARITRA SAMANTA	MMC&H
18901921071	BUDDHADEV BHUNIA	MMC&H
18901921072	SOUMYADIP PAN	Chandrakona RH
18901921073	SOHAM DUTTA	MMC&H
18901921074	ANKAN BANERJEE	MMC&H
18901921075	ANIMESH BERA	Mission Hospital
18901921076	AYON BUG	Panagarh Block PHC
18901921077	RAJDEEP CHAKRABORTY	CM and JNM H
18901921078	RITAM BARIK	Pursha BPHC
18901921079	BISHAL GORAI	Pithaiaery BPHC
18901921080	SURAJIT PANJA	Mission Hospital
18901921081	MEARAJ KHAN	Hijli Gramin H
18901921082	ARPAN KUILA	Durgapur SD H
18901921083	NILADRI GHOSH	CM and JNM H
18901921084	SOMNATH MONDAL	Mission Hospital
18901921085	NISHU ROY	Mission Hospital
18901921086	SANTANU DEY	Ranibandh BPHC
18901921087	SOUMI ROY	Mission Hospital
18901921088	DEEPANJAN KESH	Panagarh Block PHC
18901921089	SURAJ PATRA	Debra SSH
18901921090	RITA MURMU	Raghnathpur SSH
18901921091	ANINDITA DAS	DMGMC&H
18901921092	MAMPI NAG	MMC&H
18901921093	JAGANNATH DEY CHOWDHURY	Mission Hospital
18901921094	ANISH MONDAL	Durgapur SD H
18901921095	SUMIT SAU	Jhargram SSH
18901921096	ANWESHA DUTTA	Mission Hospital
18901921097	SAYAN BHOWMIK	MMC&H
18901921098	BISWAJIT SINGHA	Bishnupur District H
18901921099	SHREYA DUTTA	DMGMC&H
18901921100	ISHIKA HALDER	Puncha BPHC
18901921101	SAYAN GHOSH	BMC&H
18901921102	SHUBHAM KUMAR GIRI	RGMC&H
18901921103	RITESH RANJAN MAHATO	Mission Hospital
18901921104	SIBAM ROY	Gonara BPHC



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Date: 22.07.2023

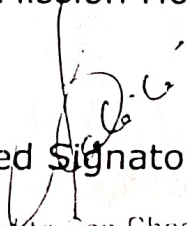
TO WHOM IT MAY CONCERN

This is to certify that Ms. Soumi Roy student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone her Training in the department of Pharmacy at The Mission Hospital, Durgapur from 19.06.2023 to 18.07.2023.

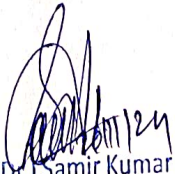
We wish her success in her future endeavors.

For The Mission Hospital,

Authorized Signatory


Mrs. Lakta Sen Ghosh
AGM (PH)
The Mission Hospital
Durgapur, West Bengal




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, west bengal-713206



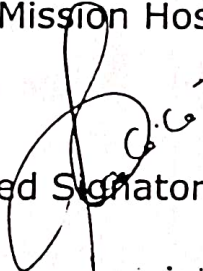
Date: 27.01.2024

TO WHOM IT MAY CONCERN

This is to certify that Mr. Surajit Panja student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone his Training in the department of Pharmacy at The Mission Hospital, Durgapur from 26.12.2023 to 25.01.2024.


We wish him success in his future endeavors.

For The Mission Hospital,


Authorized Signatory

Mrs. Lalita Sen Ghosh
Deputy General Manager-HRD
The Mission Hospital
Durgapur-713212, West Bengal




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Date: 27.01.2024

TO WHOM IT MAY CONCERN

This is to certify that Mr. Md Hidayat Ansari student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone his Training in the department of Pharmacy at The Mission Hospital, Durgapur from 26.12.2023 to 25.01.2024.

We wish him success in his future endeavors.

For The Mission Hospital,

Authorized Signatory

Mrs. Lalita Sen Ghosh
Deputy General Manager-HRD
The Mission Hospital
Durgapur-713212, West Bengal



Prof. (Dr.) Sanjib Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Date: 27.01.2024

TO WHOM IT MAY CONCERN

This is to certify that Mr. Belal Ansari student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone his Training in the department of Pharmacy at The Mission Hospital, Durgapur from 26.12.2023 to 25.01.2024.

We wish him success in his future endeavors.

For The Mission Hospital,

Authorized Signatory

Mrs. Lalita Sen Ghosh
Deputy General Manager-HRD
The Mission Hospital
Durgapur-713212, West Bengal



Prof. (Dr.) Sanjit Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Date: 22.07.2023

TO WHOM IT MAY CONCERN

This is to certify that Ms. Kajal Sapna Bakhla student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone her Training in the department of Pharmacy at The Mission Hospital, Durgapur from 19.06.2023 to 18.07.2023.

We wish her success in her future endeavors.

For The Mission Hospital,

Authorized Signatory

Mrs. Lalita Sen Ghosh
AGM (HR)
The Mission Hospital
Durgapur, West Bengal



Prof. (Dr.) S. Kumar Samanta
M. Pharm, PhD (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

The Mission Hospital, Durgapur | 219(P) Immon Kalyan Sarani, Sector-2C, Bidhan Nagar, Durgapur - 713212
P: 0343 2535555 | M: 9233355555 | F: 0343 2532550 | Email: hospital@themissionhospital.in | www.themissionhospital.com

Call: 9800881600 for free Ambulance within City Limits of Durgapur

A Unit of Durgapur Medical Centre Pvt. Ltd. CIN: U85110WB1987PTC042580





Date: 27.01.2024

TO WHOM IT MAY CONCERN

This is to certify that Mr. Kousik Giri student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone his Training in the department of Pharmacy at The Mission Hospital, Durgapur from 26.12.2023 to 25.01.2024.

We wish him success in his future endeavors.

For The Mission Hospital,

Authorized Signatory

Mrs. Lalita San Dush
Deputy General Manager (HRD)
The Mission Hospital
Durgapur-713212, West Bengal



Prof. (Dr.) Sanku Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Date: 27.01.2024

TO WHOM IT MAY CONCERN

This is to certify that Mr. Jagannath Dey Chowdhury student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone his Training in the department of Pharmacy at The Mission Hospital, Durgapur from 26.12.2023 to 25.01.2024.

We wish him success in his future endeavors.

For The Mission Hospital,

Authorized Signatory

Mrs. Lalita Sen Ghosh
Deputy General Manager-HRD
The Mission Hospital
Durgapur-713212, West Bengal



Prof. (Dr.) Sumir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Date: 27.01.2024

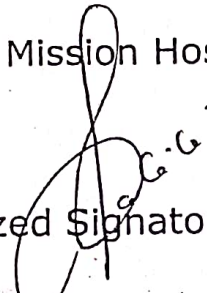
TO WHOM IT MAY CONCERN

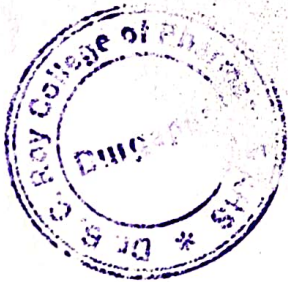
This is to certify that Mr. Ritesh Ranjan Mahato student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone his Training in the department of Pharmacy at The Mission Hospital, Durgapur from 26.12.2023 to 25.01.2024.


We wish him success in his future endeavors.

For The Mission Hospital,

Authorized Signatory


Mrs. Lalita Sen Ghosh
Deputy General Manager-HRD
The Mission Hospital
Durgapur-713212, West Bengal




Prof. (Dr.) Bharat Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Monalisa Hembroam
(Name of student pharmacist)
son of /daughter of Muchiram Hembroam residing at Kharagpur
Paschim Medinipur, 721304 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 07.06.2023

Prof. Dr. Samir Kumar Samanta
Imparting practical training (J.U.)

SECTION II

I, Monalisa Hembroam
(Name of the Student Pharmacist)
Janmenjoy Bhunia of Midnapore Medical College and Hospital
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Dr. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713208

Monalisa Hembroam
(Student Pharmacist)

SECTION III

I, Janmenjoy Bhunia accept
(Name of the Apprentice Master)
Monalisa Hembroam as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713208

Janmenjoy Bhunia
(Apprentice Master) A-1982
(Name & address of the Institution)
Midnapore Medical College & Hospital
Paschim Medinipur.

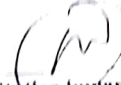
SECTION IV

I certify that Monalisa Hembram had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

24/7/23


(The Head of Institution for the B.Pharm. (Medical training)
Additional Medical Superintendent
Midnapore Medical College & Hospital
Paschim Medinipur


SECTION V


I certify that Monalisa Hembram has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


Date: 10-5-23


10/5


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., (D. Pharm.) (I. U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHC
Durgapur, West Bengal-713206




Dr. B. C. Roy College of Pharmacy & AHC
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SUBHASISH KARMAKAR
(Name of student pharmacist)

son of /daughter of SANATAN KARMAKAR residing at DHARENDA
KHARAGPUR (L), PASCHIM MEDINIPUR-721304 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 09/06/2023

Vinil K
9/6

[Signature]
The Head of Institution
Imparting practical training

SECTION II

SUBHASISH KARMAKAR
(Name of the Student Pharmacist)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal accept
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

PINAKI RANJAN JANA of KHARAGPUR SUB DIVISION HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Subhasish Karmakar
(Student Pharmacist)

SECTION III

PINAKI RANJAN JANA accept
(Name of the Apprentice Master)

SUBHASISH KARMAKAR as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling



It is agreed that a Registered Pharmacist shall be assigned for his /her guidance.

[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Signature]
(Apprentice Master)
(Name & address of the Institution)
Kharagpur S.D. Hospital
Paschim Medinipur
Reg. No. A-26

SECTION IV

I certify that SUBHASISH KARMAKAR had / has

(Name of student pharmacists)

undergone 150 hours training spread over me (1) months in accordance with the details enumerated in SECTION III.

Subhojit Ch. Mondal
Pharmacist
(The Head of Institution ~~under practical training~~)
Kharagpur SD Hospital
Paschim Medinipur

SECTION V

I certify that SUBHASISH KARMAKAR has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 16-8-23

Subhojit Ch. Mondal
TGS

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

0/00

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to AYON BUG
(Name of student pharmacist)

son of/daughter of AMIT KUMAR BUG residing at Groupal post, Sitaspur, Dwigapuri-12, Paschim Burdwan who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

*Veil A
8/6*

Date: 8/06/2023

[Signature]
The Head of Institution
Imparting practical training

Prof. (Dr.) Sanjay Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

SECTION II

AYON BUG
(Name of the Student Pharmacist)

accept
Dr. B. C. Poy College of Pharmacy & AHS
Durgapuri, Burdwan-713206

Biplab Mishra of Panagarh block Primary Health Centre
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Ayon Bug
(Student Pharmacist)

SECTION III

I, Biplab Mishra *accept*
(Name of the Apprentice Master)

AYON BUG as a
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organization so that during his /her training he /she may acquire:

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in -
 - Stocking of Drugs and Medical Devices
 - Inventory control procedures
 - Handling of prescriptions
 - Dispensing
 - Patient counseling

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



[Signature]
Prof. (Dr.) Sanjay Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Poy College of Pharmacy & AHS
Durgapuri, Burdwan-713206

Biplab Mishra
(Apprentice Master)
(Name & address of the Institution)
Panagarh B.P.H.C.
Panagarh Bazar, Burdwan

SECTION IV

I certify that AYON BUG had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 month in accordance with the details enumerated in SECTION III.



Dipak

(The Head of Institution imparting practical training)

Paraguru College
Paraguru Bazar
Panchajanya

SECTION V

I certify that AYON BUG has

(Name of student pharmacists)

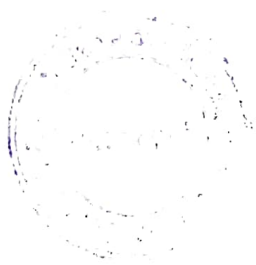
completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 29-8-23 *Chitra*

[Signature]

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Government of West Bengal
Office of the Principal,
Nilratan Sircar Medical College,
Kolkata-700014

E-mail: principalnrsmc@gmail.com
Website: www.nrsmc.edu.in
No. NMC/ 3781

Phone: 2265-3333
Fax No. 2265-8179
Dated: 16/08/2023

INTERNSHIP TRAINING CERTIFICATE

This is to certify that Chandrika Sahoo (Roll No-18901921007) B.Pharm Student of Dr. B.C Roy College of Pharmacy has successfully completed 150 hours (30 working Days) Non Stipendiary Internship Training in the Department of OPD Pharmacy for the mentioned period from 20.06.2023 to 26.07.2023.



[Signature]
26/08/24

(Prof. Dr.) M. Samanta
(M. Pharm)
Principal,
Dr. B. C. Roy College of Pharmacy & H.O.
Durgapur, West Bengal-713200

[Signature]
16-8-23

Principal
NRS Medical College, Kolkata
Principal
N. R. S. Medical College
Kolkata

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SOHAM DUTTA
(Name of student pharmacist)

son of/daughter of BIMAL KUMAR DUTTA residing at PAHARIPUR,
MIDNAPORE, PASCHIM MEDINIPUR who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 05.06.2023

*Verid At
STB*

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Durgapur

SECTION II

SOHAM DUTTA
(Name of the Student Pharmacist)
Alish Kr Dhauria of MIDNAPORE MEDICAL COLLEGE AND HOSPITAL
(Name of the Institution)(Hospital or Pharmacy)
(Name of the Apprentice Master)

I, Alish Kr Dhauria as an Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

19/6/23

SOHAM DUTTA
(Student Pharmacist)

SECTION III

I, Alish Kr Dhauria accept
(Name of the Apprentice Master)

SOHAM DUTTA as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Durgapur

Alish Kr Dhauria
A-1661
(Apprentice Master)
(Name & address of the Institution)
Midnapore Medical College & Hospital
Paschim Medinipur.

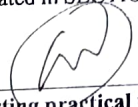
SECTION IV

I certify that SOHAM DUTTA had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

24/7/23


(The Head of Institution imparting practical training)
Additional Medical Superintendent
Midnapore Medical College & Hospital
Paschim Medinipur


SECTION V


I certify that SOHAM DUTTA has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


Date: 04/08/23


9/8


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



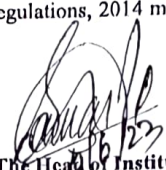

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to ANKAN BANERJEE
(Name of student pharmacist)
son of /daughter of ASHOKE BANERJEE residing at VILL+PO-CHATTRA
GANJA, PASCHIM MEDINIPUR who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 05.06.2023


The Head of Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

SECTION II

ANKAN BANERJEE
(Name of the Student Pharmacist)
Atish Kr Dhauria of MIDNAPORE MEDICAL COLLEGE AND HOSPITAL
(Name of the Institution) (Hospital or Pharmacy)
(Name of the Apprentice Master)
I, Atish Kr Dhauria as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training

19.6.23

Ankan Banerjee
(Student Pharmacist)

SECTION III

I, Atish Kr Dhauria accept
(Name of the Apprentice Master)


Ankan Banerjee as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



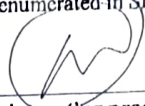

The Head of Institution
M. Pharm., Ph.D (J.U.)
Principal
Dr. B.C. Roy College of Pharmacy & AHS

Atish Kr Dhauria
(Apprentice Master)
(Name & address of the Institution)
Midnapore Medical College & Hospital
Paschim Medinipur.
A-1661

SECTION IV

I certify that Ankan Banerjee had / has
(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.


(The Head of Institution imparting practical training)
Additional Medical Superintendent
Midnapore Medical College & Hospital
Paschim Medinipur

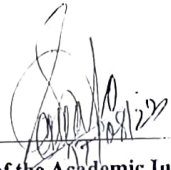
SECTION V

I certify that Ankan Banerjee has
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


Date: 04/08/23

Abdul Az
9/8


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to DEEPANJAN KESH

(Name of student pharmacist)

son of /daughter of PARAMESHWAR KESH residing at DIGHAL GRAM,

JAPAMALI, MEJTA, BANKURA, 722143 who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 08/06/2023

V. S. 12/8/16

[Signature]
Prof. (Dr.) Samir Kumar Samanta
(Imparting practical training)
M. Pharm., Principal

SECTION II

DEEPANJAN KESH

(Name of the Student Pharmacist)

Biplab Mishra of PANAGARH BLOCK PRIMARY HEALTH CENTRE

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

[Signature]
Deepanjan Kesh
(Student Pharmacist)

SECTION III

Biplab Mishra accept

(Name of the Apprentice Master)

DEEPANJAN KESH as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Jr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Signature]
(Apprentice Master)
(Name & address of the Institution)
Pharmacist

Panagarh B.P.H.C.
Panagarh Bazar, Burdwan

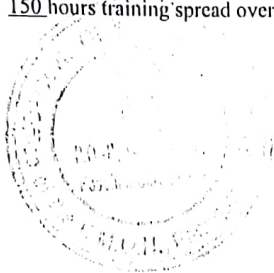
01/08
[Signature]

SECTION IV

I certify that DEEPANJAN KESH had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.



Deepal 03/08/23
(The Head of Institution imparting practical training)

*Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal*

SECTION V

I certify that DEEPANJAN KESH has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 24-8-23
Submitted
AK
24/8

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to ARITRA SAMANTA
(Name of student pharmacist)
son of / daughter of ARIJIT SAMANTA residing at L-4/2, SARATPALLY,
MIDN APORE, PASCHIM MEDINIPUR who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 05.06.2023

Verid Ac
5/6

[Signature]
Prof. (The Institution)
M. J. (Imparting practical) (acting)
Principal
Dr. D. C. Roy College of Pharmacy
Durgapur, W.B.

SECTION II

ARITRA SAMANTA
(Name of the Student Pharmacist)
Barun Duary of MIDNAPOR MEDICAL COLLEGE AND HOSPITAL
(Name of the Institution)(Hospital or Pharmacy)
Name of the Apprentice Master
I, the Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

19/6/23

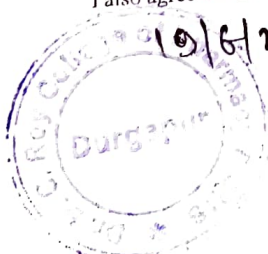
Aritra Samanta
(Student Pharmacist)

SECTION III

I, Barun Duary accept
(Name of the Apprentice Master)
Aritra Samanta as a
(Name of the student pharmacist)
trainee and I agree to give him /her training facilities in my organization so that during his /her training he /she may
acquire

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in -
 - Stocking of Drugs and Medical Devices
 - Inventory control procedures
 - Handling of prescriptions
 - Dispensing
 - Patient counseling

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



19/6/23

[Signature]
Dr. D. C. Roy College of Pharmacy
M. Pharm., Ph.D (J.U.)
Principal

Barun Duary
A-4265
(Apprentice Master)
(Name & address of the Institution)
Midnapore Medical College & Hospital
Paschim Medinipur.

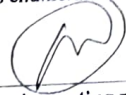
SECTION IV

I certify that ARITRA SAMANTA had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

24/7/23


(The Head of Institution imparting practical training)

Additional Medical Superintendent
Midnapore Medical College & Hospital
Paschim Medinipur

SECTION V

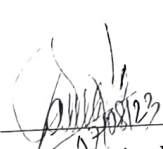
I certify that ARITRA SAMANTA has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


Date: 04.08.23

chbt ^{Ar} 4/8


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SOUMYABRATA SAMANTA
(Name of student pharmacist)
son of/daughter of SANKAR KUMAR SAMANTA residing at MURADPUR,
PURBA MEDINIPUR who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 07/06/2023

Prof. Soumyabrata Samanta
The Head of Institution: Samanta
M. Pharm., Ph.D (J.U.)
7/6

SECTION II

SOUMYABRATA SAMANTA
(Name of the Student Pharmacist)
of NANDIGRAM HEALTH DISTRICT
(Name of the Institution)(Hospital or Pharmacy)

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Soumyabrata Samanta
(Student Pharmacist)

SECTION III

I, SK AMINUL ISLAM MIA accept
(Name of the Apprentice Master)

SOUMYABRATA SAMANTA as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling



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

Dr. B. C. Roy
Dr. B. C. Roy College of Pharmacy & AHS
M. Pharm., Ph.D (J.U.)
Principal

SK Aminul Islam Mia
(Apprentice Master) Reg: A-87
(Name & address of the Institution)
Pharmacist
Nandigram S.S.H / DH
Purba Medinipur

SECTION IV

I certify that SOUMYABRATA SAMANTA had / has

(Name of student pharmacists)

undergone 150 hours training spread over months in accordance with the details enumerated in SECTION III.

9/10/2023
(The Head of Institution imparting practical training)

Superintendent
Nandigram Super
Speciality Hospital
Purba Medinipur

SECTION V

I certify that SOUMYABRATA SAMANTA has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date

24-8-23

Subrata AC
29/8

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]

Samir Samanta
(J.U.)

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SANCHITA PATHAK

(Name of student pharmacist)

son of/daughter of SUBHAS PATHAK residing at SADATPUR,

HOWRAH who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 07/06/2023

Vinod AC
7/6

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Smita Kumar Samanta
M. Pharm., PhD (J.U.)
Accept
7/6/2023
Durgapur, West Bengal - 713206

SECTION II

I SANCHITA PATHAK

(Name of the Student Pharmacist)

of JAGATBALLAVPUR RURAL HOSPITAL

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Sanchita Pathak
(Student Pharmacist)

SECTION III

I, Hemanta Kumar Hazra accept

(Name of the Apprentice Master)

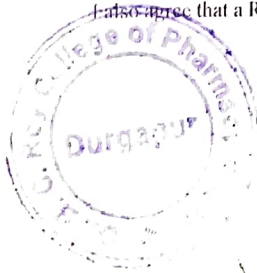
Sanchita Pathak as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. Dr. Smita Kumar Samanta
(J.U.)
Dr. B. C. Roy
Durgapur, West Bengal - 713206

Hemanta Kumar Hazra
Reg No' A-5655
Jagatballavpur Rural Hospital
(Apprentice Master)
(Name & address of the Institution)
Goal Pota, J.B. Pur, Howrah
Pharmacist
JBpur RH

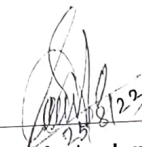
I certify that Samehita Pathany **SECTION IV** had / has
(Name of student pharmacists)
undergone 150 hours training spread over one months in accordance with the details enumerated in SECTION III.

(The Head of Institution imparting practical training)
Block Medical Officer
Jagatballavpur Rural Hospital

SECTION V


I certify that _____ has
(Name of student pharmacists)
completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 29-8-23 *Subal PC*
29/8


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Government of West Bengal
Department of Health & Family Welfare
Office of the Principal
Bankura Sammilani Medical College, Bankura.
P.O:- Kenduadihi, Dist:- Bankura, Pin-722102.
E-mail:-bsmc_xsa@yahoo.com
Phone No:- 03242-251324/244700/250929(Fax)

Memo: 3176

Date: 31.07.2023

TRAINING CERTIFICATE

This is to certify that Subham Patra, a student of B.Pharm of B.C.Roy College of Pharmacy & AHS has completed 1 (One) Month, 150 hrs Practical training during the period from 21.06.2023 to 20.07.2023 under the department of Central Pharmacy of B.S.Medical College & Hospital.

Sub
31.7.2023

Principal
B.S.Medical College, Bankura

Principal
B.S. Medical College
Bankura



Dr. Samir Kumar Samanta
Dr. Samir Kumar Samanta
Ph.D (J.U.)
Principal
Department of Pharmacy & AHS
Durgapur, Pin-726106, 726106

Government of West Bengal
Office of the Superintendent
Contai Sub Divisional Hospital
Contai, Purba Medinipur.


Phone No-(03220) 291-661, 291 140

Email: contaisdhospital2022@gmail.com



TO WHOM IT MAY CONCERN


This is to certify that, Pradipta Sekhar Maity, S/o- Chandra Sekhar Maity, residing at Vill.- Serpur Etowaribar, P.O. + P.S.- Contai, Dist- Purba Medinipur, Pin- 721401, W.B, is a bonafied student of B. Pharm. of Dr. B.C Roy College of Pharmacy and Allied Health Sciences, Durgapur of West Bengal, has attended and performed the hospital training satisfactorily from 19.06.2023 to till date vide Order No.- CMOH (Ndgm)/ Estb/34N/2065, dt. 16.06.2023 of the CMOH, Nandigram H.D.


Superintendent

Contai SD Hospital, Purba Medinipur.

Contai S.D. Hospital
Contai, Purba Medinipur




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Government of West Bengal

Office of the Principal,
Nilratan Sircar Medical College,
Kolkata-700014

E-mail: principalnrsmc@gmail.com
Website: www.nrsmc.edu.in
No. NMC/ 3780

Phone: 2265-3333
Fax No. 2265-8179
Dated: 16/08/2023

INTERNSHIP TRAINING CERTIFICATE

This is to certify that Nirmita Kundu (Roll No-18901921061) B.Pharm Student of Dr. B.C Roy College of Pharmacy has successfully completed 150 hours (30 working Days) Non Stipendiary Internship Training in the Department of OPD Pharmacy for the mentioned period from 20.06.2023 to 26.07.2023.

Principal

NRS Medical College, Kolkata
Principal
N. R. S. Medical College
Kolkata



Dr. B. C. Roy
Durgapur, West Bengal

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Niladri Roy

(Name of student pharmacist)

son of/daughter of Alak Roy residing at Vill + P.O - Raingorh

Dist - Jhargram, Pin Code - 721128 who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 16/06/2023

Vinil AR
T6/6

Prof. (Dr.) Samir Kumar Samanta
The Head of Institution
Imparting practical training (J.U.)

Dr. B. C. Roy
Pharmacy & AHS
Durgapur, West Bengal - 713206

SECTION II

Niladri Roy accept

(Name of the Student Pharmacist)

Jogdev Karmodak of Raipur Rural Hospital

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Niladri Roy
(Student Pharmacist)

SECTION III

I, Jogdev Karmodak accept
(Name of the Apprentice Master)

Niladri Roy as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



Prof. (Dr.) Samir Kumar Samanta
(M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy
Pharmacy & AHS
Durgapur, West Bengal - 713206

Jogdev Karmodak
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Raipur Rural Hospital
Raipur, Bankura

SECTION IV

I certify that Niladri Roy had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

[Signature]
(The Head of Institution imparting practical training)

Block Medical Officer of Health
Raipur Rural Hospital
Raipur :: Bankura

SECTION V

I certify that Niladri Roy has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 10-10-23

[Signature]

[Signature]
(Head of the Academic Institution)
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SAYONI SAHA

(Name of student pharmacist)

son of /daughter of MR. SWAPAN KUMAR SAHA residing at WARD NO. 4,

TUFANGANJ, COOCHBEHAR - 736159 who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 07.06.23

Veil Ac
7/6/23

Saha
Prof. (Dr.) Sabin Kumar Samanta
The Head of Institution
M. Pharm., Ph.D (J.U.)
Imparting practical training
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

I SAYONI SAHA accept

(Name of the Student Pharmacist)

RANJAN SAHA of TUFANGANJ SUB-DIVISIONAL HOSPITAL

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Sayoni Saha
(Student Pharmacist)

SECTION III

I RANJAN SAHA accept

(Name of the Apprentice Master)

SAYONI SAHA as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



Saha
Prof. (Dr.) Sabin Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Saha 20/07/23
(Apprentice Master)
(Name & address of the Institution)

Pharmacist
Tufanganj S.O. Hospital
Cooch Behar

SECTION IV

I certify that SAYONI SAHA had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

(The Head of Institution imparting practical training)

Supervisor
20/7/23
Tufanganj S.D. Hospital
Cooch Behar, Pin- 735139

SECTION V

I certify that SAYONI SAHA has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

14-8-23

Sahil Ak
TAS

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



GOVERNMENT OF WESTBENGAL
Officer Of The Block Medical Officer Of Health
Department of Health & Family Welfare
Hasnabad Block, Taki Rural Hospital, Basirhat Health District, North 24 Parganas
Email: takirh2018@gmail.com/takirh.hasnabad@gmail.com

Memo No: BMOH/HBD/TRH- 661.

Date:-28/07/2023.

TO WHOM YOU MAY CONCERN

This is to certify that, Srinath Haldar S/O- Jagannath Haldar, student of B.Pharm 3rd year of Dr.B.C.Roy College of Pharmacy and AHS has completed his training at Taki Rural Hospital, Hasnabad Block 24 pgs(N) during the period from 15th June -2023 to 28th July – 2023 (150 hrs)

I wish his success in life.

(Srinath Haldar) 28/07/23
Block Medical Officer of Health
Hasnabad, Taki Rural Hospital
North 24 Parganas
Block Medical Officer of Health
Taki RH, Hasnabad Block
Basirhat HD



Prof. (Dr.) Anurag Sarpania
M. Pharm., Ph.D. (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



This is to certify as per Reg. no. – **211890201910075** that **Mr. SAYED JUNAID** pursuing 3rd year student of Bachelor of Pharmacy from, **DR. B.C. ROY COLLEGE OF PHARMACY & ALLIED HEALTH SCIENCES**, DR. Meghnad Saha Sarani, Bidhannagar, Durgapur – 713206, Paschim Bardhaman, West Bengal affiliated to **MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY**, West Bengal under Pharmacy Council of India..

Whose university Reg. no. – **211890201910075** of 2021-22. He has successfully completed his Hospital Training tenure of One Month (150 hours) at **BURDWAN MEDICAL COLLEGE AND HOSPITAL** from 21/12/2023 to 20/01/2024

During the period of his training program with us, he had been exposed to different process and was found diligent, hard working and inquisitive.

I wish him every success in his life and career.

Durgapur

Prof. (Dr.) S. K. Sinha
M. Pharm., Ph.D (U.U.)
Principal
Burdwan Medical College & Hospital
Purba Bardhaman
713206

S.D.P.P.
Burdwan Medical College & Hospital
Purba Bardhaman

Dr. Amitra Das
Regm No. - A-2091

Pharmacist
O.P.D Pharmacy
B.M.C.H.

Dr. S. K. Sinha

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to AKASH BANERJEE
(Name of student pharmacist)

son of /daughter of BIBHAS BANERJEE residing at JHARUL
JHARUL, PURBA BARDHAMAN, 713403 who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 16/06/23

Handwritten initials/signature

Handwritten signature
The Head of Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

AKASH BANERJEE SECTION II

(Name of the Student Pharmacist)
Lijwal Kanti Chowdhury of PURSA BLOCK PRIMARY HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Handwritten signature
Akash Banerjee
(Student Pharmacist)

SECTION III

I, Lijwal Kanti Chowdhury accept
(Name of the Apprentice Master)
AKASH BANERJEE as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Handwritten signature
Lijwal Kanti Chowdhury
(Apprentice Master)
(Name & address of the Institution)

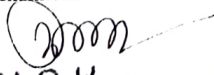


Handwritten signature
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION IV

I certify that Akash Banerjee had / has
(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.


B.M.O.H.
(The Head of Institution imparting practical training)
Pursha BPHC

SECTION V


I certify that AKASH BANERJEE has
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 10/8/23 Suhita Az
10/8


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206


Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal 713206



[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to ATANU MANDI
(Name of student pharmacist)

son of/daughter of SAKTI PADA MANDI residing at DEBIPUR
BHANDARHATI, HOOGHLY who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 09.06.2023

Vinod KC
9/6

[Signature]
6/6/23
The Head of Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D. (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Hooghly, West Bengal-712206

SECTION II

ATANU MANDI
(Name of the Student Pharmacist)

MD. KABIR MALLICK of DHANIAKHALI RURAL HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Atanu Mandi
(Student Pharmacist)

SECTION III

MD. KABIR MALLICK accept
(Name of the Apprentice Master)

ATANU MANDI as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Hooghly, West Bengal-712206

MD. Kabir Mallik
Reg. No - A-6676
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Dhaniakhali Rural Hospital
Dhaniakhali, Hooghly

SECTION IV

I certify that ATANU MANDI had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

[Handwritten signature]
28/08/23

(The Head of Institution imparting practical training)
Block Medical Officer of Health
Dhaniakhali Rural Hospital
P.O.- Dhaniahali, Dt.- Hooghly

SECTION V

I certify that ATANU MANDI has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 10/8/23

[Handwritten signature]
10/8

[Handwritten signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Handwritten signature]
20/8/24
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Government of West Bengal
OFFICE OF THE PRINCIPAL
Tamralipto Govt. Medical College & Hospital
Tamluk, Purba Medinipur Pin NO.-721636

Memo No- TGMCH/1281/2023

Dated- 25/07/2023

TO WHOM IT MAY CONCERN

Miss Tiyyasa Patra D/O Mr. Shyam Pada Patra student of Dr B.C. Roy College of Pharmacy and Allied Health Sciences, Bidhannagar Durgapur, Pin No-713206 has completed her above 1 (One) months /150 hours Hospital Training commencing on and from 16th June 2023 to 25th July 2023 at Tamralipto Government Medical College & Hospital, Tamluk, Purba Medinipur.

She has completed the training successfully.

Her performance was satisfactory all along.

I wish her every success in life.

[Signature]
Principal
Tamralipto Govt. Medical College & Hospital
Tamluk, Purba Medinipur



[Signature]
26/11/24
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
DR. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SUMIT SAU


(Name of student pharmacist)

son of /daughter of DHANANJOY SAU residing at DAHAMUNDA, KORTIA, GOPIBALLAVPUR, JHARGRAM who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 08/06/2023

Vaid KC
8/6


The Head of Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

SECTION II

I, SUMIT SAU

(Name of the Student Pharmacist)

JOYDEV SAU of GOPIBALLAVPUR S.S.H.

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.


(Student Pharmacist)

SECTION III

I, JOYDEV SAU accept

(Name of the Apprentice Master)

SUMIT SAU as a

(Name of the student pharmacist)


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 -

- 1) Stocking of Drugs and Medical Devices
- 2) Inventory control procedures
- 3) Handling of prescriptions
- 4) Dispensing
- 5) Patient counseling

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




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713200

Joydev Sau
Reg. No - A-4862
(Apprentice Master)
(Name & address of the Institution)
PHARMACIST
GOPIBALLAVPUR SSH, JHARGRAM

SECTION IV

I certify that SUMIT SAU had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

[Signature]
18/07/23

(The Head of Institution imparting practical training)
Superintendent
Gopiballavpur M/SSH
Dist.-Jhargram

SECTION V

I certify that SUMIT SAU has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 12-8-23

[Signature]
Jr/Sr

[Signature]

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SAYAN GHOSH
(Name of student pharmacist)

son of/daughter of NANDA GOPAL GHOSH residing at KATWA
STADIUM ROAD, PURBA BARDHAMAN who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 08/06/23

Veil AK
8/6

[Signature]
The Head of Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Kolkata-712206
accept

SECTION II

I, SAYAN GHOSH
(Name of the Student Pharmacist)
DOYEL CHAKRABORTY of KATWA SUBDIVISIONAL HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Sayan Ghosh
(Student Pharmacist)

SECTION III

I, DOYEL CHAKRABORTY accept
(Name of the Apprentice Master)
SAYAN GHOSH as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Doysel Chakraborty
Pharmacist, Katwa SD Hospital
(Apprentice Master)
(Name & address of the Institution)



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Kolkata-712206

SECTION IV

I certify that SAYAN GHOSH had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

(The Head of Institution imparting practical training)

Superintendent

Katwa S.D. Hospital

Katwa, Purba Bardhaman

SECTION V

I certify that SAYAN GHOSH has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

27-8-23

Subrata A
22/8

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




स्टील अथॉरिटी ऑफ इंडिया लिमिटेड
STEEL AUTHORITY OF INDIA LIMITED
दुर्गापुर स्टील प्लांट
DURGAPUR STEEL PLANT
चिकित्सा और स्वास्थ्य सेवाएं
MEDICAL AND HEALTH SERVICES

This is to certify that

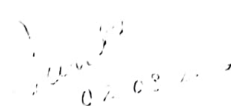
*Mr./Ms. Arka Ganguly, a student / ex-student /
trainee of DR B C ROY COLLEGE OF
PHARMACY & ALLIED HEALTH SCIENCE,
has undergone practical training in Pharmacy from
16-Jun-2023 to 15-Jul-2023 in M&HS Department.*

Total no. of days attended: 26 days.




Prof. (Dr.) Jayati Danda
M. Pharm., Ph.D., FICP
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713210

Signature & Seal of Medical Officer


Dr. Jayati Danda
M. Pharm., Ph.D., FICP
Joint Director (M&HS)
SAIL, Durgapur, West Bengal



**GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH & FAMILY WELFARE
DEPARTMENT OF PHARMACY
MEDICAL COLLEGE & HOSPITAL, KOLKATA-73**

TO WHOM IT MAY CONCERN

This is to certify that **SUJOY BISWAS**,
7th semester student of **Dr.B.C.ROY COLLEGE OF PHARMACY AND
ALLIED HEALTH SCIENCES** has successfully completed his/her
Hospital Pharmacy Training of 150 hours (One hundred and fifty
hours) in **Pharmacy practice** spread over from dated **01.07.2023 to
31.07.2023** at **Department of Pharmacy, Medical College Hospital,
Kol-73** as per norms of **Pharmacy Council of India** vide Ref.No.14-
313/2016-PCI/58851/60029.

SUJOY BISWAS	JULY'2023	25 days	150 hours
	Total	25 days	150 hours

SDPP (10/7/23)
Dept. of Pharmacy,
M.C.H. Kol-73
Dept. of Pharmacy
Medical College & Hospital
Kolkata

Medical Superintendent cum Vice Principal
Medical College Hospital
Kol-73
Medical Superintendent
Cum Vice Principal
Medical College & Hospital
Kolkata

Phara
A-2191
Pharmacist-in-charge
Department of Pharmacy
M.C.H. Kol-73
Pharmacist-in-Charge
Deptt. of Pharmacy
Medical College & Hospital
88, College Street, Kol-73

Dr. B. C. Roy College of Pharmacy & Allied Health Sciences
Durgapur, West Bengal - 713002



GOVERNMENT OF WEST BENGAL

DEPT. OF HEALTH & F. W.

OFFICE OF THE SUPERINTENDENT

KAKDWIP SUB-DIVISIONAL HOSPITAL কাকদ্বীপ মহকুমা হাসপাতাল

KAKDWIP, SOUTH 24 PGS., PIN-743347

কাকদ্বীপ, দক্ষিণ ২৪ পরগনা, পিন-৭৪৩৩৪৭

PHONE & FAX: 3210255322/3210255683. e-mail: sdhkakdwip@gmail.com



পশ্চিমবঙ্গ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ দপ্তর
অধীক্ষক কার্যালয়

Memo No. : KDP/SDH/ 1569

Date:17/07/2023

TO WHOM IT MAY CONCERN

This is to certify that **Soumen Das**, a student of B.Pharm (3th year) of Dr. B. C. Roy College of Pharmacy and A.H.S., Bidhannagar, Durgapur bearing RollNo.: **18901921044** has been completed Hospital Pharmacy Training at Kakdwip SDH/SSH from 13/06/2023 to 17/07/2023. During his training period he has acquired an experience about reading, translation, and dispensing prescription including the checking of doses, storages of drugs and working knowledge of keeping record.

His service during his training days was satisfactory. I wish his every success in future.

Soumen Das

(Signature of Soumen Das)

Dr. B. C. Roy

Superintendent
Kakdwip S.D. Hospital
DHHD, South 24 Parganas



Dr. B. C. Roy

Prof. (Dr.) Samanta
M. Ph.D.
Dr. B. C. Roy College of Pharmacy
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Ritwik Pradhan
(Name of student pharmacist)

son of/daughter of Surajit Pradhan residing at Vijay Mohali, P.O - Mohali
P.S. Khesuni, Dis. Purba Medinipur Pin - 721130 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 06.06.2023

Vinil Kc
9/6

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Sachin Kumar Samanta
M. Pharm., Ph.D (J.U.)

SECTION II

Ritwik Pradhan
(Name of the Student Pharmacist)

Goutam Kumar Khutia of Bhupatindran Mulberia Rural Hospital.
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

06/06/2023

Ritwik Pradhan
(Student Pharmacist)

SECTION III

Goutam Kumar Khutia accept
(Name of the Apprentice Master)

Ritwik Pradhan as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

06/06/2023

Goutam Kumar Khutia
(Apprentice Master)
(Name & address of Institution) 16/06/2023
Mulberia Rural Hospital
Bhaganpur-II Block

[Signature]
Prof. (Dr.) Sachin Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION IV

I certify that Ritik Pradhan had / has
(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

Date - 21/7/23

AM
(The Head of Institution imparting practical training)

Jr. Anishek Mondal
M.B.B.S., PGPN (Boston University)
Regd. No - 67545 (WBMC)
Block Medical Officer of Health
B. Mukherjee Rural Hospital

SECTION V

I certify that Ritik Pradhan has
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 7-11-23

Vandit AC

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to UDIT MONDAL

(Name of student pharmacist)

son of/daughter of UJJWAL MONDAL residing at VILL-KHAYRAKURI

P.O.-A.PAHARI, Dist:-BIRBHUM, Pin:-731127, W.B. who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 16.06.2023

Head Prof. (Dr.) Sanjay Kumar Samanta
M. Pharm., Ph.D (J.U.)

SECTION II

I UDIT MONDAL

(Name of the Student Pharmacist)

Principal
Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

PARITOSH DAS

of RAMPURHAT Govt. MCH

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Udit Mondal
(Student Pharmacist)

SECTION III

I PARITOSH DAS accept

(Name of the Apprentice Master)

UDIT MONDAL

as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Paritosh Das
(Apprentice Master)

(Name & Address of the Institution)
Dr. B.C. Roy College of Pharmacy & AHS
Store-In-Charge
Contir y Store
Rampurhat Govt. Medical College & Hospital



Prof. (Dr.) Sanjay Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION IV

I certify that UDIT MONDAL had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

24/8/23

(The Head of Institution imparting practical training)

Rampur

Birbhum
Pin:-731224

SECTION V

I certify that UDIT MONDAL has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

7-11-23

Vedant Ac

[Signature]

(Head of the Academic Institution)

Prof. (Dr.) Sumir Kumar Samanta
M. Ph. (M.), Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]

SECTION I

This form has been issued to

Debjit Mandal

(Name of student pharmacist)

son of daughter of

Pandab Mandal

residing at

Bidhanagar

Housing colony, S-1/143

who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Regulations, 2014 made under section

10 of the Pharmacy Act, 1948.

Veil Ac 14/1

Dr. Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

14/6/23

Date: 14/06/23

Head of the Academic Institution

SECTION II

I DEBJIT MANDAL accept

(Name of the Student Pharmacist)

Biplab Mistry

of PANAGARH BPHC

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Debjit Mandal
(Student Pharmacist)

SECTION III

I Biplab Mistry accept
(Name of the Apprentice Master)

DEBJIT MANDAL

as a

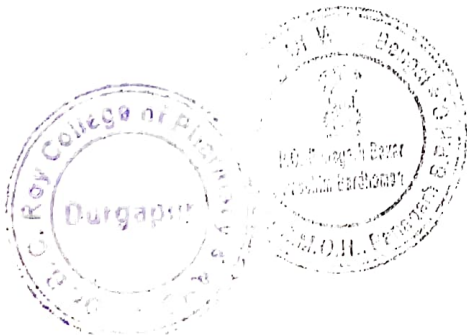
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organization so that during his /her training he /she may acquire:

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in -
 - Stocking of Drugs and Medical Devices
 - Inventory control procedures
 - Handling of prescriptions
 - Dispensing
 - Patient counseling

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

Biplab Mistry
(Apprentice Master)
(Name & address of Institution)
Panagarh B.P.H.C.
Panagarh Bazar, Burdwan



Dr. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION IV

I certify that

DEBJIT MANDAL

has

(Name of student pharmacist)

undergone 150 hours training spread over 1 month/in accordance with the details enumerated in SECTION III.



Biplob 09/11/23

(The Head of Institution imparting practical training)

*Prof. Dr. B. C. Roy
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur*

SECTION V

I certify that

DEBJIT MANDAL

has

(Name of student pharmacist)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 7-11-23

Vaid A

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Anindita Das
(Name of student pharmacist)
son of/daughter of Asim Kumar Das residing at Purulia
Balahampury PIN- 723143 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 07.06.2023

Vinil A
27/6/23

Prof. (Dr.) Hemanta Mondal
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

I, Anindita Das
(Name of the Student Pharmacist)
Hemanta Mondal of Dehen Mahata Gov. Medical College & Hospital
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Anindita Das
(Student Pharmacist)

SECTION III

I, Hemanta Mondal accept
(Name of the Apprentice Master)

Anindita Das as a
(Name of the student pharmacist)
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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Prof. (Dr.) Hemanta Mondal
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Hemanta Mondal
20/07/23
(Apprentice Master)
(Name & address of the Institution)
Hemanta Mondal
Pharmacist Incharge
Durgapur, West Bengal
Dehen Mahata Gov. Medical
College & Hospital, Purulia

SECTION IV

I certify that Anindita Das had / has

(Name of student pharmacists)
undergone 150 hours training spread over one (Thirty days from 15/06/23 to 20/7/23) months in accordance with the details enumerated in SECTION III.

6/2 20/7/23
(The Head of Institution imparting practical training)

M.S.V.P.
Deben Mahata Government
Medical College & Hospital
PURULIA

SECTION V

I certify that Anindita Das has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to RAJDEEP CHAKRABORTY.

(Name of student pharmacist)

son of/daughter of ARUN KUMAR CHAKRABORTY, residing at LAKE TOWN (WEST), KANCHRAPARA, 24 PHS (N), 743145, who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 09/06/2023

Vinil AC
-916

[Signature]
Head of the Academic Institution
Prof. (Dr.) Sujit Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

SECTION II

I, RAJDEEP CHAKRABORTY,

(Name of the Student Pharmacist)

of COLLEGE OF MEDICINE AND J.N.N. HOSPITAL.

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Rajdeep Chakraborty
(Student Pharmacist) ✓

SECTION III

I, Goutam Kr. Maity accept
(Name of the Apprentice Master)

RAJDEEP CHAKRABORTY as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Sujit Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal 741203

[Signature]
157623 A-2945
(Apprentice Master)
(Name & address of the Institution)
COLLEGE OF MEDICINE & J.N.N. HOSPITAL
KALYANI, NADIA

SECTION IV

I certify that RANDEEP CHAKRABORTY had / has

(Name of student pharmacists)

undergone 150 hours training spread over 07th months in accordance with the details enumerated in SECTION III.

[Signature]
(The Head of Institution imparting practical training)

Superintendent
GOM & J.N.M. Hospi
Kalyani Nadi

SECTION V

I certify that RANDEEP CHAKRABORTY has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

7-11-23 [Signature]

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

Principal

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
26/11/24

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SAMRIDHA BAGCHI
(Name of student pharmacist)

son of/daughter of DR. SOUMENDRA NATH BAGCHI residing at KALYANI,
NADIA. who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 07/06/23

Veril AC 7/6

[Signature]

The Head of Institution
Prof. (Dr.) Soumitra Samanta
M. Pharm., Ph.D (J.U.)

SECTION II

SAMRIDHA BAGCHI
(Name of the Student Pharmacist)

Dr. B. C. Roy College of Pharmacy & AHS
Durgapour, Nadia - 743208

of JNM HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Samridha Bagchi
(Student Pharmacist)

SECTION III

Goutam Kr. Maity accept
(Name of the Apprentice Master)

SAMRIDHA BAGCHI as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Soumitra Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapour, Nadia - 743208

[Signature]
157923
(Apprentice Master)
(Name & address of the Institution)
COLLEGE OF PHARMACY & JNM HOSPITAL
KALYANI, NADIA
A-2945

I certify that Samridha Bagchi SECTION IV had / has

(Name of student pharmacists)

undergone 150 hours training spread over one months in accordance with the details enumerated in SECTION III.

(The Head of Institution in charge practical training)

Superintendent
COM & J.N.M. Hospital
Kalyani Nadia

SECTION V

I certify that _____ has

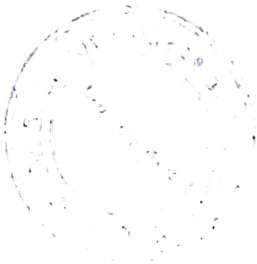
(Name of student pharmacists)


completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:


(Head of the Academic Institution)

Dr. J. Samir Kumar Saha
M. Pharm., Ph.D (J)
Principal
Nalanda College of Pharmacy
Durgapur, West Bengal-713006




Dr. J. Samir Kumar Saha
M. Pharm., Ph.D (J.U.)
Principal
Nalanda College of Pharmacy
Durgapur, West Bengal-713006

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to PRASANSHA PRADHAN
(Name of student pharmacist)

son of/daughter of ARUN PRADHAN residing at PRINTAM ROAD
KALIMPONG- WEST BENGAL who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 7/6/23

The Head of Institution
Imparting practical training in
M. Pharm., Ph.D (J.U.)
Principal
Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713208
accept

SECTION II

PRASANSHA PRADHAN
(Name of the Student Pharmacist)

OLYMPUS FUDONG of DISTRICT HOSPITAL KALIMPONG
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Prasansha Pradhan
(Student Pharmacist)

SECTION III

Olympus Fudong accept
(Name of the Apprentice Master)

PRASANSHA PRADHAN as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Olympus Fudong
(Apprentice Master)
(Name & address of the Institution)

DISTRICT HOSPITAL
KALIMPONG
Pharmacy
District Hospital
Kalimpong



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713208

I certify that

PRASANSMA

SECTION IV
PRADMAN

Date / /

(Name of student pharmacist)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in S.M. 1 P. 25 (B)

(The Head of Institution imparting practical training)

Superintendent
District Hospital
Kalinpong

SECTION V

I certify that

PRASANSMA PRADMAN

Date

(Name of student pharmacist)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2016 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India

Date

28-8-73
Subhadra
RST

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M.A. Pharmacy, Ph.D. (Ph.D.)
Principal
Dr. B. C. Roy College of Pharmacy & Allied
Durgapur, West Bengal 713205



Handwritten signature in blue ink.

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to NILADRI GHOSH
(Name of student pharmacist)

✓ son of/daughter of TARUN GHOSH residing at VILL-DUBCHURURIA
P.O- ANDAL GRAM, DIST- PASCHIM BARDHAMAN, 713221 who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 09/06/23

Handwritten signature and date 9/6

Handwritten signature
Head of the Academic Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

SECTION II

I, NILADRI GHOSH
(Name of the Student Pharmacist)

of COLLEGE OF MEDICINE AND J.N.M HOSPITAL

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Handwritten signature Niladri Ghosh
(Student Pharmacist)

SECTION III

I, Goutam K. Maity accept
(Name of the Apprentice Master)

NILADRI GHOSH as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Handwritten signature and date 19/6/23

(Apprentice Master)
(Name & address of the Institution)

PHARMACIST
COLLEGE OF MEDICINE & JNM HOSPITAL
KALYANI, NADIA

A-2945



Handwritten signature
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & ANS
Durgapur, West Bengal-713206

SECTION IV

I certify that NILADRI GHOSH had / has

(Name of student pharmacists)

undergone 150 hours training spread over one months in accordance with the details enumerated in SECTION III.


(The Head of Institution imparting practical training)

Superintendent
G.M. & J.N.M. Hospital
Kalvani Nadia

SECTION V

I certify that NILADRI GHOSH has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


Date: 7-11-23




(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH & FAMILY WELFARE
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
SURI, BIRBHUM

Ph no.-03462255216

Email I.D.-cmohbirbhum@gmail.com

Memo No. 6371

Date 20/12/2023

To
The Superintendent
Bolpur S.D.Hospital
Bolpur, Birbhum

Sub:-Internship letter on behalf of Souvik Saha

As per Reference No.BCRCP/TRG-B.Ph/23/90 dated 01.12.2023 of In-Charge Training, Dr B.C Roy College of Pharmacy & AHS , Bidhannagar Durgapur, West Bengal, following student of the said Institution has deposited requisite fees for 01(One)month Internship Training. You are therefore requested to allow for One month(starting 3rd week of Dec 2023) Hospital training of B. Pharmacy Course Regulation after verifying their identity at Bolpur S.D.H., Birbhum, and to issue Internship Certificate after completion of the training accordingly.

Name of the Student:-

- 1) Souvik Saha

sd
Chief Medical Officer of Health
Birbhum.

Memo No: 6371 / 1 (A)

Date: 20.12.23.

Copy forwarded for information to-

1. DAM, CMOH Birbhum
2. Dr B.C Roy College of Pharmacy & AHS , Bidhannagar Durgapur, West Bengal.
3. Souvik Saha....for compliance
4. Office Copy



Prof. (Dr.) S. Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

sd
20.12.2023
Chief Medical Officer of Health
BIRBHUM
Chief Medical Officer of Health
Birbhum

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Ritam Barik

(Name of student pharmacist)

son of/daughter of Biswajit Barik residing at Reongopal pur
Crabsi, Purba Bardhaman who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 15/06/23

V. A.
15/6

[Signature]
The Head of Institution
Prof. (Dr.) Subrata Choudhury
M. Pharm., Ph.D (J.U.)
Principal
Department of Pharmacy & AHS
Durgapur-713203

SECTION II

Ritam Barik
(Name of the Student Pharmacist)

Ujjwal Kanti Chowdhury of Pursha Block Primary Hospital
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Ritam Barik
(Student Pharmacist)

SECTION III

Ujjwal Kanti Chowdhury accept
(Name of the Apprentice Master)

Ritam Barik as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Ujjwal Kanti Chowdhury
(Apprentice Master)
(Name & Address of the Institution)
Pharmacist
Pursha B.P.H.C
Purba Bardhaman



[Signature]
Prof. (Dr.) Subrata Choudhury
M. Pharm., Ph.D (J.U.)
Principal
Department of Pharmacy & AHS
Durgapur-713203

SECTION IV

I certify that Ritam Basik had / has
(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.



(The Head of Institution reporting practical training)
**B.M.C.H.
Pursha BPHC**

SECTION V

I certify that _____ has
(Name of student pharmacists)


completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 12-10-23
Samir Kumar
12/10


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Anupam Singha Roy
(Name of student pharmacist)

son of /daughter of Asim Singha Roy residing at Garhbeta
who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 14.06.2023

Veil/AK
19/8

4/6/23
Prof. M. Pharm., Ph.D (J.U.)
Principal
Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

I, Anupam Singha Roy accept
(Name of the Student Pharmacist)

Syed Ajjuz Rahaman of Garhbeta Rural Hospital
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Anupam Singha Roy
(Student Pharmacist)

SECTION III

I, Syed Ajjuz Rahaman accept
(Name of the Apprentice Master)

Anupam Singha Roy as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Syed Ajjuz Rahaman A23431
(Apprentice Master)
(Name & address of the Institution) 24/07/23




Samir Kumar Samanta
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Garhbeta Rural Hospital
Garhbeta, Paschim Medinipur

I certify that Anupam Singha Roy ^{SECTION IV} had / has
(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.



S.M.O.H.
(The Head of Institution in para clinical training)
Gambeta Rural Hospital
Gambeta-1, Paschim Medinipur

SECTION V

I certify that Anupam Singha Roy has
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


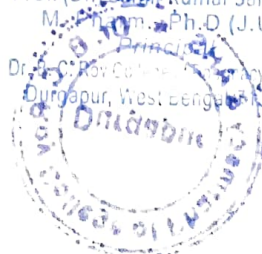
Date:


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206


Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206


[Refer to Chapter - II, Regulation - 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Shreya Dutta
(Name of student pharmacist)

son of /daughter of Subir Dutta residing at Muchipara,
Purulia PIN-723101 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 07.06.2023

Ve P Ac
7/6/23

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

SECTION II

I, Shreya Dutta
(Name of the Student Pharmacist)
Hemanta Mondal of Deben Mahata Gov. Medical College & Hospital.
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Shreya Dutta
(Student Pharmacist)

SECTION III

I, Hemanta Mondal accept
(Name of the Apprentice Master)
Shreya Dutta as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Hemanta Mondal
20/07/23
(Apprentice Master)
(Name & address of the Institution)
Hemanta Mondal
Pharmacist Incharge
Reg.No.-A2526
Deben Mahata Govt. Medical
College & Hospital, Purulia.



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

SECTION IV

I certify that Shreya Dutta had / has

(Name of student pharmacists)

undergone 150 hours training spread over One (Thirty days from 15/06/23 to 29/08/23) month(s) in accordance with the details enumerated in SECTION III.

6/23 20/07/23

(The Head of Institution imparting practical training)

M.S.V.
Deba Mahata Government
Medical College & Hospital
DURGAPUR

SECTION V

I certify that Shreya Dutta has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 10/08/2023

Chhita R
10/8

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



GOVERNMENT OF WEST BENGAL
OFFICE OF THE BLOCK MEDICAL OFFICER OF HEALTH
PUNCHA B.P.H.C. P.O.-PUNCHA DIST-PURULIA

Memo No : 337/PUN

Date: 20/07/2023

TO
The Principal
Dr. B.C.Roy. College of pharmacy & AHS
Durgapur, West Bengal – 713206


Sub.- Practical Internship Training Completion letter of B. Pharm
Ref. No. – BCRCP/TRG-B.Ph/23/22

Sir,

The student of B. pharm Ishika Halder, D/O- Dipak Kumar Halder, as per your reference number - BCRCP/TRG-B.Ph/23/22 dated – 07.06.2023 and vide CMOH Purulia, Memo No-1498 dated – 13.06.2023 has completed her Practical Internship Training in Puncha Block Primary Health Center for continuous 1(one) month (more than 150 hours) from 19.06.2023 to 20.07.2023.


She is released from this institution on 20.07.2023

Date - 20.07.2023
PLACE :- PUNCHA


Block Medical Officer Of Health
Puncha B.P.H.C., Purulia (W.B)

Block Medical Officer of Health
Puncha B.P.H.C. Purulia (W.B.)




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to

RAJDIP GHOSH

(Name of student pharmacist)

✓
son of/daughter of MANIK KUMAR GHOSH residing at MANIK BAZAR,
JHARUL, PURBA BARDHAMAN, 713103 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 16/06/2023

Verd A
16/6

[Signature]
Prof. (Dr.) Samir Kumar Samanta
The Head of Institution, Ph.D (J.U.)
Imparting practical training
Principal

Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206
accept

SECTION II

RAJDIP GHOSH

(Name of the Student Pharmacist)

Lijjal Kanti Chowdhury of PURSHA BLOCK PRIMARY
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy) HOSPITAL

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Rajdip Ghosh
(Student Pharmacist)

SECTION III

Lijjal Kanti Chowdhury accept
(Name of the Apprentice Master)

Rajdip Ghosh as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Lijjal Kanti Chowdhury
(Apprentice Master)
(Name & Address of the Institution)
Pharmacist
Pursha B.P.H.C
Purba Bardhaman



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION IV

I certify that Rajdip Ghosh had / has
(Name of student pharmacist(s))

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

[Signature]
(The Head of Institution for practical training)
Pursha BPHC

SECTION V

I certify that Rajdip Ghosh has
(Name of student pharmacist(s))

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 10.08.2023

[Signature]
AC
10/8

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to CHAYAN BHANDARI

(Name of student pharmacist)

son of/daughter of PROVAKAR BHANDARI residing at VILL+ P.O-SHYAM
BASUR CHAK, P.S- KULPI, SOUTH 24 Pgs. who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 09/06/2023

Vinod K
9/6

[Signature]
The Head of Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

SECTION II

CHAYAN BHANDARI

(Name of the Student Pharmacist)

Sudam Chandra Benig of Kulpi Rural Hospital

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Chayan Bhandari
(Student Pharmacist)

SECTION III

Sudam Chandra Benig accept

(Name of the Apprentice Master)

CHAYAN BHANDARI as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713006

Sudam Chandra Benig
(Apprentice Master)
(Name & address of the Institution)

[Signature]
Kulpi Rural Hospital
Kulpi-Block - 24 Pgs - 255

SECTION IV

I certify that CHAYAN BHANDARI had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

Jitesh Roy
24/08/23

(The Head of Institution imparting practical training)

Dr. B. C. Roy
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION V

I certify that CHAYAN BHANDARI has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 10-8-23

Subrata
10/8.

Prof. (Dr.) Samir Kumar Samanta
(Head of the Academic Institution)
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to ANURAG DEY
(Name of student pharmacist)
son of /daughter of SUJIT KUMAR DEY residing at JHARBONI,
FATESINGPUR, GARHBETA, PASCHIM MEDINIPUR, 721121 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 07/06/2023

Vinil Ac
F/c

[Signature]
The Head of Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Fatesingpur, West Bengal - 713208

SECTION II

I, ANURAG DEY
(Name of the Student Pharmacist)
of GARHBETA RURAL HOSPITAL
(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Anurag Dey
(Student Pharmacist)

SECTION III

I, Bishal Seth accept
(Name of the Apprentice Master)
ANURAG DEY as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Bishal Seth
A-21649

(Apprentice Master)
(Name & address of the Institution)



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Fatesingpur, West Bengal - 713208

Pharmacist
Garhbeta Rural Hospital
Garhbeta-I, Paschim Medinipur

I certify that ANURAG DEY SECTION IV had / has
(Name of student pharmacists)
undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

21/07/23
(The Head of Institution in charge of practical training)
B.N.H.S. Hospital
Gambeta Rural Hospital
Gambeta-1, Paschim Medinipur

I certify that ANURAG DEY SECTION V has
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 10/8/23

Samir Kumar Samanta
T/S

10/8/23
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

10/8/23
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SOUDIPTA KANSARI
(Name of student pharmacist)

son of/daughter of DIPAK KUMAR KANSARI residing at VILL- RAJMONI KHAKI
P.O- BAKULTALA, P.S-RAIDIGHI, DIST-SOUTH 24 PAS who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 09/06/23

Vail R
9/6

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Sanyanta
Principal, Dr. B. C. Roy College of Pharmacy & AHS
Burgapur, West Bengal-713206

SECTION II

I SOUDIPTA KANSARI accept 14/07/23
(Name of the Student Pharmacist)

of MATHURAPUR RURAL HOSPITAL
(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Soudipta Kansari
(Student Pharmacist)

SECTION III

I SOURAV NASKAR accept
(Name of the Apprentice Master)

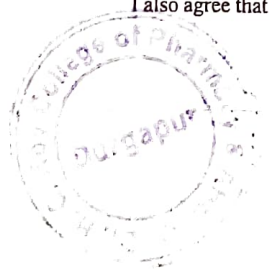
SOUDIPTA KANSARI as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Sourav Naskar
14.07.23
Mathurapur P.H.C.
Mathurapur-I
South 24 Parganas
(Apprentice Master)
(Name & address of the Institution)



[Signature]
Prof. (Dr.) Samir Kumar Sanyanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Burgapur, West Bengal-713206

I certify that Soudipta Kansari SECTION IV had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.


(The Head of Institution imparting practical training)

10/8/23
B.M.O.H
Matherapur Rural Hospital
South 24 Parganas

SECTION V


I certify that Soudipta Kansari has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

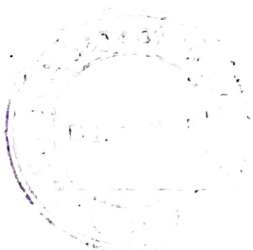
Date: 10-08-23



10/8


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to TRITA MURMU
(Name of student pharmacist)
son of /daughter of SUNIL KUMAR MURMU residing at ADRA, PURULIA
, 723121 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 7.6.2023

*Veil A
7/6*

[Signature]
The Head of Institution, Samanta
Imparting practical training
M. Pharm., Ph.D (J.U.)
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

SECTION II

I, TRITA MURMU
(Name of the Student Pharmacist)
MADHUMITA MANDAL of RAGHUNATHPUR SUPER SPECIALITY HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

TRITA MURMU
(Student Pharmacist)

SECTION III

I, MADHUMITA MANDAL accept
(Name of the Apprentice Master)
TRITA MURMU as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Madhumita Mandal
Raghnathpur S. D. Hospital
(Apprentice Master)
(Name & address of the Institution)
Raghnathpur S. D. Hospital
Durgapur, West Bengal

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to MAMPI NAG

(Name of student pharmacist)

son of / daughter of SWARNAJIT NAG residing at _____

PASCHIM MEDINIPUR who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 05/06/2023

*Verified by
5/6/23*

[Signature]
The Head of Institution
Prof. (Dr.) *[Signature]* Practical Training
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206 accept

SECTION II

I, MAMPI NAG

(Name of the Student Pharmacist)

Barun Duary of MIDNAPORE MEDICAL COLLEGE & HOSPITAL

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

19/6/23

Mampi Nag
(Student Pharmacist)

SECTION III

I, Barun Duary accept

(Name of the Apprentice Master)

MAMPI NAG as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

19/6/23

Barun Duary
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Midnapore Medical College & Hospital
Paschim Medinipur.



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206


SECTION IV

I certify that MAMPI NAG had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

24/7/23


(The Head of Institution imparting practical training)

Additional Medical Superintendent
Midnapore Medical College & Hospital
Paschim Medinipur

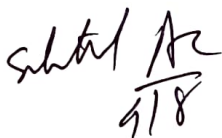
SECTION V

I certify that MAMPI NAG has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 04/08/2023



9/8


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to BUDDHADEV BHUNIA
(Name of student pharmacist)

son of / daughter of UTTAM KUMAR BHUNIA residing at DAKSHIN BAZAR,
CHANDRAKONA, PASCHIM MEDNAPORE who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 05/06/2023

Verid Ac
5/6

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) *[Signature]* Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

I, BUDDHADEV BHUNIA
(Name of the Student Pharmacist)

Barun Duary of MEDNAPORE MEDICAL COLLEGE AND HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Buddhadev Bhunia
(Student Pharmacist)

SECTION III

I, Barun Duary accept
(Name of the Apprentice Master)

BUDDHADEV BHUNIA as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Barun Duary
A-4265
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Mednapore Medical College & Hospital
Paschim Medinipur.



[Signature]
Prof. (Dr.) *[Signature]* Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION IV

I certify that BUDHADEV BHUNIA had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

29/7/23

(The Head of Institution imparting practical training)

Additional Medical Superintendent
Midnapore Medical College & Hospital
Paschim Medinipur

SECTION V

I certify that BUDHADEV BHUNIA has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 4-8-23

Shalini A
9/8

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Subarna Ghosh
(Name of student pharmacist)

Son of/daughter of Prasanta Ghosh residing at Radhanagar,
Korasia, Paschim medinipur, 721201 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 09.06.2023

Vaibhava
9/6

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

SECTION II

Subarna Ghosh
(Name of the Student Pharmacist)

BIPLAB DUARI of Ghatal Super Speciality hospital
(Name of the Apprentice Master) Reg No A3378 (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Subarna Ghosh
(Student Pharmacist)

SECTION III

BIPLAB DUARI Reg No-A3378 accept
(Name of the Apprentice Master)

Subarna Ghosh as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

Biplab Duari
(Apprentice Master)
(Name & address of the Institution)
Reg No. A3378
Ghatal S.D. & S.S.H
Paschim Medinipur

SECTION IV

I certify that Subarna Ghosh had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.


(The Head of Institution imparting practical training)
Gentel S.D. Hospital
Paschim Medinipur

SECTION V


I certify that Subarna Ghosh has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

8-8-20



8/8

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SAPTADIP SINHA BABU
(Name of student pharmacist)

son of /daughter of TARUN HUMAR SINHA BABU residing at SI MLAPAL,
BANKURA who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 09/06/23

Vinil Ac
9/6

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durban, West Bengal-713208

SECTION II

SAPTADIP SINHA BABU
(Name of the Student Pharmacist)
APARAJITA GHOSH of SI MLAPAL BLOCH HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training

Saptadip Sinha Babu
(Student Pharmacist)

SECTION III

I, APARAJITA GHOSH accept
(Name of the Apprentice Master)

SAPTADIP SINHA BABU as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durban, West Bengal-713208

Aparajita Ghosh
(Apprentice Master) 24.7.23
(Name & address of the Institution)
Pharmacist
Simlapal BPHC, Bankura

SECTION IV

I certify that SAPTADIP SINHA BABU had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

DM 29/1/23
(The Head of Institution imparting practical training)

B.M.O.H.
Simlupal B.P.H.C.
Bankura

SECTION V

I certify that SAPTADIP SINHA BABU has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

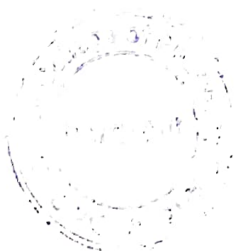
Date:

8-8-23

Sahil A
STO.

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION I

This form has been issued to SUBHADEEP MUKHERJEE

(Name of student pharmacist)

son of/daughter of ANANTALAL MUKHERJEE residing at VILL. + P.O. +

P.S. = BORO, BLOCK-MANBAZAR-II, PURULIA who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 08/06/2023

Veil Ac
8/6

[Signature]
21/6/23
The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D. (J.U.)

SECTION II

SUBHADEEP MUKHERJEE _____ accept

(Name of the Student Pharmacist)

PALLAB CHATTERJEE of MANBAZAR RURAL HOSPITAL,
PURULIA

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

I, the above Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Subhadeep Mukherjee
(Student Pharmacist)

SECTION III

I, PALLAB CHATTERJEE _____ accept

(Name of the Apprentice Master)

SUBHADEEP MUKHERJEE _____ as a

(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organization so that during his /her training he /she may acquire:

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in -
 - Stocking of Drugs and Medical Devices
 - Inventory control procedures
 - Handling of prescriptions
 - Dispensing
 - Patient counseling

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

Pallab Chatterjee (Reg. NO. - A-8033)
24/07/2023
(Apprentice Master)

(Name & address of the Institution)

MANBAZAR RURAL HOSPITAL
PURULIA

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Roy College of Pharmacy & AHS
West Bengal-713206



SECTION IV

I certify that SUBHADEEP MUKHERJEE had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

J. S. Sanyal

(The Head of Institution imparting practical training)

Block Medical Officer of Health
Manbazar Rural Hospital
Purulia

SECTION V

I certify that SUBHADEEP MUKHERJEE has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

9-8-23

Subhad
Ar
9/8

Samir Kumar Samanta

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & M.S
Durgapur, West Bengal-713206



Samir Kumar Samanta

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & M.S
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Hampi Hansda

(Name of student pharmacist)

son of /daughter of Babu Ram Hansda residing at vill + Po - Balidaha

Gusap, Hooghly, 712303 who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section

10 of the Pharmacy Act, 1948.

Date: 07/06/23

Veril Ac
7/6

[Signature]
The Head of Institution Samantha
Imparting practical training
(J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Gurugrapur, West Bengal-713206

SECTION II

I, Hampi Hansda

(Name of the Student Pharmacist)

MD. Kabir Mallik

of Dhaniakhali Rural Hospital

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Hampi Hansda
(Student Pharmacist)

SECTION III

I, MD. Kabir Mallik

(Name of the Apprentice Master)

accept

Hampi Hansda

(Name of the student pharmacist)

as a

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy College of Pharmacy & AHS
Gurugrapur, West Bengal-713206

MD. Kabir Mallik
Reg. NO - A-6676
(Apprentice Master)
(Name & address of the Institution)

Pharmacist
Dhaniakhali Rural Hospital
Dhaniakhali Hooghly

SECTION IV

I certify that Mamfi Hansda had / has
(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

(The Head of Institution imparting practical training)
Block Medical Officer of Health
Dhama Khali Rural Hospital
P.O.- Dhama Khali, Dist.- Hooghly

SECTION V

I certify that Mamfi Hansda has
(Name of student pharmacists)

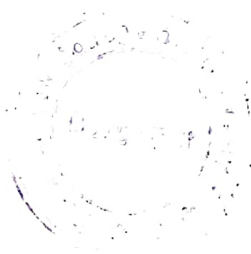
completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 16/6/23

Submitted AZ
10/8-

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

This form has been issued to SOUVIK KUMAR HAZRA
(Name of student pharmacist)
son of/daughter of TARUN KUMAR HAZRA residing at GIUSKARA
SCHOOL MORE, DIST- PURBA BARDHAMAN who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 15/06/2023

I, SOUVIK KUMAR HAZRA
(Name of the Student Pharmacist)

Head of the Academic Institution
Prof. (Dr.) Souvik Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal accept
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

DIBYENDU MUKHERJEE of BANNABAGRAM BPHC
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Souvik Kumar Hazra
(Student Pharmacist)

I, DIBYENDU MUKHERJEE
(Name of the Apprentice Master) accept
SOUVIK KUMAR HAZRA
(Name of the student pharmacist) as a

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Souvik Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Dibyendu Mukherjee
19/07/23
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Bannabagram B.P.H.C.
Ausgram-I
Purba Bardhaman
REG. NO. -A-11352

I certify that SOUVIK KUMAR HAZRA ^{SECTION IV} had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

(The Head of Institution imparting practical training)
Stock Medical Officer of Health,
Bannabagram B.P.H.C
Ausgram-I, Burdwan
BWB-HFH-021
Pin-713152

SECTION V

I certify that SOUVIK KUMAR HAZRA has
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 8-8-23 *Souvik Ac*
STB

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



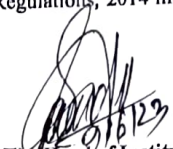
[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Arojit Sinha mahapatra
(Name of student pharmacist)
son of /daughter of Achintya Sinha mahapatra residing at Vill-Sionlapal
Post-Sionlapal, Bankura, Pin-722151 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 09.06.2023


The Head of Institution
Prof. Dr. Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. P. C. Roy College of Pharmacy & AHS
Bankura, West Bengal-713206

SECTION II

I, Arojit Sinha mahapatra
(Name of the Student Pharmacist)
Suman Khan of Sionlapal Block Hospital.
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Arojit Sinha mahapatra
(Student Pharmacist)

SECTION III

I, Suman Khan accept
(Name of the Apprentice Master)
Arojit Sinha mahapatra as a
(Name of the student pharmacist)


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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Suman Khan 24.7.23
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Sionlapal BPHC, Bankura




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. P. C. Roy College of Pharmacy & AHS
Bankura, West Bengal-713206

SECTION IV

I certify that Aajit Saha maha patra had / has
(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

[Signature] 24/8/23
(The Head of Institution imparting practical training)

**B.M.O.H.
Simlapal B.P.H.C.
Bankura**

SECTION V

I certify that Aajit Saha maha patra has
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 8.8.23 [Signature] AC
FTS

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206


[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Soumen Patra
(Name of student pharmacist)

Son of/daughter of Seekumar Patra residing at Vill:- Bolghata
Post:-Karasia, Paschim Medinipur, Pin:- 721201 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2011 made under section
10 of the Pharmacy Act, 1948.

Date: 09.06.2023


The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

SECTION II

Soumen Patra
(Name of the Student Pharmacist)

BIPLAB DUARI of Ghatal Superspeciality Hospital
(Name of the Apprentice Master) Reg No. A 3378 (Name of the Institution, Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Soumen Patra
(Student Pharmacist)

SECTION III


BIPLAB DUARI, Reg No. A 3378 accept
(Name of the Apprentice Master)

Soumen Patra as a
(Name of the student pharmacist)
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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Biplab Duari
(Apprentice Master)
(Name & address of the Institution)
Reg No. A 3378

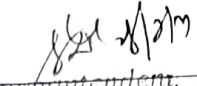

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION IV

I certify that Soleman Patra had / has

(Name of student pharmacists)

undergone 150 hours training spread over months in accordance with the details enumerated in SECTION III.


(The Head of Institution imparting practical training)
Ghatat S.D. Hospital
Paschim Medinipur

SECTION V


I certify that Soumen Patra has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:


8-8-23


8/8


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SOUMIK SAMANTA
(Name of student pharmacist)

son of / daughter of TAPAS KUMAR SAMANTA residing at JOYPUR, SHYAMCHANDPUR
ANANDAPUR, PASCHIM MEDINIPUR who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 06/06/2023

Vinod A
6/6

[Signature]
The Head of Institution
Prof. (Dr.) Soumik Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

I, SOUMIK SAMANTA
(Name of the Student Pharmacist)

Tamal Kr Raha of MIDNAPORE MEDICAL COLLEGE AND HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

19/6/23

Soumik Samanta
(Student Pharmacist)

SECTION III

I, Tamal Kr Raha accept
(Name of the Apprentice Master)

Soumik Samanta as a
(Name of the student pharmacist)

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 -

- 1) Stocking of Drugs and Medical Devices
- 2) Inventory control procedures
- 3) Handling of prescriptions
- 4) Dispensing
- 5) Patient counseling

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

19/6/23



[Signature]
Prof. (Dr.) Soumik Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Soumikumar Raha
(Apprentice Master) A-2224
(Name & address of the Institution)
Pharmacist
Midnapore Medical College & Hospital
Paschim Medinipur.

SECTION IV

I certify that SOUMIK SAMANTA had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

21/7/23

(The Head of Institution imparting practical training)

Additional Medical Superintendent
Midnapore Medical College & Hospital
Paschim Medinipur

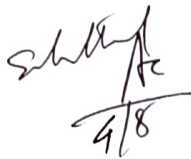
SECTION V

I certify that SOUMIK SAMANTA has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

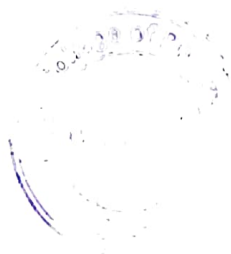
Date: 4-8-23



4/8


21/08/23

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206


[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SUBHADIP KUNDU
(Name of student pharmacist)

son of /daughter of AKHIL KUNDU residing at AMLASULI ,
GARHBETA II, PASCHIM MEDINIPUR who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 08/06/2023


The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

I, SUBHADIP KUNDU
(Name of the Student Pharmacist)
SUBRATA PANDIT of BABUIDANGA P.H.C
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Subhadip Kundu
(Student Pharmacist)

SECTION III


I, SUBRATA PANDIT accept
(Name of the Apprentice Master)
SUBHADIP KUNDU as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Subrata Pandit
Pharmacist
BABUIDANGA P.H.C.
(Name & Address of the Pharmacist)
Amlasuli, Paschim Medinipur
REG. NO. A-1528


Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

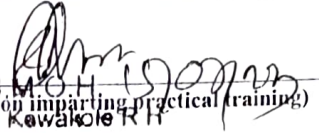
SECTION IV

I certify that SUBHADIP KUNDU had / has

(Name of student pharmacists)

undergone 150 hours training spread over months in accordance with the details enumerated in SECTION III.



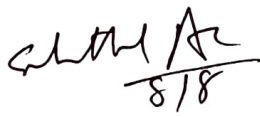

B.M.O.H. Kewakole R.H.
(The Head of Institution imparting practical training)
Garh-II, Kewakole R.H.
P.O.-Goolara
Dist. - Paschim Medinipur


SECTION V

I certify that SUBHADIP KUNDU has

(Name of student pharmacists)


completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 8-8-23 
8/8


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to

KSHITISH PATRA

(Name of student pharmacist)

son of/daughter of NARASINGHA PATRA residing at VILL-KAMALPUR

P.O.- FULKUSHMADIS-BANKURA, PIN-722162 who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 07/06/2023

Handwritten signature

Handwritten signature
The Head of Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

KSHITISH PATRA

(Name of the Student Pharmacist)

Jogdev Karmodak of RAIPUR RURAL HOSPITAL

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Handwritten signature
Kshitish Patra
(Student Pharmacist)

SECTION III

I, Jogdev Karmodak accept

(Name of the Apprentice Master)

KSHITISH PATRA as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



Handwritten signature
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

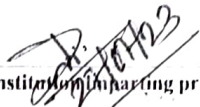
Handwritten signature
Jogdev Karmodak
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Raipur Rural Hospital
Raipur, Bankura

SECTION IV

I certify that KSHITISH PATRA had/has

(Name of student pharmacists)

undergone 150 hours training spread over one months in accordance with the details enumerated in SECTION III.



(The Head of Institution imparting practical training)
Block Medical Officer of Health
Raipur Rural Hospital
Raipur :: Bankura


SECTION V

I certify that KSHITISH PATRA has


(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 7-8-23 


(Head of the Academic Institution)
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SAMRAT DUTTA

(Name of student pharmacist)

son of/daughter of SANSIB DUTTA residing at JALGAON,
ALIPURDUAR. who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 07/06/2023

Peril
ATB
Samanta
The Institute of Samanta
Prof. (Dr.) Samanta
M. Pharm. (J.U.)

SECTION II

SAMRAT DUTTA accept

(Name of the Student Pharmacist)

ABHIJIT BANIK of ALIPURDUAR DISTRICT HOSPITAL

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Samrat Dutta

(Student Pharmacist)

SECTION III

ABHIJIT BANIK accept

(Name of the Apprentice Master)

SAMRAT DUTTA as a

(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organization so that during his /her training he /she may
require:

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -

- 1) Stocking of Drugs and Medical Devices
- 2) Inventory control procedures
- 3) Handling of prescriptions
- 4) Dispensing
- 5) Patient counseling

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

Abhijit Banik
ALIPURDUAR DISTRICT HOSPITAL

(Apprentice Master)

(Name & address of the Institution)



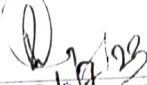
Samanta
Prof. (Dr.) Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION IV

I certify that SAMRAT DUTTA had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.


(The Head of Institution imparting practical training)

Superintendent
District Hospital, Alipurduar

SECTION V

I certify that SAMRAT DUTTA has

(Name of student pharmacists)


completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

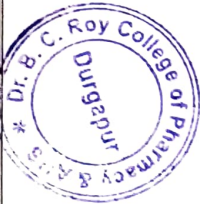

(Head of the Academic Institution)

Prof. (Dr.) Samrat Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206




Prof. (Dr.) Samrat Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

OFFICE OF THE MEDICAL SUPERINTENDENT CUM VICE PRINCIPAL



GOVERNMENT OF WEST BENGAL
BURDWAN MEDICAL COLLEGE AND HOSPITAL
BURDWAN, PURBA BARDHAMAN

This is to certify as per Reg. no. – **211890201910078**, dated 15/06/2023 that Miss. **MEGHNA BOWRA** pursuing 3rd year student of Bachelor of Pharmacy form **DR B.C. ROY COLLEGE OF PHARMACY AND ALLIED HEALTH SCIENCES, Durgapur - 713206, Paschim Bardhaman, West Bengal**; affiliated to **MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY, Haringhata-741249, West Bengal** under Pharmacy Council of India.

Whose university Reg. no. – **211890201910078** of 2021-2022, She has successfully completed her Hospital Training of One Month (150 hours) at **BURDWAN MEDICAL COLLEGE AND HOSPITAL** form 15/06/2023 to 14/07/2023.

During the period of her training program with us, She had been exposed to different process and was found diligent, hard working and inquisitive.

I wish her every success in her life and career.

Dr. B. C. Roy College of Pharmacy & Allied Health Sciences
Durgapur - 713206
Principal
M. Pharm., Ph.D. (U.U.)
Prof. (Dr.) S. K. Ghosh
15/07-23

S.D.P.P. S.D.P.P.
B.M.C.S.H. Medical College
Burdwan
PURBA BARDHAMAN

Anwar Chakrabarti
Reg. No. A-6152
Hospital, Burdwan
Pharmacist
Burdwan Medical College & Hospital, Burdwan
PURBA BARDHAMAN

MEDICAL SUPERINTENDENT CUM VICE PRINCIPAL
BURDWAN MEDICAL COLLEGE AND HOSPITAL
PURBA BARDHAMAN
Medical Superintendent cum Vice Principal
Burdwan Medical College & Hospital
Purba Bardhaman

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SWARNENDU GHOSH
(Name of student pharmacist)
son of / daughter of ALOKE GHOSH residing at RUPPUR, TIN
SANKO MORE, KANDI, MURSHIDABAD who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 05/06/23

Verid Ac
5/6

[Signature]
The Head of Institution
Prof. (Dr.) Saimra Kumar Sainanda
M. Pharm., Ph.D (J.U.)
Principal
Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

SWARNENDU GHOSH
(Name of the Student Pharmacist)
SUMAN DUTTA. of KANDI SUB-DIVISION HOSPITAL
(Name of the Institution) (Hospital or Pharmacy)
Name of the Apprentice Master

I, Suman Dutta, the Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my
training.

Swarnendu Ghosh
(Student Pharmacist)

SECTION III

SUMAN DUTTA. accept
(Name of the Apprentice Master)
SWARNENDU GHOSH as a
(Name of the student pharmacist)

training and I agree to give him / her training facilities in my organization so that during his / her training he / she may
acquire:

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in -
 - Stocking of Drugs and Medical Devices
 - Inventory control procedures
 - Handling of prescriptions
 - Dispensing
 - Patient counseling

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



[Signature]
Prof. (Dr.) Saimra Kumar Sainanda
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Suman Dutta.
(Apprentice Master)
(Name & address of the Institution)
Reg NO-A-9078.
Pharmacist
Kandi S.D. Hospital
Murshidabad

SECTION IV

I certify that SWARNENDU GHOSH had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

(The Head of ~~Superintendent~~ practical training)

Kandi S. D. Hospital, MSD

SECTION V

I certify that SWARNENDU GHOSH has

(Name of student pharmacists)

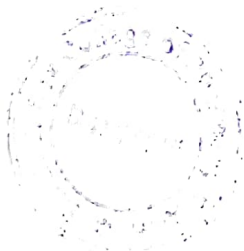
completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 3-8-23

Subhadra
3/8

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Samir Kumar Samanta
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SUBHADEEP DANDAPAT

(Name of student pharmacist)

Son of /daughter of SANATAN DANDAPAT residing at BHALUCKKUNDU,
KORASIA, PASCHIM MEDINIPUR who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 05/06/2023

Handwritten signature
STB

Handwritten signature
The Head of Institution
Principal
M. Pharm., Ph.D (J.U.)

SECTION II

SUBHADEEP DANDAPAT

(Name of the Student Pharmacist)

Atish Kr Dhauria of MIDNAPORE MEDICAL COLLEGE & HOSPITAL

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training

19/6/23

Subhadeep Dandapat
(Student Pharmacist)

SECTION III

Atish Kr Dhauria accept

(Name of the Apprentice Master)

SUBHADEEP DANDAPAT at a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

19/6/23

Handwritten signature
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. D. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

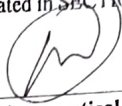
Atish Kr Dhauria
A-1661
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Midnapore Medical College & Hospital
Paschim Medinipur.

I certify that SUBHADEEP DANDAPAT SECTION IV had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

24/7/23


(The Head of Institution imparting practical training)
Additional Medical Superintendent
Mirzapur Medical College & Hospital
Paschim Medinipur

SECTION V

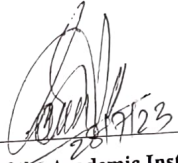
I certify that SUBHADEEP DANDAPAT has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


Date: 04/08/2023

Subha Ac
2/8


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SANJIB GHOSH
(Name of student pharmacist)
son of /daughter of DEBABRATA GHOSH residing at VILL-BAZAR
PURBA BARDHAMAN who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 05/06/23

*Mail to
5/6*

[Signature]
5/6/23
The Head of Institution,
Practical Training
M. Pharm., Ph.D (J.U.)
Principal
Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal accept

SECTION II

SANJIB GHOSH
(Name of the Student Pharmacist)
SUMAN DUTTA of KANDI SUB-DIVISION HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Sanjib Ghosh
(Student Pharmacist)

SECTION III

SUMAN DUTTA accept
(Name of the Apprentice Master)

SANJIB GHOSH as a
(Name of the student pharmacist)
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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Sanjay Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Suman Dutta
(Apprentice Master)
(Name & address of the Institution)
Reg. No - A - 9078.
Pharmacist
Kandi S.D. Hospital
Mursidabad

I certify that SANJIB GHOSH SECTION IV has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

(The Head of Institution Imparting practical training)

Superintendent
Kandi S. D. Hospital, MSD

SECTION V

I certify that SANJIB GHOSH has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 3-8-23

Substantive
AC
3/8

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Samir Kumar Samanta
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



OFFICE OF THE MEDICAL SUPERINTENDENT CUM VICE PRINCIPAL
PRAFULLA CHANDRA SEN GOVT MEDICAL COLLEGE & HOSPITAL
Arambagh, Hooghly, PIN- 712601
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

www.pcsgmch.ac.in

Ph: 03211-255095

Email: msvp.pcsgmch@gmail.com

To Whom it may Concern

This is to certify that **Subir Maity**, Pharmacist (B.Pharm) (3rd Year)(reg. no 211890201910090 of 2021-'22), student of Dr. B.C. Roy College of Pharmacy & AHS, Durgapur, W.B, has satisfactory performed his hospital training (Pharmacist) since **20/12/2023** to **24/01/2024 (150 Hours)** at this establishment.

I wish him all the best for him future endeavour.

Medical Superintendent cum Vice Principal
Prafulla Chandra Sen Govt. Medical College & Hospital
Arambagh, Hooghly



Prof. (Dr.) **Subir Kumar Sainanta**
(M. Pharm., Ph.D (J.U.))
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal



OFFICE OF THE MEDICAL SUPERINTENDENT CUM VICE PRINCIPAL
PRAFULLA CHANDRA SEN GOVT MEDICAL COLLEGE & HOSPITAL
Arambagh, Hooghly, PIN- 712601
DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

www.pcsgmch.ac.in

Ph: 03211-255095

Email: msvp.pcsgmch@gmail.com



Dr. B. C. Roy College of Pharmacy
Durgapur, W.B. - 713005

Prof. Dr. **Kumar Smanta**
M. Pharm, Ph.D (U.U.)
Principal, D.C. & H.S.

To Whom it may Concern

This is to certify that **Debsen Mallik**, Pharmacist (B.Pharm) (3rd Year)(reg. no 211890201910073 of 2021-'22), student of Dr. B.C. Roy College of Pharmacy & AHS, Durgapur, W.B, has satisfactorily performed his hospital training (Pharmacist) since **21/12/2023 to 25/01/2024 (150 Hours)** at this establishment.

I wish him all the best for his future endeavour.

Medical Superintendent cum Vice Principal
Prafulla Chandra Sen Govt. Medical College & Hospital
Arambagh, Hooghly

Dr. B. C. Roy Medical College & Hospital
Arambagh, Hooghly

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SUPRIYO SHYAM

(Name of student pharmacist)

son of /daughter of NIRANTAN SHYAM residing at VILL - KHAIRASOLE
P.O - BIDHANNAGAR, P.S - NTPS, DIST - PASCHIM BURDWAN who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 12/06/2023

Prof. (Dr.) Samir Kumar Samanta
M. Imparting practical training

SECTION II

I SUPRIYO SHYAM

(Name of the Student Pharmacist)

Biplab Mistry

(Name of the Apprentice Master)

of DURGAPUR SUBDIVISION HOSPITAL

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

(Student Pharmacist)

SECTION III

I SUPRIYO SHYAM Biplab Mistry accept

(Name of the Apprentice Master)

Supriyo Shyam

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Biplab Mistry
(Apprentice Master)

(Name & address of Pharmacist)

Panagarh B.P.H.C.
Panagarh Bazar, Burdwan

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION IV

I certify that SUPRIYO SHYAM had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 month in accordance with the details enumerated in SECTION III.



Diplo 06-08/23
(The Head of Institution imparting practical training)
Principal
Durgapur

SECTION V

I certify that SUPRIYO SHYAM has

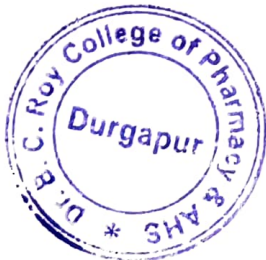
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 12-10-23
Subrata Ac
NTP

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206



[Signature]
Prof. (Dr.) S. Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Souvik Ghorai

(Name of student pharmacist)

son of/daughter of Chandan Ghorai residing at Villa PO-Paramanan datur, Moyna, 721644, Purba Medinipur

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 8-11-23

Vaid AZ

[Signature]
The Head of Institution
Imparting practical training

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

I, Souvik Ghorai

(Name of the Student Pharmacist)

Amal Kumar Manna of Garh Moyna BPHC

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Souvik Ghorai
(Student Pharmacist)

SECTION III

I, Amal Kumar Manna accept

(Name of the Apprentice Master)

Souvik Ghorai as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Signature]
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Garh Moyna B.P.H.C
PO - Moyna Purba Medinipur

SECTION IV

I certify that Souvik Ghorai had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

(The Head of Institution imparting practical training)
Block Medical Officer of Health
Gan Mohana B.P.H.O.
Moyna :: Purba Medinipur

SECTION V

I certify that Souvik Ghorai has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

Handwritten signature
Horizon

Handwritten signature

(Head of the Academic Institution)

Dr. S. C. Das
Block Medical Officer of Health
Gan Mohana B.P.H.O.
Moyna, Purba Medinipur
West Bengal-753206



Handwritten signature

Prof. (Dr.) Anil Kumar Samanta
M. Pharm., F. D. (J.U.)

Dr. B. C. Roy College of Pharmacy
Durgapur, West Bengal

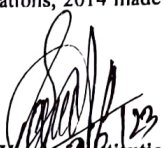
[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to UMASANKAR BANERJEE
(Name of student pharmacist)

son of /daughter of GOURISANKAR BANERJEE residing at JHAKRA
CHANDRAKONA TOWN, PASCHIM MEDINIPUR who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 09/06/2023


The Head of Institution
Imparting practical training

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

SECTION II

I UMASANKAR BANERJEE
(Name of the Student Pharmacist)

Prof. (Dr.) Samir Kumar Samanta accept
Principal, AHS
Durgapur, West Bengal-713206

UMASANKAR BANERJEE of CHANDRAKONA RURAL HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Umasankar Banerjee
(Student Pharmacist)

SECTION III

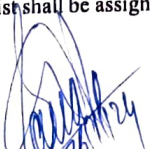
I, Tapan Kumar Koley accept
(Name of the Apprentice Master)

Umasankar Banerjee as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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


Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Tapan Kumar Koley
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Chandrakona Rural Hospital
Chandrakona
Paschim Medinipur
Reg. No. A-1607
28/7/23

SECTION IV

I certify that UMASANKAR BANERJEE had / has

(Name of student pharmacists)

undergone 150 hours training spread over _____ months in accordance with the details enumerated in SECTION III.

(The Head of Institution Imparting practical training)

Block Medical Officer of Health
Chandrakona Rural Hospital
Chandrakona
Paschim Medinipur

SECTION V

I certify that UMASANKAR BANERJEE has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to TUFAN GHOSH
(Name of student pharmacist)

son of /daughter of KINKOR GHOSH residing at HAZRA, KANKOBATI,
PASCHIM MEDINIPUR who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations - 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 09/06/2023

Vin AK
9/6

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

SECTION II

I TUFAN GHOSH accept
(Name of the Student Pharmacist)

[Signature]
[Name] accept
[Address] 713200

of CHANDRAKONA RURAL HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Tufan Ghosh
(Student Pharmacist)

SECTION III

I, Tapan Kumar Koley accept
(Name of the Apprentice Master)

Tufan Ghosh as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Tapan Kumar Koley
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Chandrakona Rural Hospital,
Chandrakona
Paschim Medinipur
Reg. No. A-1605
28/07/2023

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to ANINDA DAS
(Name of student pharmacist)

son of /daughter of ASWINI DAS residing at NANDABARI,
LOWADA, PASCHIM MEDINIPUR who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 09.06.2023

Vinil K
9/6

[Signature]
The Head of Institution
Imparting practical training

SECTION II

I, ANINDA DAS accept
(Name of the Student Pharmacist)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

HARIPADA PATRA of DEBRA SUPER SPECIALITY HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Aninda Das
(Student Pharmacist)

SECTION III

I, HARIPADA PATRA accept
(Name of the Apprentice Master)

ANINDA DAS as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
West Bengal-713206

Haripada Patra
(Apprentice Master)
(Name & address of the Institution)
DEBRA S.S. HOSPITAL
DEBRA, PASCHIM MEDINIPUR
19/06/23

I certify that ANINDA DAS had / has

SECTION IV

(Name of student pharmacists)

undergone 150 hours training spread over _____ months in accordance with the details enumerated in SECTION III.

19/11/2023
(The Head of Institution ^{Supervising Practical training})
Debra Super Speciality Hospital
Paschim Medinipur

SECTION V

I certify that ANINDA DAS has

(Name of student pharmacists)

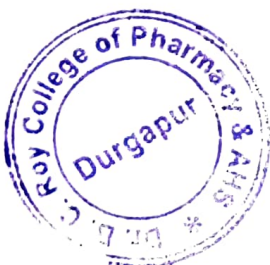
completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 12.10.2023

Chand Ar
MTD

12/10/23
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Samir Kumar Samanta
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION I

This form has been issued to

SOUVIK SAHA

(Name of student pharmacist)

son of/daughter of

SUDPV CHANDRA SAHA

residing at

VILL: KURCHUNDI

POST: BIRBHUM

who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section

10 of the Pharmacy Act, 1948

Date:

01/12/2023

V. 1 / Sc
11/12/23

Head of the Academic Institution

SECTION II

SOUVIK SAHA

(Name of the Student Pharmacist)

SOUMITRA BHATTACHARYAY

of

BOLPUR SUB-DIVISION HOSPITAL

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him/her during the entire period of my training

Souvik Saha
(Student Pharmacist)

SECTION III

SOUMITRA BHATTACHARYAY

accept

(Name of the Apprentice Master)

SOUVIK SAHA

as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organization so that during his/her training he/she may acquire

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in -
 - Stocking of Drugs and Medical Devices
 - Inventory control procedures
 - Handling of prescriptions
 - Dispensing
 - Patient counseling

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

Soumitra Bhattacharyay
(A-1183)
(Apprentice Master)
(Name & address of the Institution)



M. Ph.D. (J.U.)
Principal
West Bengal College of Pharmacy & AHS
Bolpur - 733006

PHARM
Bolpur S.D
Bolpur, P
Govt. of We

SECTION IV

I certify that SOUVIK SAHA had / has

(Name of student pharmacists)

undergone 150 hours training spread over months in accordance with the details enumerated in SECTION III.

Sanda

(The Head of Institution imparting practical training)
Superintendent
Bolpur S.D.Hospital
Bolpur, Birbhum

SECTION V

I certify that SOUVIK SAHA has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

Dr. B. C. Roy
18/4/24

Samir Kumar Samanta
18/4/24

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Samir Kumar Samanta

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SUBIR MAITY
(Name of student pharmacist)

son of/daughter of SUSANTA MAITY residing at ICHAPUR, MAYAL-BANDIPUR, KHANAKUL, HOOGHLY who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 7-11-20

Subir Maity

Prof. (Dr.) Samita Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal.

Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

I, SUBIR MAITY accept

(Name of the Student Pharmacist)

MONALISA DAS of PRAFULLA CHANDRA SEN GOVT. MEDICAL COLLEGE & HOSPITAL
(Name of the Apprentice Master) (Name of the Institution) (Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Subir Maity
(Student Pharmacist)

SECTION III

I, MONALISA DAS accept

(Name of the Apprentice Master)

SUBIR MAITY as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Monalisa Das
Reg. no - A - 11867

(Apprentice Master)
(Name & address of the Institution)

PHARMACIST
P. C. Sen Govt. Medical College & Hospital
Arambagh, Hooghly



Prof. (Dr.) Samita Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

I certify that SUBIR MATTY SECTION IV _____ had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

[Signature]

(The Head of Institution imparting practical training)

M.S.V.P.
P.C. Sen Govt. Medical College & Hospital
Arambagh-Hooghly

SECTION V

I certify that SUBIR MATTY _____ has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:

[Signature]

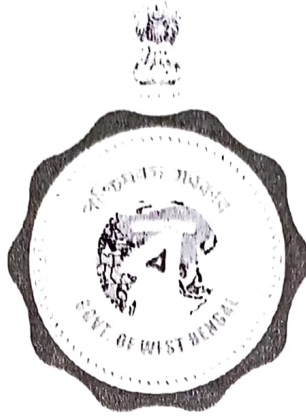
(Head of the Academic Institution)

[Handwritten signature]
12/08/24

Dr. M. G. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206
Principal



[Signature]
Prof. (Dr.) *[Name]* Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



GOVERNMENT OF WEST BENGAL

Office of The Superintendent

Egra Sub-divisional Hospital and Egra Super Speciality Hospital

Egra, Purba Medinipur. Pin-721429

TO WHOM IT MAY CONCERN

Certified that **SURAJIT PANDA**, University Roll no **18901921059**, Registration no - **211890201910028** of 2021-22, student of **BACHELOR OF PHARMACEUTICAL TECHNOLOGY, 3rd YEAR, 6th SEMESTER** of **DR. B. C. ROY COLLEGE OF PHARMACY AND ALLIED HEALTH SCIENCES, BIDHANNAGAR, DURGAPUR, PIN - 713206** has attended and performed **150 hours (One fifty hours)** of the practical training in hospital pharmacy practice commencing from **10.01.2024 to 10.02.2024** (except Sundays and Government holidays) **over One month** at this hospital **vide rule 7(A), chapter II of B. Pharm course regulation 2014 of Pharmacy Council of India.**

He completed the training successfully. His performance was satisfactory all along

Six Anwar Hassan.

Master of Apprentice / Registered pharmacist

Egra SDH / Egra SSH

Purba Medinipur

10.02.24
Reg. no: A-9596
Pharmacist,
Egra Sub-Divisional Hospital
Egra Purba Medinipur

Superintendent

Egra SDH / Egra SSH

Purba Medinipur

10/02/24
Superintendent
Egra Sub-Divisional Hospital
Egra * Purba Medinipur



[Signature]
Prof. (Dr.) *Sachin Kumar Samanta*
M. Pharm., Ph.D (J.U.)

Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal, 713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to DEBSEN MALLIK
(Name of student pharmacist)

son of/daughter of AMITAVA MALLIK residing at MAVAL, MAVAL BANDIPUR, HOOGHLY, PIN - 712617 who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 7-11-23

[Signature]
Head of the Academic Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
P. C. Sen Govt. Medical College & Hospital
Durgapur, West Bengal - 713200

SECTION II

I, DEBSEN MALLIK
(Name of the Student Pharmacist)

SUSANTA KUMAR PANJA of PRAFULLA CHANDRA SEN GOVT. MEDICAL COLLEGE & HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

[Signature]
Debsen Mallik
(Student Pharmacist)

SECTION III

I, SUSANTA KUMAR PANJA accept
(Name of the Apprentice Master)

DEBSEN MALLIK as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

[Signature]
Susanta Kumar Panja
Reg No - A2931
(Apprentice Master)
(Name & address of the Institution)
PHARMACIST
P. C. Sen Govt. Medical College & Hospital
Arambagh, Hooghly




[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713200

SECTION IV

I certify that DEBSEN MALLIK had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.


M. S. V. P.
(The Head of Institution imparting ~~Practical Training~~ Practical Training at Medical College & Hospital
Arambagu, Hooghly


SECTION V

I certify that DEBSEN MALLIK has

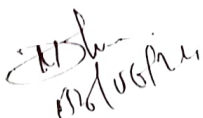
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


Date:


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206






Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to MEARAJ KHAN

(Name of student pharmacist)

son of/daughter of ABDUL KHALEK KHAN residing at GHOL

GHARIA, BENAPUR, KHARAGPUR who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 09/06/23

Vinil KZ
9/6

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Binit Kumar Samanta
M. Pharm. PhD (J.U.)

SECTION II

I MEARAJ KHAN

(Name of the Student Pharmacist)

Shashanka Sekhar Sahu of HITLI GRAMIN HOSPITAL, KGP-I,
PASCHIM MEDINIPUR

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

MEARAJ KHAN
(Student Pharmacist)

SECTION III

I Shashanka Sekhar Sahu, A2478 accept

(Name of the Apprentice Master)

MEARAJ KHAN as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

(Apprentice Master)
(Name & address of the Institution)



[Signature]
Prof. (Dr.) Binit Kumar Samanta
M. Pharm. PhD (J.U.)
Durgapur, West Bengal - 726005

SECTION IV

I certify that MEARAJ KHAN had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

B.M.O.H 15/07/2023

(The Head of Institution (In-parahospital training)
Hijli Co-operative, Kharagpur
Paschim Medinipur

SECTION V

I certify that MEARAJ KHAN has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 12-10-23

Smita Kc
12/10

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713208

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713208



[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to ARNAB MONDAL
(Name of student pharmacist)

son of / daughter of SUSANTA MONDAL residing at BAITAL, JOYPUR,
BANKURA, 722138 who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 08/06/2023

Vaibhava
8/6

[Signature]
The Head of Institution
Prof. (Dr.) Singu practical training
M. Pharm., Ph.D (J.U.)

SECTION II

I, ARNAB MONDAL
(Name of the Student Pharmacist)

SANKAR PRASAD DUTTA of BISHNUPUR DISTRICT HOSPITAL

(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Arnav Mondal
(Student Pharmacist)

SECTION III

I, SANKAR PRASAD DUTTA accept
(Name of the Apprentice Master)

ARNAB MONDAL as a
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organization so that during his /her training he /she may acquire:

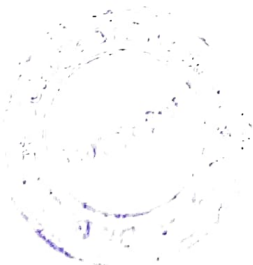
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Sankar Prasad Dutta
Regd. no. A-2012 (N.B.P.C)
(Apprentice Master)
(Name & address of the Institution)

Pharmacist (GDD)
Bishnupur District Hospital
Bankura

[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



SECTION IV

I certify that ARNAB MONDAL had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

(19/6/23 - 18/7/23)

[Signature]

(The Head of Institution imparting practical training)

SECTION V

I certify that ARNAB MONDAL has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 11/10/23

[Signature]
21/10

[Signature]

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to

ARPAN KUILA

(Name of student pharmacist)

son of /daughter of KARTICK CHANDRA KUILA residing at CHHISTIPUR
MANGALAMARO, PURBA MEDINIPUR who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 08/06/23

Handwritten signature
8/6

Handwritten signature
The Head of Institution
Prof. (Dr.) Sanku Kumar Somanta
M. Pharm., Ph.D (J.U.)
Durgapur, West Bengal - 713206

SECTION II

ARPAN KUILA

(Name of the Student Pharmacist)

Moloy Kr. De of Khandra (UKhra) R. Hospital

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Handwritten signature
Arpan Kuila
(Student Pharmacist)

SECTION III

I, MOLOY KR. DE accept

(Name of the Apprentice Master)

ARPAN KUILA

as a

(Name of the student pharmacist)

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 -

- 1) Stocking of Drugs and Medical Devices
- 2) Inventory control procedures
- 3) Handling of prescriptions
- 4) Dispensing
- 5) Patient counseling

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



Handwritten signature
Prof. (Dr.) Sanku Kumar Somanta
M. Pharm., Ph.D (J.U.)
Durgapur, West Bengal - 713206

Moloy Kr. De
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
KHANDRA (UKHRA) R.P.H.O
P. O. Khandra, Via-Uttam
Dist- Bardwan - 713363


SECTION IV

I certify that ARPAN KUILA had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

DT - 17.08.2023


Block Medical Officer of Health
(The Head of Institution implementing practical training)
Paschim Burdwan

SECTION V


I certify that ARPAN KUILA has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


Date: 8-9-23




(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to ANISH MONDAL.

(Name of student pharmacist)

son of/daughter of SATOSH KUMAR MONDAL residing at KALISARA
MATHPARA, RAMPURHAT, BIRBHUM who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 08/06/2023

Veil

[Signature]

The Head of Institution
Imparting practical training

Prof. (Dr.) Sanku Kumar Samanta
M. Pharm., Ph.D (J.U.)

SECTION II

ANISH MONDAL.

(Name of the Student Pharmacist)

MOLOY KR. DE of Khandra (U) R. Hospital,

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Anish Mondal
(Student Pharmacist)

SECTION III

MOLOY KR. DE accept

(Name of the Apprentice Master)

ANISH MONDAL. as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Moloy kr. De
(Apprentice Master)
(Name & address of the Institution)
Pharmacist

KHANDRA (UKHRA) B.P.H.O
P. O. Khandra, Via-Uttara
Dist-Burdwan 713363

[Signature]
Prof. (Dr.) Sanku Kumar Samanta
M. Pharm., Ph.D (J.U.)

Dr. S. C. ...
Durgapur, West Bengal



SECTION IV

I certify that ANISH MONDAL had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

01 - 17.08.2023

YC
Block Medical Officer of Health
(The Head of Institution for Practical Training)
Paschim Burdwan

SECTION V

I certify that ANISH MONDAL has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 8-9-23

AC
8/9

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to KOYEL NANDI
(Name of student pharmacist)

son of /daughter of DILIP KUMAR NANDI residing at KHARAGPUR,
PASCHIM MEDINIPUR who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 05/06/2023

Handwritten signature
7/1/23

Handwritten signature
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

I, KOYEL NANDI
(Name of the Student Pharmacist)

POULAMEE ACHARYA of KHARAGPUR SUB DIVISIONAL
HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Koyel Nandi
(Student Pharmacist)

SECTION III

I, POULAMEE ACHARYA accept
(Name of the Apprentice Master)

KOYEL NANDI as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

also source that a Registered Pharmacist shall be assigned for his /her guidance.



Handwritten signature
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Poulamee Acharya
Reg no A12409
(Apprentice Master) 21.07.23
(Name & address of the Institution)
Kharagpur S.D. Hospital
Paschim Medinipur

SECTION IV

I certify that KOYEL HANDE had / has

(Name of student pharmacists)

undergone 150 hours training spread over 01 (one) months in accordance with the details enumerated in SECTION III.

[Signature]
Pharmacist
(The Head of Institution for Practical training)
OPD, Kharagpur SD Hospital
Paschim Medinipur

SECTION V

I certify that KOYEL HANDE has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 8-9-23

[Signature]

[Signature]
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Signature]



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Sibam Roy
(Name of student pharmacist)

son of/daughter of Swapan Roy residing at vill- Kalmghat
P.O-Amarashi, Dist- Purba Medinipur who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 07/06/2023

Veil AC
7/6

[Signature]

The Head of Institution,
Supervising practical training
Prof. (Dr.) Subrata Banerjee
M. Pharm., Ph.D (J.U.)
Principal
Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

SECTION II

I, Sibam Roy
(Name of the Student Pharmacist)

SUBRATA DAS of Gonara B.P.H.C
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Sibam Roy
(Student Pharmacist)

SECTION III

I, Subrata Ban. accept
(Name of the Apprentice Master)

Sibam Roy as a
(Name of the student pharmacist)

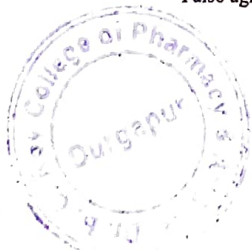
trainee and I agree to give him /her training facilities in my organization so that during his /her training he /she may acquire:

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Subrata Ban. Reg. No. -
A13969

PHARMACIST
(Apprentice Master)
(Name & address of the Institution)



Prof. (Dr.) Samir Kumar Samal
M. Pharm., Ph.D (J.U.)
Principal
Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

Gonara B.P.H.C
Gonara, manglamuro, Patash Pur - 1
Purba Medini Pur.

I certify that Sibam Roy SECTION IV _____ had / has
(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

[Signature]
(The Head of Institution / Medical Officer of Health)
Gonara B.P.H.C, P.O.-Manglamara
Patashpur-I, Dist.-Purba Medinipur

SECTION V

I certify that Sibam Roy _____ has
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 1-11-23

[Signature]

[Signature]

(Head of the Academic Institution)

Prof. (Dr.) Samit Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
Prof. (Dr.) Samit Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of E.R - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to MISTU BASULI
(Name of student pharmacist)

son of /daughter of MADHUSUDAN BASULI residing at GOBENDAPUR,
ONDA-722144, DISTRICT-BANKURA who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 07.06.2023

*Veril R
F/c*

[Signature]
The Head of Institution, Samanta
Preparating practical training
M. Pharm., Ph.D (J.U.)
Principal

SECTION II

MISTU BASULI
(Name of the Student Pharmacist)

Dr. P. C. Roy College of Pharmacy & AHS
Gurgapur, West Bengal, PIN-721001, 3206

Pravert K. R. Ramesh of ONDA SUPER SPECIALITY HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Mistu Basuli
(Student Pharmacist)

SECTION III

Pravert K. R. Ramesh accept
(Name of the Apprentice Master)

MISTU BASULI as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Pravert K. R. Ramesh
(Apprentice Master) 20/07/2023
(Name & address of the Institution)



[Signature]

ONDA SUPER
BANKURA

SECTION IV

I certify that Mistu Basuli had / has

(Name of student pharmacists)

undergone 150 hours training spread over months in accordance with the details enumerated in SECTION III.


(The Head of Institution Imparting practical training)

ONDA
BANKURA


SECTION V

I certify that Mistu Basuli has

(Name of student pharmacists)


completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date:


(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SANTANU DEY

(Name of student pharmacist)

son of /daughter of ANANDA DEY residing at VILL + P.O.

RANIBANDH, DIST. BANKURA who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 07/06/2023

Vinod K
7/6

[Signature]
The Head of Institution Samanta
Practising practical training.
M. Pharm, Ph.D (D.O.)
Principal
Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

SECTION II

I, SANTANU DEY

(Name of the Student Pharmacist)

of RANIBANDH BLOCK PRIMARY HEALTH CENTRE

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Santanu Dey
(Student Pharmacist)

SECTION III

I, ANANDA MOHAN MALLICK accept

(Name of the Apprentice Master)

SANTANU DEY as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



[Signature]

Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Mallik
19/7/23
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Ranibandh B.P.H.C
Ranibandh, Bankura

SECTION IV

I certify that Santanu Dey had / has
(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

W. B. Dey
19/7/23
(The Head of Institution Imparting practical training)

Rambanah BPHC
Rambanah Bankura

SECTION V

I certify that Santanu Dey has
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 19.07.2023

W. B. Dey
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. G. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

W. B. Dey
(Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal

Dr. B. G. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SHUBHAM KUMAR GIRI
(Name of student pharmacist)

son of/daughter of SHANTANU GIRI residing at vill- BAGHASOLA, KUNDAHIT
PO-KUNDAHIT, JAMTARA, JHARKHAND 815309 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 16/06/23

Verd AZ
16/6

[Signature]
Head of the Academic Institution
M. Pharm., Ph.D (J.U.)
Dr. B.C. Roy College of Pharmacy & AHS
accept *16/06/23*

SECTION II

I SHUBHAM KUMAR GIRI
(Name of the Student Pharmacist)
of RAMPURMAT GOVT. M CH
(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.
Shubham Kumar Giri
(Student Pharmacist)

SECTION III

I PARITOSH DAS accept
(Name of the Apprentice Master)
SHUBHAM KUMAR GIRI as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Paritosh Das
A-11007
(Apprentice Master)
Name of the Institution
Contingency Store
Rampurmat Govt. Medical College & Hospital



[Signature]
Dr. Sanjay Kumar Samanta
M. Pharm., Ph.D (J.U.)
Dr. B.C. Roy College of Pharmacy & AHS
accept *16/06/23*

SECTION IV

I certify that SHUBHAM KUMAR GIRI had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

21/8/23

(The Head of Institution imparting practical training)
Rampurhat Govt. Medical College & Hospital
Rampurhat, Birbhum
Pin:-731224

SECTION V

I certify that SHUBHAM KUMAR GIRI has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 11-10-23

Substituted
11/10

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

This form has been issued to ARPAN KUNDU SECTION I
(Name of student pharmacist)
son of/daughter of JADAB KUNDU residing at VILL-KRISHNAPUR
PO-MURADI, DIST-PURULIA, PIN-723156 who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948. *Veil AC*
9/6

Date: 09/06/23

[Signature]
The Head of Institution
Imparting practical training

Prof. (Dr.) Samit Kumar Samanta
M. Pharm., Ph.D (J.U.)

ARPAN KUNDU SECTION II
(Name of the Student Pharmacist)

[Signature] accept

Dr. S. K. Samanta
M. Pharm., Ph.D (J.U.)
E. No. 24, Sector 1, Bhubaneswar-751008

SUMODHUR BANERJEE of RAGHUNATHPUR SUPER SPECIALITY HOSPITAL
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Arpan Kundu
(Student Pharmacist)

SECTION III

I, SUMODHUR BANERJEE accept
(Name of the Apprentice Master)
ARPAN KUNDU as a
(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Samit Kumar Samanta
(Apprentice Master) 15/06/2023
(Name & address of the Institution)
Pharmacist
Raghunathpur SSG Hospital
Dist-Purulia



[Signature]
Prof. (Dr.) Samit Kumar Samanta
M. Pharm., Ph.D (J.U.)
E. No. 24, Sector 1, Bhubaneswar-751008

SECTION IV

I certify that ARPAN KUNDU had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

S.K.M.
19/8/2023

(The Head of Institution imparting practical training)
Superintendent

Raghunathpur SD/SS Hospital
Dist.- Purulia

SECTION V

I certify that ARPAN KUNDU has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 01/08/23

S.K.M.
19/8/23

S.K.M.
19/8/23

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



S.K.M.
19/8/23

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to BISWAJIT SINGHA
 (Name of student pharmacist)

son/daughter of AMAL KUMAR SINGHA residing at 238/A, ELECTRIC OFFICE ROAD, GOPALGANJ, BISHNUPUR, BANKURA who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 08/06/2023

Handwritten initials/signature

Handwritten signature
 The Head of Institution
 Imparting practical training
 Prof. (Dr.) Sankar Kumar Sainanito
 M. Pharm. Ph.D (J.U.)

SECTION II

BISWAJIT SINGHA
 (Name of the Student Pharmacist)

SANKAR PRASAD DUTTA of BISHNUPUR DISTRICT HOSPITAL
 (Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Handwritten signature
 Biswajit Singha
 (Student Pharmacist)

SECTION III

SANKAR PRASAD DUTTA accept
 (Name of the Apprentice Master)

BISWAJIT SINGHA as a
 (Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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



Handwritten signature
 Dr. Sankar Kumar Sainanito
 Ph.D (J.U.)
 Dr. B. C. Roy College of Pharmacy & AHS

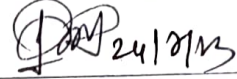
Handwritten signature
 Sankar Prasad Dutta
 Regd. no. A-2032 (W.B.P.C.)
 (Apprentice Master)
 (Name & address of the Institution)

I certify that BISWAJIT SINGHA SECTION IV had / has

(Name of student pharmacists)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

(19/6/23 - 18/7/23)



(The Head of Institution imparting practical training)

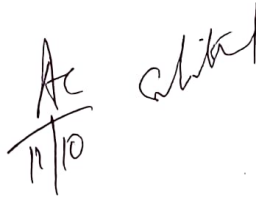
SECTION V

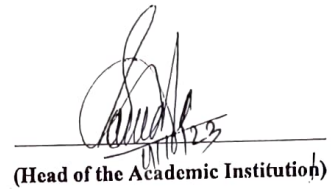
I certify that BISWAJIT SINGHA has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


Date: 11/10/2023




(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter - II, Regulation - 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SAYAN BASAK

(Name of student pharmacist)

son of/daughter of RADHANATH BASAK residing at DAKSHIN PARA NASARATPUR, PURBA BARDHAMAN-713519 who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 07.06.2023

Handwritten signature

Handwritten signature
The Head of Institution
Practical Training
in Pharmacy (S.S.)
accept

SECTION II

I, SAYAN BASAK

(Name of the Student Pharmacist)

of KALNA SUBDIVISIONAL AND SUPER SPECIALITY HOSPITAL
(Name of the Institution)(Hospital or Pharmacy)

(Name of the Apprentice Master)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Sayan Basak
(Student Pharmacist)

SECTION III

I, _____ accept

(Name of the Apprentice Master)

SAYAN BASAK

as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counselling

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

Sukanta Sen. A-3625

(Apprentice Master)

(Name & address of the Institution)

Pharmacist
Kalna S.D. & S.S. Hospital
Kalna, Purba Bardhaman

Handwritten signature

Dr. Sukanta Sen
M. Pharm., (Pharmacy)
Principal

B. B. P. College of Pharmacy
Durgapur, West Bengal





SECTION IV

I certify that Sayan Banak had / has

(Name of student pharmacists)

undergone 150 hours training spread over months in accordance with the details enumerated in SECTION III.

[Signature]
26/10/23

(The Head of Institution imparting practical training)
Superintendent

Kalna S.D. & S.S. Hospital
Kalna Purba Bardhaman

SECTION V

I certify that _____ has
(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 10-10-23

[Signature]
Ac
10/10
submitted

[Signature]
10/10/23
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
10/10/23

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to DIPENDU MAHATO
(Name of student pharmacist)
son of/daughter of HRIDAY RANJAN MAHATO residing at BAMUNJORA,
BARABAZAR, PURULIA (W.B) who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 07/06/2023

Vandana
7/6

[Signature]
The Head of Institution
Prof. (Dr.) Hemanta Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgam Chatterjee Road, Kolkata - 700 028

SECTION II

I DIPENDU MAHATO
(Name of the Student Pharmacist)
Hemanta Mondal of Deben mahato Gov. Medical college & Hospital
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training.

Dipendu Mahato
(Student Pharmacist)

SECTION III

I Hemanta Mondal accept
(Name of the Apprentice Master)
Dipendu Mahato, as a
(Name of the student pharmacist)
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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

Hemanta Mondal
(Apprentice Master) 20/7/23
(Name & address of the Institution)



[Signature]
Hemanta Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgam Chatterjee Road, Kolkata - 700 028

Hemanta Mondal
Pharmacist
Deben Mahato Govt. Medical
College & Hospital, Purulia.

SECTION IV

I certify that Dipendu Mahato had / has

(Name of student pharmacists)

undergone 150 hours training spread over months in accordance with the details enumerated in SECTION III.

16/08/23
(The Head of Institution imparting practical training)

**Dobea Mahato Government
Medical College & Hospital
PURULIA**

SECTION V

I certify that Dipendu Mahato has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 16/08/2023

16/08/23
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



16/08/23
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to RAHIT DAS

(Name of student pharmacist)

son of /daughter of RAJU DAS residing at BIBIGANJ,

MIDNAPORE, PASCHIM MEDINIPUR who has produced evidence before me

that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948.

Date: 02.06.2023

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

SECTION II

I, RAHIT DAS

(Name of the Student Pharmacist)

of MIDNAPORE MEDICAL COLLEGE AND HOSPITAL

(Name of the Apprentice Master)

(Name of the Institution)(Hospital or Pharmacy)

as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

[Signature]
(Student Pharmacist)

SECTION III

I, _____ accept

(Name of the Apprentice Master)

RAHIT DAS

as a

(Name of the student pharmacist)

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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - 4) Dispensing
 - 5) Patient counseling

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

(Apprentice Master)
(Name & address of the Institution)



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713256

SECTION IV

I certify that RAHIT DAS had / has

(Name of student pharmacists)

undergone 150 hours training spread over months in accordance with the details enumerated in SECTION III.

(The Head of Institution Imparting practical training)

SECTION V

I certify that RAHIT DAS has

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 10.10.2023

RAHIT DAS
10/10

[Signature]
10/10/23
(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Date: 22.07.2023

TO WHOM IT MAY CONCERN


This is to certify that Mr. Animesh Bera student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone his Training in the department of Pharmacy at The Mission Hospital, Durgapur from 19.06.2023 to 18.07.2023.

We wish him success in his future endeavors.

For The Mission Hospital,

Authorized Signatory




Prof. (Dr.) Sanku Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



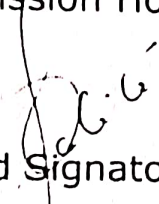
Date: 22.07.2023

TO WHOM IT MAY CONCERN

This is to certify that Ms. Nishu Roy student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone her Training in the department of Pharmacy at The Mission Hospital, Durgapur from 19.06.2023 to 18.07.2023.


We wish her success in her future endeavors.

For The Mission Hospital,


Authorized Signatory

Mrs. Lalita Sen Ghosh
AGM (HR)
The Mission Hospital
Durgapur, West Bengal




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



**MISSION
HOSPITAL**
DURGAPUR



Date: 22.07.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Somnath Mondal student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone his Training in the department of Pharmacy at The Mission Hospital, Durgapur from 19.06.2023 to 18.07.2023.

We wish him success in his future endeavors.

For The Mission Hospital,

Authorized Signatory



Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206



Date: 22.07.2023

TO WHOM IT MAY CONCERN

This is to certify that Mr. Sabyasachi Pati student of B.Pharm of Dr. B C Roy College of Pharmacy, Durgapur has undergone his Training in the department of Pharmacy at The Mission Hospital, Durgapur from 19.06.2023 to 18.07.2023.


We wish him success in his future endeavors.

For The Mission Hospital,


Authorized Signatory

Mrs. Lalita Sen Ghosh
AGM (HR)
The Mission Hospital
Durgapur, West Bengal




Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

The Mission Hospital, Durgapur | 219(P) Immon Kalyan Sarani, Sector-2C, Bidhan Nagar, Durgapur - 713212
P: 0343 2535555 | M: 9233355555 | F: 0343 2532550 | Email: hospital@themissionhospital.in | www.themissionhospital.com
Call: 9800881600 for free Ambulance within City Limits of Durgapur
A Unit of Durgapur Medical Centre Pvt. Ltd. CIN: U85110WB1987PTC042580