College



Ph. e-mail : (0343) 243 2678/79

: bcrcp_dgp@yahoo.co.in

: www.bcrcp.ac.in

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	
18901921019	MEGHNA BOWRA	Manbazar RH
	SAPTADIP SINHA BABU	BMC&H
	ARIJIT SINHAMAHAPATRA	Simlapal Block H
	SUBHAM PATRA	Simlapal Block H
	TO THE PARTY OF TH	BSMOHof. (Dr.) Sanai Sumar Samanto

M. Pharm., Ph.D (J.U.)

Principal

Durgapur, West Bengal-713206

ACCREDITED BY NAAC (B++) & NBA (FOR UG PHARMACY) [2023-2026]



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Approved by PCI & Affiliated to MAKAUT, WB and WBSCT&VE&SD 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	TGMÇH
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 RM
18901921067	SRINATH HALDAR	Taki RH
18901921068	MISTU BASULI	Onda SSPtof (Dr.)

Durgapur

M. Priarm., Ph.D (J.U.)

Dr. B. C. Roy College of Pharmacy & AHS

ACCREDITED BY NAAC (B++) & NBA (FOR UG PHARMACY) [2023-2026]

Dr. B.C. Roy College of Pharmacy and Allied Health Sciences



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18901921069	SANJIB GHOSH	Kandi SDH
18901921070	ARITRA SAMANTA	ММС&Н
18901921071	BUDDHADEV BHUNIA	ММС&Н
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	HijliGramin 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	Raghunathpur 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	вмс&н
18901921102	SHUBHAM KUMAR GIRI	RGMC&H
18901921103	RITESH RANJAN MAHATO	Mission Hospital
18901921104	SIBAM ROY	Gonara BPHC



Prof. (Dw) 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

Mis. Latta Sen Ghosh NGM 040

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





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 Stanatory

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

O Durgapur 22

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





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 pur-713212, West Bengal

O Durgapur &

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





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 Bengel

Oned of by One

Prof. (Dr.) Sanith 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

Mis. Lalita Sen Ghosh

The Mission Hospital Durgapur, West Bengal

S Chicago, C

Prof. (Dr. S. S. Domar Samanta M. Phanie, Ph. D. (J.U.)

Dr. B. C. Roy Civings 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





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

Wire Latita on Uhush Deputy General Manager-HRO The Mussion Hospital Durgapur-713212, West Genyal



Prof. (Dr.) Sant 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

2: 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





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 Pharmacyat 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

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

Durgapur, West bengal-7 13206





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

00 40 * 635

Prof. (Dr.) Barrur 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 Monalise	a Hembra	m
	(Name of student pharmac	cist)
son of /daughter of Muchirocm	Hembran	residing at Khanagpun
Paschim Medinipur,	721304	who has produced evidence before me
that he/she is entitled to receive the Practical Train	ning as set out in the Educa	ation Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	76/27	(a) [1] 152
Date: 07.06.2023		Impanting practical training J.U.)
	SECTION II	Dr. C.C. How Cathern of Pharmacy & AHS
Monalisa Hembra	n	During Alexandra accept 13208
(Name of the Student Pharmacist)		
Tammeriay Bhuma	of Midnapore	Medical College and Hospital
(Name of the Apprentice Master)	(Name of the	he Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training a	nd ourse to obey and resne	ect him /her during the entire period of my
as my Apprentice Master for the above training a	agree to ovey and respe	
training. 19/6/23		Monalisa Hembrach (Student Pharmacist)
		(Student 1 mm muoiss)
0.1	SECTION III	
(Name of the Appre		accept
Monalisa He	mbram	
(Name of the studen trainee and I agree to give him /her training faci acquire:	nt pharmacist) lities in my organization so	o that during his /her training he /she may
 Working knowledge of keeping of records rec Practical experience in - 	quired by the various Acts a	ffecting the profession of pharmacy; and
 Stocking of Drugs and Medical Devices 		•

Dispensing

2) Inventory control procedures Handling of prescriptions

3)

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

M. Pharm., Ph.D (J.U.) Principal

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

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

Widnapore Medical College & Hospital Paschim Medinipur.

SECTION IV had / has Monalisa Hembran (Name of student pharmacists) undergone 150 hours training spread over 10 months in accordance with the details enumerated in SECTION III. (The Head of Institution importing BREHeal training)
Additional Medical Supering & Hospital Midnapore Medical College & Hospital Paschim Medinipur SECTION V has Monalisa Hembroam I certify that (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. (Head of the Academic Institution) Prof. (Un.) Samir Yng ar Sa**man**ta M. Pharmad Jamas Y & AHS Prof. Samas Y & AHS Dr.B. C. Roy College Johnson 21 713206 Durgapur, West Lee Jal 713206

Durgapur)

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

(Tactical 11)	anning contains			
This form has been issued toSUL	SECTION I BHASTSH F	CARMAR	AR	
	(Name of student ph	armacist)		- 0
son of /daughter of	KARMAKAR	residing at	DHARENI	0/1
CHARAUDUR LL), PASCHIM M	EDINIPUR-72130	94 who has pro	oduced evidence b	octore the
that he/she is entitled to receive the Practical 7 10 of the Pharmacy Act, 1948. Value: 09/06/2023		The fie	ons, 2014 made und	
	SECTIONII	M. Pha	lamie Kumas Si err., Ph.D (J.)	۱.۱
SUBHASISH	KARMAKAR		Principal	accept
(Name of the Student Pharmacist)	ı	D	1	13200
PINALI RAMBAN JANA		ALPUR SUB	DIVISION	HOSPITAL
			(Hospital or Pharma	
(Name of the Apprentice Master)	•			
as my Apprentice Master for the above training	ng and agree to obey and	respect him /her du	iring the entire period	od or my
training.			Subhasis h	
			(Devidence)	,
	SECTION III			
PJNAKI RA	AMAE MACK			_accept
(Name of the Ap	oprentice Master)			
SUBHASISH		(AR		_as a
and the same of th		ion so that during	his /her training he	/she may
Working knowledge of keeping of records Practical experience in -	s required by the various	Acts affecting the pr	rofession of pharina	cy; and
Stocking of Drugs and Medical Dev	rices			
2) Inventory control procedures				
3) Handling of prescriptions				

a Registered Pharmacist shalf be assigned for his /her guidance.

Dispensing Patient counseling

Tof. (Dr.) Saldir Kumar Samar M. Pharm., Ph.D (J.U.)

Principal

(Name & addrespwalmacistion) Kharagpur S.D. Haspital Paschim Medinipur

Dr. B. C. Roy College of Pharmacy & AHS

SECTION IV

I certify the		
undergone	(Name of student pharmacists) 150 hours training spread over months in accordance with the	details enumerated in SECTION III.

(The Head of Institution importing praction wining) Kharagpur SD Hospital
Paschim Medinipur

SECTION V

SUB MASISH I certify that

KARMAKAR

(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 Sult /2

(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

Pharm., Ph.D (J.U.) rarmacy & AHS

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

(Name of student pharmacist) son of Adaughter of AMTT KUMAR BUG residing an Graph Post of Months and the Adaughter of AMTT KUMAR BUG residing an Graph Post of Months and the Adaughter of AMTT KUMAR BUG residing an Graph Post of Months and the Adaughter	This form has been issued to $AYON$ BVG
son of /daughter of AMIT KUMAR BUG residing at Group Posts Montposed Dung Copus 1 Posts of the Amit horshe 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: 8/06/2023 The Read Pharmacy Act, 1948. Date: 8/06/2023 The Read Pharmacy Act, 1948. Date: 8/06/2023 The Read Pharmacy Act, 1948. SECTION II AYON BUG (Name of the Student Pharmacist) SECTION II AYON BUG (Name of the Apprentice Master) AYON BUG (Name of the Apprentice Master) AYON BUG (Student Pharmacist) training. AYON BUG (Name of the Apprentice Master) AYON BUG (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. 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. (Name a address of mile Reflection) Panagarin B.P.H.C. Panagarin Bazar, Burdwan	
that he/she is entitled to receive the Practical Training as ect out in the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. Date: 8 / 0 C / 2 02 3 The Mad Dishikithtion Imparting practical training Prof. (Dr.) 8 milent Pharmacy Act, 1948. SECTION II A YO N BUG (Name of the Student Pharmacist) Converted that Apprentice Master) (Name of the Apprentice Master) (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. SECTION III SECTION III A YON BUG (Name of the Apprentice Master) A YON BUG (Student Pharmacky) 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: 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy, and Practical experience in: 1) Stocking of Drugs and Medical Devices 2) Inventory control procedures 3) Handling of prescriptions 4) Dispensing 5) Patient counseling 1 also agree that a Registered Pharmacist shall be assigned for his /her guidance. Panagarh Be.P.H.C. Panagarh Bezar, Burdwen	
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Date: 8/06/2023 The field of listitution lumparing practical training prof. (Da.) Shahil Rulmar shamaria SECTION II AYON BUG (Name of the Student Pharmacist) SECTION III (Name of the Apprentice Master) (Name of the Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training. (Name of the Apprentice Master) AYON BUG (Student Pharmacist) training and 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. (Name & address III file Righthoton) Panagari B.P.H.C. Panagari B.P.H.C. Panagari B.P.H.C. Panagari B.P.H.C. Panagari B.P.H.C.	
Name of the Student Pharmacist) I SECTION II I SECTION III I SE	Date: 8/06/2023 The Mead of Institution
(Name of the Student Pharmacist) (Name of the Apprentice Master) (Name of the Student Pharmacist) (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: 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 1 also agree that a Registered Pharmacist shall be assigned for his /her guidance. (Name & Agragarh B.P.H.C. Panagarh Bazar, Burdwan)	1 01
(Name of the Student Pharmacist) Rights Mishey of Anagem has Pair 13206 (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. SECTION III SECTION III Agree (Name of the Apprentice Master) (Name of the student pharmacist) trainine 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. (Name & address of the B.P.H.C. Panagarh Bazar, Burdwan)	SECTION II M. Pharm., Ph.D (J.U.)
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(Name of the Apprentice Master) A YON BUCT 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. (Name & address of all fills in thion) Panagarh B.P.H.C. Panagarh Bazar, Burdwan	training.
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Talso agree that a Registered Pharmacist shall be assigned for his /her guidance. (Name & address of file flishibition) Panagarh B.P.H.C. Panagarh Bazar, Burdwan	3) Handling of prescriptions
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(Apprentice Master) (Apprentice Master) (Name & address of fill fills filtition) Panagarh B.P.H.C. Panagarh Bazar, Burdwan	y
Prof. (Ur.) Same Samania M. Pharm., Ph.D (J.U.) M. Pharm., Ph.D (J.U.) Principal Dr. B. C. Poy College of Pharmacy & AHS 236	(Apprentice Master) (Name & address of fill fills in bition) Panagarh B.P.H.C. Panagarh Bazar, Burdwan M. Pharm., Ph.D (J.U.)

I certify that	ANMA	SECTIONIV	had / ha
rectify that	1//0//	1200	nau / na
	(Name o	f student pharmacists)	
undergone 150 ho	ours training spread over 👤	monthy in accordance wit	h the details enumerated in SECTION III.
	C. H. Park		offinstitution imparting practical training) Posseguin 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
l certify that	MOVA	BUG	has
	(Name of studen	nt 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: 29-8-13 Mth

(Head of the Academic Institution)

PFOF. (Dr.) Samir 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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Government of West Bengal

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

E-mail: principalars<u>ne d s</u>mail.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.



Dr. B. C. Roy College of Frammacy & 2000 Duragour, West Bengal-713266 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 DUIT	t A	
	(Name of student pharma	cist)	
son of /daugitter of BIMAL	KUMAR DUTTA	residing at PAHART PUR,	
MIDNAPORE , P	ASCHIM MEDINIPUR	who has produced evidence before in	С
that he/she is entitled to receive the	Practical Training as set out in the Educ	ation Regulations, 2014 made under section	n
10 of the Pharmacy Act, 1948.	Veil STO		
Date: 05.06.2023		Prof. (D.) Samue Kuma Samuel.	à - -
	SECTION II SOUTTA	Dr. B.C. Roy Colors of Prostmackobi Durgapes 1995	
(Name of the Student P	unia of MIDNAPO	RE MEDICALCOLLEGE AR	ND HUSPITA
(i : ic (if the Apprentice Master)		the Institution)(Hospital or Phanacy)	
E. my Apprentice Mester for the ab	ove training and agree to obey and response	ect him /her during the entire garned of my	
training.		Soham Ditte	
,		(Student Pharmacist)	
	SECTION III		
1. Alikh Rr (Nam	c of the Apprentice Master)	ascept	
	SOHAM DUITA	au a	
trainee and I agree to give him /he	e of the student pharmacist) r training facilities in my organization s	so that during his /her training he /she may	1
acquire:		offeeting the profession of phermacy; and	

Weaking knowledge of keeping of records required by the various Acts affecting the profession of phermacy; and

Practical experience in -

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

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

(Apprentice Master)

(Name & address of images stution) thidnapore Medical College & Hospital Paschim Medinipur,

ron (Dr.) Saimr Kumar San a M. Pharm., Ph.D (J.U.) Principal

	SECTION IV		
I certify tha	SOHAM DUTTA	had / has	
undergone	(Name of student pharmacists) 150 hours training spread over 150 months in accordance with the de		
24/7	() He House of	ution imparting practical training) dditional Modical Superintendent napore Modical College & Hospital Paschim Medinipur	
SECTION V			
I certify th	SOHAM DUTTA	has	
completed under sec	(Name of student pharmacists) I in all respect his practical training under regulation 7 of Chapter - II of tion 10 of the Pharmacy Act, 1948. He had his practical training in a	of the Education Regulations, 2014 made in Institution approved by the Pharmacy	
Council o	4/08/23 CMM AC	AND AND A SECTION	
	·	(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 Samanic

Durgapur, mulii ji ir ruzus. Durgapur, mulii ji ir ruzus.

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

This form has been issued to ANKAN BANERTEE	
Alarma of student uburmori	st)
son of /daughter of ASHOKE BANERJEE	residing at WILTRO-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 Educat	ion Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	Carry 1 12 12 12 12 12 12 12 12 12 12 12 12 1
Date: 05.06.2028	Prof. (Per) Samir Etemar Samauta
	M. Pharm., Ph.D (J.U.)
ANKAN BANERJEE	Dr. B.C. Roy College of Pharmacy & AHS
(Name of the Student Pharmacist)	•
(Name of the Student Pharmacist) Alikh Kr. Dhaur'a or MIDNAPORE	WEDICAL COLLEGE AND HOSTING
(Name of the Apprentice Master) (Na.ne of the	e Institution)(Hospital or Physical y)
are my Apprentice Master for the above training and agree to obey and respec	t him /her during the entire of d of my
as my Approacted Master to: the above duming and agree	
1916, V3	Ankon Bomenjee, (Student Pharmacist)
19.6.23	Ankon Bomenjee, (Student Pharmacist)
19.6.23 SECTION III	Ankon Bomerice, (Student Pharmacist)
SECTION III	(Student Pharmacist)
SECTION III Alish Ky Mauria (Name of the Apprentice Master)	(Student Pharmacist)
SECTION III Atish Kr Mauria (Name of the Apprentice Master) Away Bowerjel	acceptas a
SECTION III A HAW W Mauria (Name of the Apprentice Master) (Name of the student pharmacist) (Name of the student pharmacist) trained and I agree to give him /her training facilities in my organization so	acceptas a that during his /her training he /she may
SECTION III A HAW W Mauria (Name of the Apprentice Master) (Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organization so acquire: 1. Working knowledge of keeping of records required by the various Acts after the practical experience in -	acceptas a that during his /her training he /she may
Name of the Apprentice Master) (Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organization so acquire: 1. Working knowledge of keeping of records required by the various Acts af Practical experience in- 1) Stocking of Drugs and Medical Devices	acceptas a that during his /her training he /she may
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Name of the Apprentice Master) (Name of the Apprentice Master) (Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organization so acquire: 1. Working knowledge of keeping of records required by the various Acts after Practical experience in - 1) Stocking of Drugs and Medical Devices 2) Inventory control procedures 3) Handling of prescriptions 4) Dispension;	acceptas a that during his /her training he /she may fecting the profession of phus lacy; and
Name of the Apprentice Master) (Name of the Apprentice Master) (Name of the student pharmacist) trained and I agree to give him /her training facilities in my organization so acquire: 1. Working knowledge of keeping of records required by the various Acts after Practical experience in- 1) Stocking of Drugs and Medical Devices 2) Inventory control procedures 3) Handling of prescriptions 4) Dispension; 5) Patient counseling	acceptas a that during his /her training he /she may fecting the profession of phus lacy; and
Name of the Apprentice Master) (Name of the Apprentice Master) (Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organization so acquire: 1. Working knowledge of keeping of records required by the various Acts after Practical experience in - 1) Stocking of Drugs and Medical Devices 2) Inventory control procedures 3) Handling of prescriptions 4) Dispension;	that during his /her training he /she may fecting the profession of phur lacy; and ce. A Rich Kar DRaurin. A - 1661
Name of the Apprentice Master) (Name of the Apprentice Master) (Name of the student pharmacist) trained and I agree to give him /her training facilities in my organization so acquire: 1. Working knowledge of keeping of records required by the various Acts after Practical experience in- 1) Stocking of Drugs and Medical Devices 2) Inventory control procedures 3) Handling of prescriptions 4) Dispension; 5) Patient counseling	that during his /her training he /she may fecting the profession of phur racy; and

M. Pharm., Ph.D (J.U.)

Principal

Pr. R. C. Roy College - 15 broader & AMS

SECTION IV	
1 certify that Ankon Benerile	had / has
(Name of student pharmacists)	
undergone 150 hours training spread over 11 months in accordance with the c	
·	itution imparting practical training) dditional Medical Superintendent Inaporn Medical College & Hospital Paschim Medinlour
SECTION V	
I certify that Ankan Bonerjel	has
(Name of student pharmacists)	
completed in all respect his practical training under regulation 7 of Chapter - II under section 10 of the Pharmacy Act, 1948. He had his practical training in Council of India.	of the Education Regulations, 2014 made an Institution approved by the Pharmacy
Date: 04/08/23 At AZ ((Head of the Academic Tustitution)

Prof. (Dr.) Samir 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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CENTRE

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

This form has been issued to	DEEPANO	CTION I JAN K	ESH.	
		ne of student pha		
son of /daughter ofPARF	MESHWAR	KESH	residing at_	DIGHAL GRAM.
Japa Mall , Meji	A BANKURA	2 72214	3_ who has pr	roduced evidence before me
that he/she is entitled to receive the				
10 of the Pharmacy Act, 1948. Date: 08 /06/2023	Visit !	5/6		123 arous samanta
mat. 00 /00/2			Prof. (inpart	ing practical trouble)
DEE.		FSH	C. C. C. C.	Principal entrace & AHS
(Name of the Student	Pharmacist)			
Biplab Mish	eu of	PANAGA	RH BLOC	K PRIMARY HEALT
(Name of the Apprentice Master)				Hospital or Pharmacy)
as my Apprentice Master for the al	oove training and agree	to obey and res	pect him /her dur	ing the entire period of my
training.	ं ख	A		, ,
		` w ,		Deepanjan Kesh (Student Pharmacist)
ı	eplah SECTI	Wy Fr	7	accept
(Name	e of the Apprentice Mass	ter))	
D	EEPANJAN	KESH		as a
	e of the student pharmac			

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.

(Name & address of the Institution)

Pharmaciat

Panagarh B.P.H.C.

Panagarh Bazar, Burdwan

Durgapur o

Picf (Dr.) Samir Kumar Samani History, Ph.D (J.U.)

Or. B. C. H. A. Sandara & AHS Durgapur, Walson Der Jahr 713206

I certify that DEPANJAN KESH 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) 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

Date: 29 8-73 MM NZ

(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

Ourgapur Pharma

rof. (Dr.) \$2

M. Pharm., (m. D)

Principal

Principal

Principal

(College Sengal-71/22/3)

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

SECTION I SAMANTA ARITRA This form has been issued to (Name of student pharmacist) residing at L-4/2, SARAT PALLY, SAMANTA ARIJIT son of /daughter of_ who has produced evidence before me MEDINIPUR PASCHIM MIDN APORE 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. Prof. (Ithd) M Jopparting practical (d. Ling Laie: 05.06.2023 Principal Dr. B.C. Roy Codes and Pharmack-SECTION II Durgapur, W. SAMANTA ARITRA (Name of the Student Pharmacist) of MIDNAPOR MEDICAL COLLEGE AND HOSPITAL Barun Disary (Name of the Institution)(Hospital or Plessaary) 'I lame of he Apprentice Master) as any Apprentice Master for the above training and agree to obey and respect him ther during the entire posted of my Aristoa gamante training. 19/6/23 (Student Fastmacist) SECTION III traince and I agree to give him /her training facilities in my organization so that during his /her training he /she may Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and ...:quire Practical experience in -1) Stocking of Drugs and Medical Devices Inventory control procedures Handling of prescriptions 3)

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

Dispensing
Patient counseling

M. Pharm., Ph.D (J.U.)

(Apprentice Master)

& address of the Hastington)

(Name & address of the Invitation)

Midnapore Medical College & Hospital

Paschim Medinipur.

I certify that	ARITRA	SECTION IV	had / has
undergone 150 hours to $24/H/3$	(Nar		e with the details enumerated in SECTION III. cad of Institution imparting practical training) Additional Medical Superintendent Midnapora Medical College & Hospital Paschim Medinipur
		SECTION V	
completed in all respect under section 10 of the Council of India. Date: 04,08.29	t his practical training Pharmacy Act, 19	Λ.	Chapter - II of the Education Regulations, 2014 mad training in an Institution approved by the Pharmac (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

Inof. (Dr.) Samir Kumar Samanu Senarm., Ph.D (J.U.) Temorpal Dr.B. C. Revision - Venemacy & AHS Eurgepst, new being art 13206

|Refer to Chapter - 11, Regulation - 7 of ER - 2014| Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SOUNYABRA	A SHMANIA
	f student pharmacist)
son of /daughter of SANKAR KUMAR SA	AMANTA residing at MURADPUR9
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.	
All	- (marin)/L
11 (10	A STATE OF THE STA
Date: 07/06/2023	Prof. imparting bractical training.
	M. Promate at
CALLAZA D DATA CANAA	NTA E DAME TO THE METERS OF THE PROPERTY OF TH
SUUMYABRATA SAME	II I E
(Name of the Student Pharmacist)	TOTOTOTAL LIFALTH DEATHER
of	NANDIGRAM HEALTH DISTRICT
(Name of the Apprentice Master)	(Name of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to	o obey and respect him /her during the entire period of my
training.	
•	Soumyabrata Samanti (Studenl Pharmacist)
, SECTIO	ON III
SK AMINU	L ISLAM MIAaccept
(Name of the Apprentice Mast	cr) .
SOUMYABRATA ST	AMNTA as a
(Name of the etudent pharmac	ist)
traince and I agree to give him /her training facilities in m	y organization so that during his /her training he /she may
acquire: 1. Working knowledge of keeping of records required by the second sec	he 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	
Dispensing Patient counseling	•
	for his ther guidance
Gelor Boc that a Registered Pharmacist shall be assigned to	
	(ADDICHUCCIALUSCIA DOUT & C
\ 3 \\.	(Name & address of the Institution)
urgapur) 👸	Pharmacist
1 2 11	

SOUMYABRATA SAMANTA

(Name of student pharmacists)

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

(The Head of Institution Imparting practical training) Superintendent Nandigram Super Speciality Hospital Purba Medinipur

SECTION V

SAMANTA SOUMYABRATA

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

Tate 29-8-73 Subtract AZ

(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

Legitify that

Dr. B. C. hoy Durgapur, West benguer 13233

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

Practical Training Contract Form For Pharmacists

This form has been issued to SANCHITA PATHAK	
(Name of student pha	
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 Ed 10 of the Pharmacy Act, 1948.	ducation Regulations, 2014 made under section
13.de: 07/06/2023	The Head of Institution Imparting practical training grants Prof. (17t.) Semilar 12 (J.U.)
SANCHITA PATHAK	CHA Place
	Del : 30 : 30 : 713200
(Name of the Student Pharmacist)	ALLAVPUR RURAL HOSPITAL
and the same of th	
(Maine of the representation)	of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and re-	spect him /her during the entire period of my
training.	
	Sanchita Pathak (Student Pharmacist)
SECTION III	
. Hemanta Kuman Hazza	2accept
(Name of the Apprentice Master) Sancheta Pathers	as a
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organization acquire:	n so that during his /her training he /she may
Werking knowledge of keeping of records required by the various Act Practical experience in -	s affecting the profession of pharmacy; and
1) Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	Homemta kumar Hanssa
5) Patient counseling	Reg M' A-5655
Latso agree that a Registered Pharmacist shall be assigned for his /her guid	(Apprentice Master) (Name & address of the Institution)
Burgagur (a)	Goal Pota, J.B. pur, Hours
(LU.)	Pharmacist JBpur RH

Dr. A. C. Poi Durgapor, ijest ber gar i 12206

Le stify that Samehita	TION IN had/has
(Name of student undergone 150 hours training spread over $\frac{one}{m}$ months in	pharmacists) n accordance with the details enumerated in SECTION III.
	(The Head of Institution imparting practical Aramoing) Block Medicular Rural Hospital Jagatballavpur Rural Hospital
SEC	TTION V
1 control	has
under section 10 of the Phatmacy Act, 17 to	ists) ation 7 of Chapter - II of the Education Regulations, 2014 made s practical training in an Institution approved by the Pharmacy
Council of India.	//>

(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 or R. C. Roy College of Pharmacy & AHS

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.

Principal B.S.Medical College, Bankura

> Prescipal B.S. Medical College Bankura

Ourgapur se

Proce / Or 1 Samir Kumar Samanta Ph.D (J.U.) Ph.D (J.U.)

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

Onidabin to

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



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: 6000/2023

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.

CIPIANO DE LA CONTRACTOR DE LA CONTRACTO

and a sound

Durgapur, n

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

This fo	orm has been issued to_	Ni	section Ro				
			(Name of st	udent pharma	cist)		
son of	/daughter of	Alak R	vy		_ residing at_	vill+Ro-	Rougarh
_Di	st - Though	Haus P	in code-	721128	who has p	oroduced evidence	before me
	she is entitled to receive						
	ne Pharmacy Act, 1948	V	16/-	1	I The H	ead of Institution	\$[23
Dute.	10 0				Impar	ting practical train	ing (3.0.)
I	Nilod	ni Roy	SECTION	П			many & AHS 1927/19206 accept
	(Name of the Stud	lent Pharmacist)					
070	yder Kar	rmodak	of	Raibur	Rural	1tospital	
(Name o	of the Apprentice Maste					(Hospital or Pharma	cv)
			and source to als	• 1000000000000000000000000000000000000		•	
	Apprentice Master for t	ne above training	and agree to on	ey and respec	t mm /ner di	iring the entire perio	od of my
training						4194 1 4	0
						Miladri	Roy
						(Student Phar	macist)
	7/		SECTION I	Ш			
Ι,	elogder	Kari	modak				accept
	(/	Name of the Appr	entice Master)				
		Nila	lou Roy				as a
trainee acquire:	and I agree to give him	Name of the stude	ent pharmacist)				she may
1. Wo 2. Prae	rking knowledge of kee ctical experience in -	ping of records re	quired by the va	rious Acts aff	ecting the pro	ofession of pharmacy	; and
1)	Stocking of Drugs an	d Medical Device	S				
2)	Inventory control pro-	cedures					
3)	Handling of prescript	ions					
4)	Dispensing						
5)	Patient counseling						,
I also a	gree that a Registered P.	harmacist shall be	assigned for his	s/her guidance	()	(Apprentice Manddress of the Instit	laster)
			XN0_			Pharmac	elst
·)		Y	May May		178	ilpur Rural I Raipur, Bar	Hospital Ikura

Prof. (Dr.) Sanfirkumar Samanto M. Pharm., Ph.D (J.U.) Procepal Dr.B.C.Ro. Insmacy & AHS Durgaput, According to 713206

	A	SECTION	IV "		.,1
I certify that	Niladri	Roy		ha	d/has
	(Name o	of student pharma	cists)		
undergone	150 hours training spread over 1	_months in accord	lance with the deta	ils enumerated in SECTION III	۱.
			e Head of Institut	on imparting practical train	
			Block Medica	l Officer of Health ural Hospital ∷ Bankura	
		SECTION	V		
I certify th				ha	S
completed under sec	(Name of student in all respect his practical training union 10 of the Pharmacy Act, 1948.		of Chapter - II of the cal training in an I	he Education Regulations, 201 nstitution approved by the Ph	4 made armacy
Council o	f India.	Λ.			

(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.) Semin Jumar Saman M. Pharm., Ph. D (J.U.) Imar Samanta Principal

Dr. B. C. Roy Callege of Pharmacy & AHS

Durgapur, West Benga, 713200

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

SECTIONI

This form has been issued to SAYONI SAHA	
(Name of student pharmacist)	
son of /daughter of MR. SWAPAPAN 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 to 10 of the Pharmacy Act, 1948.	
Date: 07.06.23 Prof. 14 Prof. 15 Prof.	.) ning
SECTION II Dr. fig., Way Colors of Pharmac Fig. 2007, Way Colors of Pharmac	
I SAYONI SAHA Daigapan	_accept
(Name of the Student Pharmacist)	
RANJAN SAHA OF TUFANGANJ SUB-DIVISIONAL	HOSPITA
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharm	nacy)
as my Apprentice Master for the above training and agree to obey and respect him /her during the entire per	
Say on (Student Ph	Saha armacist)
SECTIONIII	
RANJAN SAHA	
<u> </u>	_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 acquire:	/she may
 Working knowledge of keeping of records required by the various Acts affecting the profession of pharma Practical experience in - 	cy; and
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.	Va -

Ourgapur 2

Prof. (Dr.) Sawir Kumar Samanta M. Pharm., Ph.D (J.U.) Principal Dr.B C. Roy College of Pharmacy & AHS (Apprentice Master)

(Name & address of the Institution)

Pharmacist
Tufanganj S.D. Hospital
Ceoch Schar

SECTION IV

I certify that	SAYONI	SAHA	jnd / has
	(Name of	student pharmacists	
undergone	150 hours training spread over _1_n	onths in accordance	with the details enumerated in SECTION III.
		(The He	Ad of Institution imparting practical training) Function of training Function of training Tufariyanj & D. Filospital Cooch Behar, Fin-726159
		SECTION V	,
Leartify the	s Ay	ONISAHA	has
		harmacists)	n stations 2014 made
under sect	on 10 of the Pharmacy 710t, 15 to 15	er regulation 7 of Cl had his practical tr	apter - II of the Education Regulations, 2014 made aining in an Institution approved by the Pharmacy
Council of	India.		. 1

(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 Durgarur

Prof (Dr.) College France Company M. Pharme, "delege de Dr.)
Procupe de Ur. U. G. Roy College de Chameroy & due Liurgapur, West Congress (1326)





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: takirh.hasnabad@gmail.com

Memo No: BMOH/HBD/TRH- 66 |

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.

Officer of Health

Block Medical Officer of Health
Hasnabad, Taki Rural Hospital
North 24 Parganasdical Officer of Health
Block Medical Officer of Health
Taki RH, Hasnabad Block
Basirhat HD



Prof. (Dr. A. Pharm J. Pharm J





This is to certify as per Reg. no. – 211890201910075 that Mr. SAYED JUNAID pursuing 3rd year student of Bachelor of Pharmaxy from, DR. B.C. ROY COLLEGE OF PHARMACY & ALLIED HEALTH SCIENCES, DR. Meghnad Saha Sarani, Bidhannager, 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.

Principal Williams

S.D.P.P.

Burdwan Medical College & Hospital

Burdwan Medical College & Hospital

Loumitra land pagm No. - A-2091

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

2.02. "

This form ha	section in the street to AKASH BANER JEE	
	(Name of student pharmacist)	
_	RTRHAC RANFOTEE JHA	RUL
son of /daug	RUL, PURBA BARDHAMAN, 7/3403 who has produced evi	idence before me
	ne is entitled to receive the Practical Training as set out in the Education Regulations, 2014 n	
10 of the Ph	Pharmacy Act, 1948.	476/23
Date: 16	6/06/23 The Head of Insti	tution
Date: 10	/ / / IPPO!(424)/D#	mir Komer Semente
		m., Ph.D (J.U.) Principal
Ī	AKASH BANERJEECTIONII Dr. B.C. Roy Co	Mege of Pharmacy & AHS rest Bought-713205
1 100		
(Name of the	(Name of the Student Pharmacist) Manti Chowkhung of PURSA BLOCK PRIMA the Apprentice Master) (Name of the Institution) (Hospital of	r Pharmacy)
(()	pprentice Master for the above training and agree to obey and respect him /her during the en	tire period of my
as my Appr		\wedge
training.	Akas.	h Baringee
	(Stud	ent Pharmacist)
	SECTION III	
		accept
Ι,	Ligural Rank Choudwhile	
	(Name of the Apprentice Master) AKASH BANERJEE	as a
	(Name of the student pharmacist) nd I agree to give him /her training facilities in my organization so that during his /her trai	
trainee and	nd I agree to give him ther training facilities in my organization of	ining he /she may
acquire:		
acquire: 1. Workin 2. Practice	king knowledge of keeping of records required by the various Acts affecting the profession of tical experience in -	
acquire: 1. Workin 2. Practice 1) S	king knowledge of keeping of records required by the various Acts affecting the profession of tical experience in - Stocking of Drugs and Medical Devices	
acquire: 1. Workin 2. Practice 1) S 2) Ir	king knowledge of keeping of records required by the various Acts affecting the profession of tical experience in - Stocking of Drugs and Medical Devices Inventory control procedures	
acquire: 1. Workin 2. Practice 1) Si 2) Ir 3) H	king knowledge of keeping of records required by the various Acts affecting the profession of tical experience in - Stocking of Drugs and Medical Devices Inventory control procedures Handling of prescriptions	pharmacy; and
acquire: 1. Workin 2. Practice 1) Second of the second o	king knowledge of keeping of records required by the various Acts affecting the profession of tical experience in - Stocking of Drugs and Medical Devices Inventory control procedures Handling of prescriptions	pharmacy; and
acquire: 1. Workin 2. Practica 1) Si 2) Ir 3) H 4) D	king knowledge of keeping of records required by the various Acts affecting the profession of tical experience in - Stocking of Drugs and Medical Devices Inventory control procedures Handling of prescriptions	pharmacy; and
acquire: 1. Workin 2. Practica 1) Si 2) Ir 3) H 4) D	king knowledge of keeping of records required by the various Acts affecting the profession of tical experience in - Stocking of Drugs and Medical Devices Inventory control procedures Handling of prescriptions	pharmacy; and
acquire: 1. Working 2. Practical 1) So 2) Ir 3) H 4) D 5) Po	king knowledge of keeping of records required by the various Acts affecting the profession of tical experience in - Stocking of Drugs and Medical Devices Inventory control procedures Handling of prescriptions Dispensing Patient counseling tree that a Registered Pharmacist shall be assigned for his /her guidance. (Application of the profession of	pharmacy; and Chowstury prentice Master) I the Institution)
acquire: 1. Workin 2. Practice 1) Si 2) Ir 3) H 4) D 5) Pi I also agree	king knowledge of keeping of records required by the various Acts affecting the profession of tical experience in - Stocking of Drugs and Medical Devices Inventory control procedures Handling of prescriptions Dispensing Patient counseling tree that a Registered Pharmacist shall be assigned for his /her guidance. (April 1997)	pharmacy; and Chowstury prentice Master) I the Institution)

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.

SECTION V

1 certify that AKASH BANERJEE

(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

10/8/23 with /

(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

Durgapur, West Bengal 7 13206



This form has been issued to ATANU MA	HNDI
(Name of student p	harmacist)
son of /daughter of SAKTI PADA MAND	
BHANDARHATI, HOOGHLY	
,	
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.	Sall.
1/6	(All of 6)23
Date: 09.06.2023	The Head of Institution amainta Prof. (Infidantify brack Edward and anta M. Program, Oct. O. (J.U.)
SECTION II	$f \sim i + i + j$
ATANU MANDI	Control of the second of the s
(Name of the Student Pharmacist)	
,	11 A V 11 A 1 T D 1 D A 1 1 A 5 D 1 T A 1
MD. KABIR MALLICK OF DHAN	MINHALL RUNAL MODELLAL
(Name of the Apprentice Master) (Name	e 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)
	(Otabelle i marimacise)
SECTION III	
MD. KABIR MALLICK	accept
(Name of the Apprentice Master)	
ATANU MANDE	as a
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organizatio acquire:	on so that during his /her training he /she may
1. Working knowledge of keeping of records required by the various Ac	ets affecting the profession of pharmacy; and
2. Practical experience in -1) Stocking of Drugs and Medical Devices	
Stocking of Drugs and Medical Devices Inventory control procedures	
Handling of prescriptions	
4) Dispensing	
S) Patient counseling	

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

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

Dr. B. C. Roy College of Pharmacy & AHS

Reg. ND - A - 6676
(Apprentice Master)
(Name & address of the Institution)
Pharmarian Pharmacist

Chaniakhali Rusal Hospital Dhaniakhali, Hooghly

SECTION IV	
had/	has
(Name of student pharmacists) (Name of student pharmacists) (Name of student pharmacists) (The Head of Institution imparting practical training Block Medical Officer of Health Dhaniakhali Rural Hospital P.O Dhaniahhali, Dt Hooghly	g)
SECTIONV	
1 certify thatATANU MANDIhas	
(Name of student pharmacists) completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Act, 1948.	made macy

Date: 10 2 2-3

Council of India.

sult Az

(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



Person (Pri) Commercial manufacture of the Commercial manufacture



Memo No- TGMCH/ 1281

/2023

Dated-

TO WHOM IT MAY CONCERN

Miss Tiyasa 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.

Tamralipto Govt. Medica

This form has been issued to SUMIT SA	V
	ent pharmacist)
son of /daughter of DHIANANSOY SAU	residing at DAHAMIUNDA
KORTIA, GOPTBALLAUPUR, 3HARC	
that he/she is entitled to receive the Practical Training as set out i	n the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	
Date: 08/06/2023	The Head of Institution
Date: OS(00) FOZ	www. And Marints b. M. Chieff b. Gride Batter
	M. Pharm., Ph.D (J.O.)
SUMIT SAU SECTIONII	Procedos/ control of the second AHG D. The second of the
(Name of the Student Pharmacist)	E. Grand design to an area
•	IBALLAVPUR S.S.H.
	(Name of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obe	
	and respect numbers along and
training.	
	Sould Sa
	(Student Pharmacist)
SECTIONII	l
I TOY'DEV SAU	асссрt
(Name of the Apprentice Master)	
WMM SAU.	as a
(Name of the student pharmacist) traince and I agree to give him /her training facilities in my organical acquire:	inization so that during his /her training he /she may
 Working knowledge of keeping of records required by the var Practical experience in - 	ious Acts affecting the profession of pharmacy; and
Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	

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

PHARMACIST GOPIBALLAVPUR SSH, JHARGRAM

4) Dispensing 5) Patient counseling

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

1 certify that SUMIT SAU	had / has
(Name of student pharmacists) undergone 150 hours training spread over 01 months in accordance with the (The Head of Institute of Student pharmacists)	details enumerated in SECTION III. dititution imparting practical training) Superinterident Gopiballavpur M/SSH Dist,-Jhargram
SECTION V	
1 certify that SUMIT SAU (Name of student pharmacists)	has
completed in all respect his practical training under regulation 7 of Chapter - I under section 10 of the Pharmacy Act, 1948. He had his practical training in Council of India. Date: // -8 - 23	I of the Education Regulations, 2014 made an Institution approved by the Pharmacy (Head of the Academic Institution)
	Comanta

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. (D. Jamir Kumar Samania Pinarm , Ph.D (J.U.) Puncipal Tracy & Ah3

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 BARPHAMAN 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 The Head of Institution amanta Prof. Implaining practical training
SECTION II SAYAN GHOSH Entropy of the state of the stat
(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. Sayam Ghosh
(Student Pharmacist)
SECTION III
DOYEL CHAKRABORTY accept
(Name of the Apprentice Master)
SAVAN GHOSH 28 2
(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 -
1) Stocking of Drugs and Medical Devices
2) Inventory control procedures
3) Handling of prescriptions
4) Dispensing
I also agree that a Registered Pharmacist shall be assigned for his /her guidance. Pharmacist, Kansa of Has
(Apprentice Master) (Name & address of the Institution)

Prof. (Dr.) Samir Kumar Saman()
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Long (por, West denigal-71 and 3

SECTION IV

	SECTIONIV
I certify that	SAYAN GHOSH had/has
I certify that	
	(Name of student pharmacists)
	150 hours training spread over months in accordance with the details enumerated in SECTION III.
undergone	150 hours training spicad overmonate at the
	ting practical training)
	(The Head of Institution imparting practical training) Superintendent
	Katwa S.D. Hospital
	Katwa, Purba Bardhaman
	SECTION V
	SAYAN GHOSH has
I certify t	hat
	(Name of student pharmacists)
	(Name of student pharmacists) In all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 maded in all respect his practical training under regulation 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmace action 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmace action 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmace action 10 of the Pharmacy Act, 1948.
complete	in all respect his practical training in an institution of the Pharmacy Act, 1948. He had his practical training in an institution of the Pharmacy Act, 1948.
Council	CHOIL TO OL THE TENE
Council	

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

(Head of the Academic Institution)

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

Durgapur, West Bengar-713206



स्टील अथाँरिटी आँफ इंडिया लिमिटेड STEEL AUTHORITY OF INDIA LIMITED दुर्गापुर स्टील प्लांट DURGAPUR STEEL PLANT चिकित्सा और स्वास्थ 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.) Prof.

G // Signature & Seal of Medical Officer ਤੀ ਕਪੂਰੀ ਵੀਵਾ Dr Jayan Danda ਨਾਲਾ ਬਿਸ਼ਮਨ ਵਿੱਚ ਲਗਾ ਅਤਾ

Dr. Jayan Canti I ngg hither (for a length of the John Director (MARCs) TNNO 430398 (fighth) DSP



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, 7thsemester student of Dr.B.C.ROY COLLEGE OF PHARMACY AND HEALTH SCIENCES has successfully completed 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 25 days	150 hours 150 hours
	Total	25 days	

Dept. of Pharmacy,

M.C.H.Kal-73

Dept. of Pharmacy Medical College & Hospital Kolkala

Pharmacist-in-charge

Department of Pharmacy

C.H.Kobzza Deptt. of Pharmacy Medical College & Hospital 88, College Street, Kol-73

Medical Superintendent cum Vice Principal Medical College Hospital

Medical Superinkel 73 nt Cum Vice Principal Medical College & Hospital Kolkata

GOVERNMENT OF WEST BENGAL DEPT. OF HEALTH & F. W.



পশ্চিমবঙ্গ সরকার স্বাস্থ্য ও পরিবার কল্যাণ দপ্তর অধীক্ষক কার্যালয়

OFFICE OF THE SUPERINTENDENT

KAKDWIP SUB-DIVISIONAL HOSPITALকাকদীপ মহকুমা হাসপাতাল কাকদ্বীপ, দক্ষিন ২৪ পরগানা, পিন-৭৪৩৩৪৭ KAKDWIP, SOUTH 24 PGS., PIN-743347

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

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

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

(Signature of Soumen Das)

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

Prof. (U

Durgapur, West Bengal-713206

ROTWOK Produce

This form has been issued to_

(Name of student pharmacist)	
son of /daughter of Swalit Procules residing at vin-mohali	Po-mohadi
P.S. Khesuni, Dis Purba Medripur Pin 121130 who has produced evidence	ce 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: 0e) . 06.2023 The Head of Institution Imparting practical in Prof. (Or.) Samis Kumas	n Pi giji ffanta J.U.)
Ritwik Praduen SECTION II Ritwik Praduen	<u>୍ୟୁଟ୍ଲେଖ</u> ୍ୟ ଧୁଧ୍ୟ <u>ଅ</u> ନ୍ୟୁ 3206
(Name of the Student Pharmacist)	
Groutem aumar Khutis or BhuratinaTars Mulbersia	Swad FIOSPITON.
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pha	rmacy)
as my Apprentice Master for the above training and agree to obey and respect him /her during the entire p	period of my
training.	
806 (6 (06) 2025 Ritwik	Proceduan
(Student F	Pharmacist)
SECTIONIII	
Foutem Kumar Khulig	accept
(Name of the Apprentice Master)	
Ritwik Prondhan	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 acquire:	
 Working knowledge of keeping of records required by the various Acts affecting the profession of phar Practical experience in - 	macy; and
Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	
,	Nar Whiti'g ice Master) (6/06/202

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

I certify that Rides K. Proodher	had /-has
(Name of student pharmacists)	
undergone 150 hours training spread over 1 months in accordance with the details enum	erated in SECTION III.
	1
Dat - 21/37 (23) (The Head of Institution image	M B B.S., PGPN (Boston Liniversi M B B.S., PGPN (Boston Cliniversi Regd. No67545 (WBMC)
SECTION V	B Mudberia Rural Hospita
I certify that Rotal Rolling Procedure	has
(Name of student pharmacists)	
completed in all respect his practical training under regulation 7 of Chapter - II of the Educunder section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution Council of India.	ation Regulations, 2014 made on approved by the Pharmacy

Vil Ac

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta Rl.: Pharm., Ph.D. (J.U.) Procept Op. B. e. Ray College of Pharmacy & AHS Desgapur, West Bengal-713206



Date: 7-11-2)

Orof. (Dr.) Samily Lumar Samanta M. Pharm., Ph.D (J.U.) Principal Dr. B. C. Roy College of Pharmacy & AHS Durgapur, West Benga-71,206

This form has been issued to UDIT MOMPAL	
(Name of student pharmacist)	
	ding at VILL'-KHAYRAKURI
P.OA. PAHARI, DISA: BIRPHUM, PIN: 731127, W.B. who	
that he/she is entitled to receive the Practical Training as set out in the Education I	
10 of the Pharmacy Act, 1948.	1000
Date: 16.06.2023	HeaPoode Died Samer Komar Saman
SECTION II	M. Pharm., Ph.D (J.U.) Principal Dr. B.C. Roy Gollege Of Pilarmasy & AH
	Burgasur, West Bengal-7 1320
(Name of the Student Pharmacist)	
PARITOSH DAS OF RAMPURHAT	T GOWN: MCH
(Name of the Apprentice Master) (Name of the Inst	itution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and respect him training.	
•	Udit Mondal (Student Pharmacist)
SECTION III	
PARTTOSH DAS	accept
(Name of the Apprentice Master)	
IPIT MOMDAL	as a
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organization so that d acquire:	
 Working knowledge of keeping of records required by the various Acts affecting Practical experience in - 	g the profession of pharmacy; and
1) Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	\mathcal{L}
I also agree that a Registered Pharmacist shall be assigned for his /her guidance.	louton Dar
(Na	(Apprentice Master) 507 mid & Redirector the Institution) Contin
nar _m	Contir Store-In-Charge

Contir

Rampurhat Govt. Regional College & Hospital

y Store

M. Pharm., Ph.D (J.U.) nar Samanta Principal

Dr. B. C. Roy College of Pharmacy & AHS

Durgapur, West Bengar, 113206

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SECTION IV Upit

had / has

(Name of student pharmacists)

undergone $\underline{150}$ hours training spread over $\underline{\underline{2}}$ months in accordance with the details enumerated in SECTION III.

724/8/23

(The Head of Institution imparting practical training)

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: 7-11-73 Vail A?

(Head of the Academic Institution)

Hot. (Or.) Samir Kumar Samanta M. Ph. rm., Ph.D (J.U.) Principal Dr. B. C. Rey College of Pharmacy & AHS

Durgapur, West Bengal-713206



[Refer to Chapter H Regulation of the 2014]

Practical Training contract Form For Pharmacists

This form has been issued to Delgit Mandal
(Saune of student pharmacist) son of daughter of Pandal Mondal residing at Bidhannagar
Housing colony, 5-1/143 who has produced evidence before my
that backs is a without a required to Provide I will in us set out in the Proof of the Roll of the Will have setting a
The state of the s
T4/4 Dr. William Pharmacy division of the Charlest Dengal-713206
Date: $\int 4/06/2.3$ Head of the Academic Institution
SECTIONII
IDEBJIT MANDALaccept
(Name of the Student Pharmacist)
Biplab Mixtry 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. Delyil Mandal
(Student Pharmacist)
SECTION III
1. Biplat Milbry accept
(Name of the Apprentice Master)
DEBIIT MANDAL asa
(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 -
1) Stocking of Drugs and Medical Devices
2) Inventory control procedures
3) Handling of prescriptions
4) Dispensing5) Patient counseling
g
I also agree that a Registered Pharmacist shall be assigned for his /her guidance. (Apprentice Master) (Name & address open backs ution)
(Name & address tentional tion) Panagach B.P.H.C.
Panagarh Bezar, Burdwan
10. From 1 Born / Carl
2 (Durgapsy) 2 10 100 mesterna 1
S / A Manual Company of the Company
rof. (Dr.) Sahir Kumar Sainai A M. Pharm., Ph.D (J.U.)
Principal Dr. B. C. Roy College of Pharmacy & AHS
Degr. (5) 10 ogal-713206

MANDAL		had	has
	MANDAL	MANDAL	MANDAL had

(Name of student plan macross)

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

Biplaton/ 60/27

(The Head of Institution imparting practical training)

Pareng all B.P.H.C. Pareng all bassi Parenda Sardhuman

SECTION V

I certify that

BEBJIT

MANDAL

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 Samania M. Pharm., Ph.D (J.U.) Principal Dr. B. C. Roy College of Pharmacy & AHS Durgapur, West Bengal-7 (3206)

Fungana 12

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

Dr. B. C. Rey College of Pharmacy & AMS Durgapur, West Bengal-7 1.5201.

SECTION I

This form has been issued to Anindita Das (Name of student pharmacist)	
(Name of student pharmacist)	
son of /daughter of Asim Kumuy Das residing at Puyuu'a who has produced evidence before me	
0 1 PIN 7931V3	
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section	
that he/sne is entitled to receive and	
10 of the Pharmacy Act, 1948. Vii Act	
and the Mean of the Mean of the Manual and the Manu	
Date: 07.06.2023	
Principal AHS	
Anindita 703	
Anindita Das	
(Name of the Student Pharmacist)	al
(Name of the Student Pharmacist) Hemania Mondal of <u>Dehen Mahata Grov. predical College of Harpital</u> (Name of the Institution) (Hospital or Pharmacy)	
(Name of the Marter)	
(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	
as my Apprentice Master for the above duming and ag	
training.	
COLDANDAMA-	
(Student Pharmacist)	
(Student Pharmacist)	
(Student Pharmacist) SECTION III	
SECTION III Hemanta Mondalaccept	
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Iaccept (Name of the Apprentice Master) Anindia Day as a	
Name of the Apprentice Master) Ahindika Day (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	
Name of the Apprentice Master) Ahindika Day (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	
Name of the Apprentice Master) Anindia Day (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 -	
(Name of the Apprentice Master) Anindia Day (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	
(Name of the Apprentice Master) Anindia Day	
(Name of the Apprentice Master) Anindia Dax (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	
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(Name of the Apprentice Master) Anindia Dax (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 Later agree that a Registered Pharmacist shall be assigned for his /her guidance. Hemania Monda	al jost z
(Name of the Apprentice Master) Anindia Day (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 1 also agree that a Registered Pharmacist shall be assigned for his /her guidance. (Apprentice Master) (Apprentice Master)	al 10772
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(Name of the Apprentice Master) Anindia Day (Name of the student pharmacist) traince 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 1 also agree that a Registered Pharmacist shall be assigned for his /her guidance. (Apprentice Master) (Name & address of the Institution) He mand Mondal	

Prof. (Dr.) Semir Rumar Samania M. Pharm., Ph.D (J.U.) Principal

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

		TIONTY
I certify that	Anindita Das	had / has
undergone 150 h	(Name of student p のルと(プル ours training spread overmonthsyin	harmacists) ny from 15/06/23 to 20/7/2 accordance with the details enumerated in SECTION III.
		Con 20/07/23
		The Head of Institution imparting practical training) M.S. Government Debes Mehats Government College & Hospital Nedical College Approved
	SEC	TIONV
1 certify that	Aninclita Das	has
	(Name of student pharmacis	sts)
completed in all a under section 10 Council of India.	respect his practical training under regula of the Pharmacy Act, 1948. He had his	tion 7 of Chapter - II of the Education Regulations, 2014 made practical training in an Institution approved by the Pharmacy
Date:		(Head of the Academic Institution)
		Prof. (Dr.) Samic Kumar Samanta M. Pharm., En.D (J.U.)

Principal

Dr. B. C. Roy Codege of Pharmacy & AHS

Durgapur, West Bengal-713206

M. Pharm., Ph.D (J.U.)

Principal

Or. B. C. Pay College of Pharmacy & AHS

Durgapur, mark a single-7 16208

SECTION I This form has been issued to RASDEEP CHARRAN	NOTY,
(Name of student ph	
son of Idaughter of ARUN KUHAR CHAKRABORTY	
KANCHRAPARA, 24 PUS (N), 740145.	
that he/she is entitled to receive the Practical Traiging as set out in the E	
10 of the Pharmacy Act, 1948.	Q
Date: 09/06/2023	Head of the Academic Logicumanta
SECTIONII	M. Pharm., Ph.D (J.U.)
I RASDEEP CHAKRABORTY.	acceptA4S
(Name of the Student Pharmacist)	Lu:
	OFHEDICINE AND J.N.H. HOSPITAL
	of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and res	pect him /her during the entire period of my
training.	Ratelp Clakeaborty, (Student Pharmacist)
SECTIONIII	
I. Gontam Kr. Mouly SECTIONIII	accept
(Name of the Apprentice Master)	шосорі
RAYDEEP CHAKRABURTY.	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

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
- 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.

College or Parison of Silva

Dr. B. C. Roy College of Pharmacy & AHS

(Apprentice Master) Seminos

SECTION IV I certify that	_had/h
(Name of student pharmacists) undergone 150 hours training spread over months in accordance with the details enumerated in SECTION	
1.100	
(The Head of Institution imparting practical tra	ining)
SECTION V Superintendent Kalyani Nadia	ρί
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

Date:

Council of India.

7-11-23 Vel Az

(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

ei. (Dr.) Salffir Kumar Samanta M. Pharm., Ph.D (J.U.) Principal Durgapur, West our yar / 10206

SECTION I

This form has been issued to SAMRIDDHA BAG	CHI
(Name of studen	•
son of /daughter of DR. SOUMENDRA NATH BAC	
	who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in t	he Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	M14 122
Date: 07/06/23	The Headle Wastitution Prof. (Topparting practical Print Anta
SECTION II	M. Pharm., Ph.D (J.U.)
SAMRIDDHA BAGCHI.	[+750] 14 (1950) [+750] 14 (1950) [-750] 15 (1950) [-750] 15 (1950)
(Name of the Student Pharmacist)	Dur jwin in the 100 to
of	M HOSPITAL
Name of the Apprentice Master) (Na	ame of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey at	nd respect him /her during the entire period of my
training.	
um ng.	1 111 0 12
	Samuidla Rogeli (Student Pharmacist)
	(Student Pharmaeist)
SECTION III	
	accept
(Name of the Apprentice Master)	
SAMRIDDHA BAGC	H]as a
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organiz acquire:	
 Working knowledge of keeping of records required by the various Practical experience in - 	s Acts affecting the profession of pharmacy; and
1) Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	121623 CT CON
Lalso agree that a Registered Pharmacist shall be assigned for his /her	guidance.
College	(Apprentice Mister)
Prof. (Dr.) Sals Wamar Samanta	(Name & address of the histiquion) A-2945
M. Pharm., Ph.D (J.U.) Principal	

			•
certify that	Samriddha	SECTIONIV	
centry that	, contract	dageni	had / has
	(Name of s	tudent pharmacists)	
undergone 15	hours training spread over me	onths in accordance with the details enun	nerated in SECTION III.
		Em	
		(The Head of Institution)	arting practical training)
		Supering Sup	endent
		3000 I.N.	M. Hosp
		(SOLVER)	Nadia
		SECTIONV	
		SECTION	
I certify that _			has
	(Name of student ph	armacists)	
completed in a under section Council of Indi	10 of the Pharmacy Act, 1948. He	r regulation 7 of Chapter - II of the Educ had his practical training in an Institution	ation Regulations, 2014 made on approved by the Pharmacy
Date:			
			Acre Mila
			1 1 1 0/1,
		(Head of	the Academic Institution)
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			mir Kumar Standard am., Ph.D (J
			'rincipal
			follege of Pharma (1985) West Bengal-7 (1985)
		- 1 John,	rrees conguer

O. J. (Dr. S. Ankomar Samanta M. Pharm., Ph.D (J.U.) Francosa Or.a. 1.7 Durgapur, Vist Cogas (J/20

This form has been issued to PRASANSHA PRADHAN	
(Name of student pharm	
son of 'daughter of ARUN PRADHAN	residing at PRIMTAM 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 of the Pharmacy Act, 1948. Tate: 7/6/23 PRASANSHA PRADHAN (Name of the Student Pharmacist) OLYMPUS FUDONG of DISTRICT	The Hold Institution Trot. (Warring machination Pharm., Ph.D (J.U.) Principal Dr. B.C. Pro Charge of Pharmacy & AH according to the part of the pa
as my Apprentice Master for the above training and agree to obey and res	
training.	Basaraha ladhan (Student Pharmacist)
SECTION III	
Olympus Fedore	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 require: 1. Working knowledge of keeping of records required by the various Acts 2. Practical experience in - 1) Stocking of Drugs and Medical Devices	so that during his /her training he /she may
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	al alma
l also agree that a Registered Pharmacist shall be assigned for his /her guid	ance. Ofulury

Durgapur College of Phanille

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

Durgapus, vices et gill i vice

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

DISTRICT HOSPITAL

KALIMPONG

Place Place
District Hospital
Kathagana

tarridy dud

Prasansha

PRADMAN

Just I hour

(Name of student pharmacists)

undergone 150 hours training spread over $oldsymbol{1}$ months in accordance with the details enumerated in \$10.1 (0.1)

Che Head of Ineligation imparting people (Leging)
Superint and and (Leging)
District Hospital
Kalimpong

SECTION V

Teathfy that PRASANSMA PRAGNAN

Jules

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Pegulations, 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

25-875 MM pr

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta M. Prisami, John C. (D.U.) Francijan Dr. B. C. Poy Conget Prisamacy & AHS Durgapor, West Bengal 71,3205

Durgapur

		11111120	SECTIONI	
This for	rm has been issued to			
			(Name of student phar	
son of /	daughter of	ARUN GHO	S 1-1	residing at VILL - DUBCHURURIA
P.O- A	NDAL GRAM, D	IST-PASCHIM	BARDHAMAN, 7	y/332/ who has produced evidence before me
that he/	she is entitled to receive	the Practical Training	ng as set out in the Ed	ucation Regulations, 2014 made under section
10 of th	ne Pharmacy Act, 1948.	· / /	4/6	Mark 123
Date:	09/06/23			Head of the Academic Institution
			SECTION II	Prof. (Dr.) Samis Ermar Samanta Prof. (Dr.) Samis Ermar Samanta N. Prance Ph. D. (J.U.)
1 N	ILADRI GHO.	S H		W. Pragada accept
	(Name of the Stude	ent Pharmacist)	of COLLEGE O	AF MEDICINE AND J.N.M HOSPITA
(Name o	f the Apprentice Master)		(the Institution)(Hospital or Pharmacy)
•	•••			
as my A	apprentice Master for th	e above training and	agree to obey and resp	pect him /her during the entire period of my
training.				
				Niladri Ghosh
				(Student Pharmacist)
I,(Gontam Kr	· Mouly	SECTION III	accept
	(1	lame of the Apprentic	e Master)	
	NILADA	1 GHOSH		as a
traince a		lame of the student p /her training facilitie		so that during his Iher training he /she may
	rking knowledge of keep	oing of records require	ed by the various Acts	affecting the profession of pharmacy; and
1)	Stocking of Drugs and	Medical Devices		_
2)	Inventory control proc	edures		
3)	Handling of prescription	ons		
4)	Dispensing			
5)	Patient counseling			\ () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
I also ag	ree that a Registered Ph	armacist shall be assi	gned for his /her guida	ance.
oip.		D-1		(Apprentice Master) (Name & address of the Institution)
The state of the s	The state of the s	out to		PHARMACIST

Prof. (Dr.) Samir Kumar Samantu IA. Pharm., Ph.D (J.U.) Principal Dr.B. C. Roy Color - 1000 (macy & AHS Durgapur, West Bengal-713206

COLLEGE OF MEDICINE & JAN KALYAFII, NADIA A-2945

		SECTIONIV	
I certify that	NILADR	G7 HOS14	had / ha
undergone		student pharmacists)) with the details enumerated in SECTION III.
			8001
		(The He	ead of Institution imparting practical training)
			Superintendent Navia Kalvani Navia
		SECTION V	
Lecrtify the	NILADRI	GHOSH	has

Date: 7 -11-73

Council of India.

Vil Ar

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

(Name of student pharmacists)

(Head of the Academic Institution)

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

M. Pharm., Ph.D (J.U.)

Princ or remary \$ 66 Durgapur, West bengan 13200



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

S 9 Chief Medical Officer of Health Birbhum.

Memo No: 6371 / 1 (4)

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

College of PA

Prof. (Dr.) Start Rumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr.B. C. Pov Communications & AHS
Durgapul, researched

Chief Medical Officer of Health

(b) Birbhum

$\Omega A = 0$	TON I
This form has been issued to Rilam Bori	
	of student pharmacist)
son of /daughter of Biswajit Bourik	residing at Kcangopal PW.
Crabi. Purba Bardhar	residing at Rangapat put non who has produced evidence before me
that he/she is entitled to receive the Practical Training as se	t out in the Education Regulations, 2014 made under section
10 of the Photogram Act 1948	· () () .
10 of the Pharmacy Act, 1948.	T X XX
15/	Coxposed 12.
Date: 15 / 0 6/ 23	The Minstitution
137 0 07 23	Prof. (13 a ly 1922 Marina and a linear age a
	M. Pharm., Ph.D (3.0.)
Riam Barik	ON II Peta style A
Radam Douck	Dr. Dr. Phormacy & AHS D
(Name of the Student Pharmacist)	
11: 20 tranti Charthum of	Pursha Block Primary Hoski
	Pursha Block Primary Hospi (Name of the Institution) (Hospital or Pharmacy)
National Apprentice Muster)	(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.	
	Rum Bowk
	(Student Pharmacist)
SECTIO	ON III
1. Ligipal tanti Chowa (Nume of the Apprentice Maste Ritam Banik	hurry
(Name of the Apprentice Maste	(1)
P. + 0	, 0
Litam Bahik	as a
(Name of the student pharmacis traince and I agree to give him /her training facilities in my	st)
acquire:	organization so that during its their training ite tale may
Working knowledge of keeping of records required by the Practical experience in -	e various Acts affecting the profession of pharmacy; and
Stocking of Drugs and Medical Devices	
Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	
	rhis/her guidance. 11. 1 Kanti Chow
i aiso agree inat a registered pharmacist shall be assigned to	institution for the state of th

Olege of Phang

or d. (Dr.) Samile for a Sansangle Pharm., Ph.D (J.U.) Principal (Sharmacy & AH (Apprentice Master)
(Name & Parca of the Arcington)
Pursha B.P.H.C
Purba Bardhaman

(Name of student pharmacists) undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III. (The Head of InstiBtiMinputing practical training) Pursha BPHC SECTIONV I certify that	SECTION	ON IV
undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III. (The Head of Institution in practical training) Pursha BPHC SECTIONV I certify that	I certify that Kitam Barik_	had / has
(The Head of Instiguid in Quiting practical training) Pursha BPHC SECTION V I certify that	(Name of student pha	armacists)
I certify that	undergone 150 hours training spread over 1 months in ac	cordance with the details enumerated in SECTION III.
I certify that		(MM)
I certify thathas (Name of student pharmacists) completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 ma under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharma Council of India. Date: \(\begin{align*} \ldots - \ldots \rightarrow 3 \\ \ldots \rightarrow \ldots \rightarrow \ldots \rightarrow \ldots \rightarrow \ldots \rightarrow \rightar		(The Head of Instigution of the Head of Institute of the Head of Instigution of the Head of Institute of Inst
Name of student pharmacists) completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 ma under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharma Council of India. Date: \(\begin{align*} \ldots - / 0 & - 7 & 3 \\ \ldots & \ldots & \ldots \end{align*} \) (Head of the Academic Institution)	SECTI	ONV
(Name of student pharmacists) completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 ma under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharma Council of India. Date: \(\begin{align*} \begin{align*} -/0 & -7 & 3 \\ \end{align*} \] (Head of the Academic Institution)		
completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 ma under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharma Council of India. Date: \(\begin{align*} \ldots - / 0 - 7 \ 3 \\ \ldots \end{align*} \) (Head of the Academic Institution)	•	
Under section 10 of the Pharmacy Act, 1948. He had his practical training in an institution of India. Date: \(\bigcup_{-/0} - 7 3 \\ \frac{1}{1110} \\ \frac{1}{110} \\ \fr	(Name of student pharmacists)
Date: 12 - 10 - 7 3 CHALLES (Head of the Academic Institution)	completed in all respect his practical training under regulation under section 10 of the Pharmacy Act, 1948. He had his p	on 7 of Chapter - II of the Education Regulations, 2014 made ractical training in an Institution approved by the Pharmacy
,	Council of India.	1
Prof. (Dr.) Samir Kumar Sampet	Date: 12-10-73 AZ	(Head of the Academic Institution)
M. Pharm., Ph.D (J.U.) Principal Dr. B. C. Roy College of Pharma v 8 (4) Durgapur, West Benard (4)		Principal Dr. B. C. Roy College of Pharman 8.3.

Ourgapur &

Princip II

Dr. B. C. Ray Colonia Commany & AHS

Durgapur, West bengan 715206

This form has been issued to Anwarn Singha	Roy
(Name of stude	ent pharmacist)
son of /daughter of Asim Singha Roy	residing at Ganhbeta
Carmoda-1 Paschin Madinana	who has produced evidence before the
that he/she is entitled to receive the Practical Training as set out in	the Education Regulations, 2014 made under security 1
$\mathcal{L}_{\mathcal{L}}$	Pro
10 of the Pharmacy Act, 1948.	M. Pharm., Ph.D (J.U.) Principal
19/7	Dr. B.C. Roy College of Pharmacy & AHS
Date: 14.06.2023	Duryage of the Asia de Arcanstration 106
SECTION	ONII
I Anuram Singha Roy	accept
(Name of the Student Pharmacist)	il a D i llooned
Syed April Pahamen of UX	unhbeta Kunul Moskital
(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.	
uaining.	Anupam Singha Roy
	(Student Pharmacist)
	•
SECTION II	
I. Syed Ayyur Kahaman	accept
(Name of the Apprentice Master)	
Anulam Singha Kay	as a
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in my orga acquire:	inization so that during his /her training he /she may
1. Working knowledge of keeping of records required by the var	ious Acts affecting the profession of pharmacy; and
2. Practical experience in -1) Stocking of Drugs and Medical Devices	
Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	o P
I also agree that a Registered Pharmacist shall be assigned for his	/her guidance. Synd Apprentice Master) A 234 3/
An	(Apprentice Master)
M Du	(Name & address of the Institution) 24/07/2
* Or o	Dengaran or all
Prof. (Dr.) Samir Kumar Samanta M. Pharm., Ph.D (J.U.) M. Pharm., Ph.D (J.U.)	Garhbeis Ru! (a)
ndebind 6 M. Principal Principal	
Dr. B. C. Roy College of Pharmacy & AH Durgapur, West Bengal-713206	
0 10 9631	

I certify that _	Anupan	S'inghoi	Roy	had / has
		(Name of student pha		
undergone 15	0 hours training spread	over months in acc	cordance with	the details enumerated in SECTION III.
		Γ,		No.
	•		(The Head of	Institution in the armost record training) Gambeta Rivar record Medimpul nbeta-1. Paschim Medimpul
		SECTIO	ON V	
I certify that _	Anupam	Singho	Rou	
		O. HILL	1/00	has
completed in al	l respect his practical tr	of student pharmacists)	7 of Chapter	- II of the Education Regulations 2014 mad
Council of Indi	l respect his practical tr 0 of the Pharmacy Act	aining under regulation	7 of Chapter ctical training	- II of the Education Regulations, 2014 mad in an Institution approved by the Pharmacy
completed in al under section I Council of Indi Date:	l respect his practical tr 0 of the Pharmacy Act	raining under regulation t, 1948. He had his pra	ctical training	- II of the Education Regulations, 2014 made in an Institution approved by the Pharmacy (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
Council of Indi	l respect his practical tr 0 of the Pharmacy Act	raining under regulation t, 1948. He had his pra	ctical training	(Head of the Academic Institution) Prof. (Dr.) Samir Kumar Samanta M. Pharm., Ph.D (J.U.) Principal



14 1 14 Marketta B

Prof. (D. L. Samir Kumar Samanta M. Praym. Ph. D (J. U.) Dr. 9-C. Roy Collins Janay & AHS Durgopur, West Bengus 1,3206

SECTION I

This form has been issued to Shrieya Dutta	
(Name of student pharmac	
son of Analyther of Subin Dutta	residing at Muchipala,
Pregulia PIN-723101	who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Educa 10 of the Pharmacy Act, 1948.	March 12723
Date: 07, 06, 2023	The Head of Mistitution Imparting practical trainings F. (1912) Breech Property M. Physics, Ph. D (1914)
SECTION II	Millian Charmacy Accept
Showyo Dutta (Name of the Student Pharmacist)	M. Physins And V. March 198 (AMS)
	to Gov. Medical College of Hosp
0.1	e Institution)(Hospital or Pharmacy)
Name of the Apprentice Master) (Name of the same of the Apprentice Master for the above training and agree to obey and respec	
is my Apprended Master for the desire as	
sectioniii Hemanta Mondal	SNC SO DUITO (Student Pharmacist)
	accept
(Name of the Apprentice Master)	
Shoreya Dutta	as a
(Name of the student pharmacist) raince and I agree to give him /her training facilities in my organization so acquire:	
. Working knowledge of keeping of records required by the various Acts aff	ecting the profession of pharmacy; and
Practical experience in -	
Practical experience in - 1) Stocking of Drugs and Medical Devices	
•	
1) Stocking of Drugs and Medical Devices	
 Stocking of Drugs and Medical Devices Inventory control procedures 	
 Stocking of Drugs and Medical Devices Inventory control procedures Handling of prescriptions 	
 Stocking of Drugs and Medical Devices Inventory control procedures Handling of prescriptions Dispensing 	



Prof. (Dr.) Samir Kumar Samanta M. Pharm., Ph.D (J.U.) Principal Dr. fi C. Roy College of Pharmacy & AHS Hemanta Mondal Pharmacist Inchage Reg.No.-A2520 Deben Mahata Govt. Medical College & Hespital, Purufe.

I certify that	Shuya Dutta	had / has
undergone	(Name of student pharmacists) (Name of student pharmacists) (Name of student pharmacists) (Name of student pharmacists)	7m tf06/23 to 21/06/2
		6252 10 1 23 tution imparting practical training)
		Medical College & House Mahata Government College & House College of the College
	SECTION V	
I certify that	Showya Dutta	has
	(Name of student pharmacists)	
completed i under section Council of I	n all respect his practical training under regulation 7 of Chapter - II of n 10 of the Pharmacy Act, 1948. He had his practical training in a India.	f the Education Regulations, 2014 made in Institution approved by the Pharmacy
	010012023 CMM AZ	223

(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

College of Page 1

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

Durgapur &

Prof. (Dr.) Sendr Kumer Samanta M. Pharm., Ph.D (J.U.) Principal Pr. B. C. Roy College of Pharmacy & AHS Durgapur, West Bengul-713206

DATAMO SECTIONI	•
This form has been issued to 143017 6[H05]-	
(Name of student pharma	
son of /daughter of MANIK KUMAR GIHOSH	
JHARUL, PURBA BARDHAMAN, 71340	3who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Educ	ation Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	A ala
	Milker
ne 16/26/2	Prof. (Dr.) Samir Kumar Samanta
Date: 16/06/2023	The Head of Institution D (J.U.) Imparting practical training Principal
·	Dr. B.C. Roy College of Phannacy & AHS
IRAJDIP GHOSH SECTIONII	Durganus, West Bengal-713208
(Name of the Student Pharmacist)	
Liginal Kanti Chowthury of PURSHA	BLOCK PRIMARY
(Name of the Apprentice Master) (Name of th	ne Institution)(Hospital or Pharmacy) HOSPITAL
as my Apprentice Master for the above training and agree to obey and respe	
	et min/her during the chare period of my
training.	0 11/0
	Rajdib Ghosh
	(Student Pharmacist)
SECTION III	,
I ligual Kanto Chowshury	accept
(Name of the Apprentice Master)	• •
- Agidip Ghash	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:	į
 Working knowledge of keeping of records required by the various Acts af Practical experience in - 	fecting the profession of pharmacy; and
Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1
I also agree that a Registered Pharmacist shall be assigned for his /her guidand	ce. Lijual Kanti Chorfluty (Apprentice Master)
college or of the state of the	(Name & Adress of the Institution)
	Pursha B.P.H.C Purba Bardhaman
Durgas Samir Kumar Samania	

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

.:	•	
I certify that	Rajdip Ghosh	had
undergone	(Name of student pharmacists) 150 hours training spread over months in accordance with	ith the details enumerated in SECTION III.
1		(M)

(The Head of Instit Bo Mo Grains practical training)
Pursha BPHC

had / has

has

SECTION V

I certify that

(Name of student pharmacists)

completed in all respect his practical training under regulation 7 of Chapter - 11 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

(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

umar Sam inta M. Pharm . Ph D (J.U.) Dr. B. C. Roy College of Finantiacy & AIIS Durgapur, West Bengal-713206

SECTIONI
This form has been issued to CHAYAN BHANDART
(Name of student pharmacist)
son of /daughter of PROVAKAR BHANDART 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: 09/06/1023 The Head of Visitation Samanta Prof. (Dr.) Carpitalistical Prof. (Dr.) M. Phe.m., Ph.D (J.U.)
CHAYAN BHANDARA COOK STREET STREET AND ARA
(Name of the Student Pharmacist)
Sudam Chandra Benia 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 Bhandar (Student Pharmacist)
SECTIONIII
1. Sudam chandre Being accept
(Name of the Apprentice Master)
CHAYAN BHANDART
(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
3) Handling of prescriptions
4) Dispensing

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

Olege of Phanilling of Durgapur and Street of Phanilling o

5) Patient counseling

Prot. (Dr.) Samir Kumar Samdirta M. Pharm., Ph.D (J.U.) Principal Dr. B. C. Roy College of Pharmacy & AHS Discripur, West Bengal-71 206 Sudam Chandra Benia (Apprentice Master) (Name & address of the Institution)

Philips edist Kurpi Reund noorbihat Kulpi-Bleck na taja 185

I certify that CHAYAN BHANDARD

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)

MOCK MI

Kolor II P. M. C. Manuer to ash Out

SECTION V

I certify that CHAY AN BHANDART

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.

Saluthe At

(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

Lurgapur, West Lease - 1 Jzub

SECTION I

This form has been issued to ANDRAG DEY	
	of student pharmacist)
son of /daughter of SUJIT KUMAR DEY	residing at JHARBONI,
FATESINGPUR, GARHBETA, PASCHIM MEDINI	residing at JHARBON1, PUR, 72 2 who has produced evidence before m
	et out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	
Date: 07/06/2023	The Head of Institution manta Prof. (Unitaring practical training
ANURAG DEY	60 V. 2 3 4
(Name of the Student Pharmacist)	
of	GARHBETA RURAL HOSPITAL
Name of the Apprentice Master)	(Name of the Institution)(Hospital or Pharmacy)
is my Apprentice Master for the above training and agree t	o obey and respect him /her during the entire period of my
raining.	s sosy and respect min/ner during the entire period of my
SECTION COLL	Anuras Dey. (Student P!:armacist) ON III
(Name of the Apprentice Mast	
ANUKHU DE Y	as a
(Name of the student pharmac traince and I agree to give him /her training facilities in m acquire:	ist) y organization so that during his /her training he /she may
Working knowledge of keeping of records required by the Practical experience in -	ne various Acts affecting the profession of pharmacy; and
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 f	or his /her guidance. Bishal Selh
A 1	(Apprentice Master) (Name & address of the Institution)

Turs pur

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

Pharmacist
Garhbeta Rural Hospital
Garhbetal, Paschin Medining

I certify that	ANURAG	DEy	SECTIONIV	had / h
			ne of student pharmacists)	
undergone	150 hours training spr	ead over _	1_months in accordance with the details enume	erated in SECTION III.
			() /21/0	1 /23
			(The Head of Institution in Inglanders Gambers 1. P	rfug practical training) Rural Hospidal Rural Hospidal Rural Hospidal
			SECTION V	
	ANURAG 1	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.

(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

SECTION I KANSARI SOUDIPTA This form has been issued to (Name of student pharmacist) VILL- RAIMON I KHAKI DIPAK KUMAR KANSARI son of /daughter of_ residing at 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 Imparting practical training Gamunts

Puris, (Chr.) Bashir (Cumes Gamunts

Puris, (Chr.) Bashir (Ch.) SECTION II SOUDIPTA KANSARI * (Name of the Student Pharmacist) MATHURAPUR RURAL (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. Soudipla Karsari (Student Pharmacist)

(Name of the Apprentice Master)

SOUDIPTA

KANSARI

(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
- 2. Practical experience in -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - Dispensing
 - Patient counseling

gnavbit. b H

Mathurapur-

South 24 Pargunas (Apprentice Master)

(Name & address of the Institution)

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

Prof. (Dr.)

M. Pharm., Ph.D (J.U.) Principal r. B. C. Roy College of Pharmacy & AHS Turgapur, West Bengal-713206

umar Samanta

I certify that	SOUDIPTA	SECTION IV KANSARI		had / has
,	(Name of stud	dent pharmacists)		
undergone	150 hours training spread over 1 mon	ths in accordance	with the details	enumerated in SECTION III.
		(The Hea	d of Institution	imparting practical training)
		(The Hea	d of Anstyland	71 VM
				E.M.O.H
SECTIONV			Mathurapur Rural Hospital South 24 Parganas	
	SOUDIPT	A KANS	SARI	has
I certify that	t(Name of student phar in all respect his practical training under r on 10 of the Pharmacy Act, 1948. He ha	macists)	enter II of the	Education Regulations, 2014 made titution approved by the Pharmacy

Council of India.

(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

Samanta Print Pari Or. C. C. Roy Crise Stranger & AHS Durgapur, West beligater 1. Jo

SECTION I RITA MURMU This form has been issued to (Name of student pharmacist) MURMU son of /daughter of SUNIL KUMAR ASSA PURULIA residing at_ 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. The Headlor Institution Carnanta
Imparting practical training manta Date: 7.6.2023 m. Pno **SECTION II** MEDITA AHS RITA MURMU (Name of the Student Pharmacist) LACKAM ATIMUHDAM AUAHTAMUHDAA TO 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. UMRUM ATIS (Student Pharmacist) SECTION III ATIMUHOAM MAMDAL

(Name of the Apprentice Master)

UMAUM ATIST

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
 - 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.

Raghundhom S. D. Hoppital
(Apprentice Master)
(Name & address of the Institution)
(Name & Address of the Institution)

Repharether 50 lospital

Madhumita Mondel

Ourgapur A

Prof. (Dr.) Samir Kumar Samanta M. Pharm., Ph.D (J.U.) Principal Dr. B. C. Roy College of Pharmacy & AHS C. 1939 par, West Bengal-713206

SECTION IV (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 in the first specifical training) Pourling in the specific of the second sec

SECTION V

Lecrtify that RITA MURMU

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:

4-8-2013

Chan Ac

(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



I'rof. (Dr.) 3-nifi kumar Samanta M. Pharm , Ph. D. (T.U.) Principal Dr. B. C. Roy College of Pharmary & 4HS Durgapur, West Bengul -713206

This form has been is	sued to MAMF	NAG I	
This form has been to	, , , , , , , , , , , , , , , , , , ,	(Name of student	
son of /daughter of	T ILANAAWZ		residing at
son of /daughter of			
			who has produced evidence before me
that he/she is entitled	to receive the Practical T	raining as set out in th	e Education Regulations, 2014 made under section
10 of the Pharmacy A		3/6/17	
Date: 05/06/2	.023	l	The Head Ministifution Study (Ministration) M. Pharm, Ph.D (1909) Principal
I	MAMPI NAM	SECTION II	Dr. B.C. Roy College of Pharmacy & A Durgapur, Wast Down Zaccept
(Name o	f the Student Pharmacist)		
Barren	Duary	of MIDN	IAPORE MEDICAL COLLEGE & HOSPI
	U		ne of the Institution)(Hospital or Pharmacy)
Name of the Apprent			
as my Apprentice Ma	aster for the above training	and agree to obey and	d respect him /her during the entire period of my
training.	13		Hampi Nag
			(Student Pharmacist)
		SECTION III	
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1,	(Name of the App	0	
	MAMPI N		90.0
	•		as a
trainee and I agree to acquire:	(Name of the stude give him /her training fac		tion so that during his /her training he /she may
 Working knowled Practical experien 		equired by the various	Acts affecting the profession of pharmacy; and
 Stocking of 	Drugs and Medical Device	es	
2) Inventory co	ontrol procedures		
Handling of	prescriptions		
4) Dispensing			
Patient cour	seling		guidance. Borum Sin
I also agree that a Rep			^

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

(Apprintice Master)

(Name & address of the Institution)

Pharmacist

Michapore Medical College & Hospital Paschim Medinipur.

SECTION IV

I certify that	MAMPI	NAM	had / has
	(Nan	ne of student pl	
undergone 150 hor	urs training spread over	months in a	accordance with the details enumerated in SECTION III.
24/7/2			(The Head of Institution imparting practical training)
,			Additional Medical Superintendent Midnapore Medical College & Flospital Paschim Medinipur
		SECT	TION V
I certify that	MAMPI	NAG	has
	(Name of stud	dent pharmacist	s)
			ion 7 of Chapter - II of the Education Regulations, 2014 made practical training in an Institution approved by the Pharmacy
Date: 04/08	2023	t/ M	

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

(Head of the Academic Institution)

College 21 0

Trof. (Dr.) Herreamar Samanta
M. Pharm., Fr. 1 (J.U.)

Problem
Dr. B. C. Phys.

Durgepos, The Language 2

SECTION I

This form has been issued to SUDDHADEV 13HUN	
(Name of student phar	,
son of /daughter of UTTAM KUNIAR BAUNIA	,
CHANDRAKONA, PASCMIM MEDNAPORE	who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Ed	lucation Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	
Date: 05/06/2023	The Head of Malitution Imparting practical graining 52 masses
	M. Pharm., Ph.D (J.U.)
SECTION II	12 and 100 11 11 11 11 11 11 11 11 11 11 11 11
I BUDDHADEN BHUNJA	Dr. (J. C. Nov Colons of Phaseagery & AHS Durgapur, West Dengal-743206
(Name of the Student Pharmacist)	Durgaper, Wast Bengalit see
Barus Duary of MEDNAM	<u>PE MEDICAL COLLEGE AN</u> DITOSF
J	f the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and res	spect him /her during the entire period of my
training.	•
	Buddhada Bmile
•	(Student Pharmacist)
SECTION III	
1. Barun Duary	accept
(Name of the Apprentice Master)	
BUDDHADEN BHUNTA	as a
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organization acquire:	so that during his /her training he /she may
 Working knowledge of keeping of records required by the various Acts Practical experience in - 	s affecting the profession of pharmacy; and
1) Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	Darius Quaru

Onegapur A

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

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

(Name & address of the Institution)

Pharmacist

Midnaporo Medical Collego & Hospital

Paschim Medinipur.

SECTION IV

I certify that BUDDHADEV	BHUNIA	had / has
(Nan	ne of student pharmacists)	
undergone 150 hours training spread over	months in accordance with the details enumerated in SECTION	Ш.
24/7/13	(The Hend of Institution imparting practical trai	ning)
	Additional Medical Superintendent Midnapore Medical College & Hospital Paschim Medinipur	
	SECTION V	
I certify that BUDDHADEV	BHUNIA	nas
(Name of stud	dent pharmacists)	
completed in all respect his practical training	g under regulation 7 of Chapter - II of the Education Regulations, 20 48. He had his practical training in an Institution approved by the F)14 made Tharmacy

Date: 4-8-73

Council of India.

SMAR ATS

(Head of the Academic Institution)

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

Ollege of Are

SECTIONI
This form has been issued to Subarna Chosh
(Name of student pharmacist)
son of /daughter of Inabanta ahosh residing at Kadhanagar
Korasia, Paschim medinipur, 72/201 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: 09.06.2025 The Healt of Institution Imparting practical to the state of the
The Held of Visitition Imparting prayrephia manual Prof. (Dr.) Skill Phil (J.U.) M. Phanta Phil (J.U.)
SECTION II M. Printer of the AMS
Subarna Chesh
(Name of the Student Pharmacist)
BIPLAB DIJARI of Chatal Super Speciality hespil
(Name of the Apprentice Master) Of Ghatal Super Speciality hospile (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.
Subarma Chelsh (Student Pharmacist)
SECTIONIII
BIPLAB DUART RANGE A 3378 accept
(Name of the Apprentice Master)
Suhanna Chosh 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 -
1) Straking of Drugg and Medical Devices

Stocking of Drugs and Medical Devices

Inventory control procedures

- Handling of prescriptions 3)
- Dispensing
- 5) Patient counseling

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

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

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

Reg No - A 33 78

l certify that	Subarna Chosh	had / has
	(Name of student pharmacists)	
undergone	(The Head of Institution imparting practical tree Chairles D. Hospital Passinian Medinipur	
	SECTION V	
I certify the	Subarna Chosh	_has
	(Name of student pharmacists)	
completed	in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations,	2014 made Pharmacy

under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy

(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

Oliege of Phonas

Council of India.

Date: 8-8-23 and Az

Prof. (Dr.) Strike omar Samanto M. Pharme, fin D (J.U.) Principal Dr. B. C. Roy C. Heard Pharmacy & AHS Durgapur, West Bengal-713206

This form has been issued to SAPTADIP SINHA BABU
(Name of student pharmacist)
son of /daughter of TARUN HUMAR SINHABARV residing at SIMAPAL,
BARKURA 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.
The Heal of Institution Imparting practical training amanta Prof. (Dr.) Samit Lumar Samanta
W. Spream, Projection
SAPTADIP SINHA BABU procession described AMS Described to the control of the con
(Name of the Student Pharmacist)
APARAJITA GHOSH OF SIMLAPAL BLOCK HOSPIFAL
(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
Saptadip Sinha Baby, (Student Pharpacist)
SECTIONIII
I. APARAJITA GHOSHaccept
(Name of the Apprentice Master)
SAPTADIP SINHA BABUasa
Oliver of the gradent 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 -
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. Appraîita Chosh (Apprentice Master) 24.7.25 (Name & address of the Institution)
Pharmavist
Simlapal BPHC, Bankura

Lrof. (Ur.) Salar Romar Samanta M. Pharm., Ph.D (J.U.) Principal Dr. B. C. Roy College of Pharmacy & AHS Durggour West Bengal-713206

		SECTION IV		
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	(Nam	e of student pharmacis	its)	
undergone	150 hours training spread over	nonths in accordan	ce with the detai	Is enumerated in SECTION III.
		(The I	Jead of Instituti	on imparting practical training)
			Sim	B.M.O.H. Japal B.P.H.C, Bankura
		SECTION V		
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	(Name of studin all respect his practical training on 10 of the Pharmacy Act, 194	lent pharmacists) g under regulation 7 of 8. He had his practical	Chapter - II of the training in an I	ne Education Regulations, 2014 made institution approved by the Pharmacy
Date:	5-p-13 gld	A Ac		29
			(I	Head of the Academic Institution)

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

Conf (Dr.) San H.R. Charles Samonto

No Thornes Front D (J.U.)

Proceedings

Durgayof, none of the 2000

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

Practical Training Contract Form For Pharmacists

	A I monton				
ınis form has been i	ssued to SUBH	SECTION ADEEP	' MUKHER	SJEE	
ins form has oben.		(Name of stu	dent pharmacist)		,
son of /daughter of_	ANANTA	LAL MUK	HERJE Esiding at		
P.S.= BORO, E	}Lock-Man	IBAZAR-II	, PURULIG has 1	produced evidence befo	re me
that he/she is entitle	ed to receive the Practica	A Training as set out	In the Education Regula	tions, 2014 made under	
10 of the Pharmacy	Act, 1948.	186		0001623	
Date: 08/06	12023	ι	The I	Jead of Institution	
Date: Objory			Impa	rting practical training Samily Thumas Bamas	£ ŧa
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- , SUE	BHADEEP	SECTION MUKHER.	JEE TOO	17 - magrado	eptS 06
	of the Student Pharmac	ist)	Γ, .	(3) 100	~~~1
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None of a. Appre	ntice Master)		(Name of the Institution	n)(Hospital or imanncy)	100001
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халып д ,				Subherdeep N	lukkeyêr
				(Stude at Pharana	.cist)
		SECTION I	TI		
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I, PALLI	AB CHAI	EKJEE		acc	Срг
	(Name of the	Apprentice Master)			
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traince and I agree	to give him /her trainir			this /her training he /sho	
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1) Stocking	of Drugs and Medical D	Devices			
•	y control procedures				
	of prescriptions				
4) Dispensir	ng .	•			
5) Patient co			n	· · · · · · · · · · · · · · · · · · ·	AR-A-NN P.
,	Registered Pharmacist sl	hall be assigned for hi	s /her guidance.	Lab Challery (R 24/07/2023 (Apprentice Ma	ej ino 11 so
	A		/NI	(Apprentice Ma	ster) tion)
	W.\\.		(Name (Name)	(Apprentice Ma	

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

And Syara V bles

I certify that

had / has

(Name of student pharmacists)

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

Ja Soular

(The Head of Institution imparting practical training)

Block Medical Officer of Health Manbazar Rural Hosptal Purulia

SECTION V

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.

(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



SECTION	
This form has been issued to Hampi Hand	0.
(Name of stu	lent pharmacist)
son of /daughter of Babu Ram Hunsda	residing at vill + Po - Ralidah
Cymap, Hooghly, 712303	who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out	
10 of the Pharmacy Act, 1948.	
Date: 07/06/23	The Head of the Hution Compatia
SECTIONII	
1 Hampi Hansda	Do D. C. Grand and all all all all all all all all all al
(Name of the Student Pharmacist)	
MD. Kabin Mallick of Dho	miakhai Pysai kospita
(Name of the Apprentice Master)	(Name of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obe	and respect him /her during the entire period of my
training.	
	Hampi Handda (Student Pharmacist)
SECTION III	
1. MD. Kabir Mallick	accept
(Name of the Apprentice Master)	
Mampi Hansda	as a
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in my orga acquire:	
 Working knowledge of keeping of records required by the vari Practical experience in - 	ous Acts affecting the profession of pharmacy; and
1) Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	1) (1) 8/

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

Md: Karok Mallick Reg · ND - A-6676 ' (Apprentice Master) (Name & address of the Institution)

Pharmacist

Chaniskhall Rural Hospital

Ohanlekhall Hospital

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

cr. B. C. Roy College of Pharmacy & AHS Trappur, West Bengal-713206

I certify that Hambi Hambda	SECTION IV .
I certify that Mambi Handa	had / has
	tudent pharmacists)
undergone 150 hours training spread overmo	onths in accordance with the details enumerated in SECTION III.
	(The Head of Institution imparting practical training) Block Medical Officer of Health Dhamakhali Rural Hospital P.O Dhamakhali, Dr Hooghly
	SECTION V
1 certify that Hampi Handa	has
(Name of student pha	armacists)
completed in all respect his practical training under under section 10 of the Pharmacy Act, 1948. He h Council of India.	regulation 7 of Chapter - II of the Education Regulations, 2014 made had his practical training in an Institution approved by the Pharmacy
Date: 16/2/23 Shattle 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. (Ur.) Semir kumar Samanta M. Pharm. Ph. D. (U.U.) France P. Dr. B. C. Res Common Law & 1919 Or. B. C. Res Common Law & 1919

This form has been issued to SOUVIK KUMAR HA	ZRA
(Name of student pharm	
son of /daughter of TARUN KUMAR HAZRA	
SCHOOL MORE, DIST-PURBABARDHAM	
that he/she is entitled to receive the Practical Training as set out in the Edu	cation Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	100 102
Date: 15/06/2023	Head of the Academic Institution Prof. (Dr.) Spirite Kumar Samanta
SOUVIK KUMAR HAZRA	M. Pharm., Ph.D (J.U.) Palacipal accept 10
(Name of the Student Pharmacist)	Dr. Fig. 1990 y Wilharmacy & AHS B: 5.24 Dangal-713206
DIBYENDU MUKHERJEE of BANNAE	
(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 respe	ect him /her during the entire period of my
training.	
	Source Kuman Ha (Student Pharmacist)
I. D. ZBYENDU MUKHERJEE	accept
(Name of the Apprentice Master)	
SOUVIK KUMAR HAZRA	as a
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organization so acquire:	o that during his /her training he /she may
 Working knowledge of keeping of records required by the various Acts a Practical experience in - 	ffecting the profession of pharmacy; and
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.

8....

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

Pharmacist
Bannabagram B.P.H.C.

Ausgram-I
Purba Bardhaman

REG. NO. - A-11352

Ontasbar &

M. Pharm., Ph. D. (J.U.)

Principal

Dr. B. C. Roy College of Pharmacy & AHS

Durgapur, West Ber gal-713206

UVIK KUMAR HAZRA

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 Bannabagram B.P.H.C Ausgram-I, Burdwan BUB-HFH-021

SECTION V

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.

8-5-23 WM AC

(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.) S M. Pharm., Ph.D (J.U.) Principal Dr. B. C. Roy College of Pharmacy & AHS Durgaput, Nest La gal-713206

This form has been issued to Aportit Simhamaha patora
(Alama a Catudant phormacist)
son of /daughter of Achimtya Sinha mahapatra residing at vill-Sionlapal
rost-Similaral, 1500 huma, Pion- 482151 who has produced evidence before the
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. With the place of the prof. With the place of the
M. Phonn., Ph.D (J.U.)
I Aprilit Sinha maha polosa. Casa de la companya AMS
(Name of the Student Pharmacist) Suman Kan of Simplagal Block Hospital.
City Self-Legitudian (Glognital or Pharmacy)
(Name of the rippleases in the same of the
as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my
training. Aroisid Sinhamahay
(Student Pharmacist)
(Student Pharmacist)
I. Suman Sectionin accept
SECTIONIII
SECTIONIII I. Suman Fan accept (Name of the Apprentice Master) Adoirit Soha maha patra as a
I. SECTION III (Name of the Apprentice Master) Around Sand Pour A gas 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
I. Surnan Accept (Name of the Apprentice Master) About Soha mona 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 -
I
I. Surran
(Name of the Apprentice Master) About Sucha Maha Patro 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
(Name of the Apprentice Master) Activit Sonha mana Pattra 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
(Name of the Apprentice Master) April Sucha Maha Pattera
I. Section III (Name of the Apprentice Master) Accept (Name of the Apprentice Master) Accept (Name of the student pharmacist) trainec 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 of the Apprentice Master) Approved (Name of the Apprentice Master) (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)

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

I certify that	Project	Sinha maha	potona
I certify that		W	1

had / has

(Name of student pharmacists)

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

(The Head of Institution imparting practical training)

в.м.о.н. Simlapal B.P.H.C. Bankura

SECTION V

I certify that _

(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 MM AZ

(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

This form has been issued to Sour	en fatra	representation to the second s
You of /daughter of Sci Ku man	(Name of student phan	residing nt VIII: - Boly hada
1: Kanasia, Paschim Medi	nipur Pm: - 72/20	who has produced evidence before in
that he/she is entitled to receive the Practica 10 of the Pharmacy Act, 1948.	Training as set out in the Edu	neation Regulations, 2011 made under section
Date: 09.06 · 2023		The Medd of Institution imparting practical training Prof. (Dr.) Samit Kumar Samant M. Phonya., Ph.D (J.U.)
Soumen Patra	SECTIONII	From the Masses All
(Name of the Student Pharmacis	of Chatal	Super Speciality Haspid the Institute Advise the entire period of my
as my Apprentice Master for the above training.		Source Patra
		(Student Pharmacist)
0-01 40 DIM	SECTION II	(Student Paarmacist)
BIPLAB DUAR	RJ, RANO A33	(Student Pharmacist)
(Name of the A		(Student Pharmicust)
(Name of the A) (Name of the straince and I agree to give him /her training acquire: 1. Working knowledge of keeping of records	pprentice Master) udent pharmacist) facilities in my organization s	o that during his /her training he /she may
(Name of the A) (Name of the A) (Name of the statement	pprentice Master) udent pharmacist) facilities in my organization s s required by the various Acts a	o that during his /her training he /she may
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(Name of the A) (Name of the statement	pprentice Master) udent pharmacist) facilities in my organization s s required by the various Acts a	as a o that during his /her training he /she may affecting the profession of pharmacy; and
(Name of the A) (Name of the State of traince and I agree to give him /her training acquire: 1. Working knowledge of keeping of records 2. Practical experience in - 1) Stocking of Drugs and Medical Dev 2) Inventory control procedures 3) Handling of prescriptions 4) Dispensing	pprentice Master) udent pharmacist) facilities in my organization s s required by the various Acts a ices	as n o that during his /her training he /she may affecting the profession of pharmacy; and

Pro (Dr.) Samir kumar Samanto 1. Phurm., Ph.D (J.U.) Principal

Or, B. C. Roy College of Pharmacy & AHS

Durgapur, West Bengal-713206 , " # ES - 1.50°

I certify that Solomon Paris SECTION IV (Name of student pharmacists)	had/has
undergone 150 hours training spread overmonths in accordance with the del (The Head of Institute)	idon imparting practical training) included in Section
SECTIONV	
I certify that Souman Patra	has
(Name of student pharmacists) completed in all respect his practical training under regulation 7 of Chapter - II of under section 10 of the Pharmacy Act, 1948. He had his practical training in an	the Education Regulations, 2014 made Institution approved by the Pharmacy
Council of India. Dute: 8 - 8-73 Shift A	m. Win X

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.) S John and Section (A. 19 nat. John and John a

SECTION I This form has been issued to SOUMIK SAMANTA			
(Name of student pharmacist)			
TODAS MILLOD COMPONITO TOVOLID CHYAMCHANDPUR			
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.			
Profi(On) Samir Kumar Samente M. Pharm., Ph.D (J.U.)			
Peinclnal			
SECTION II Dr. U.C. Roy College of Pharmacy & AHS Dr. U.C. Roy College of Pharmacy & AHS Dr. U.C. Roy College of Pharmacy & AHS			
(Name of the Student Pharmacist)			
Tamal Kr Rola 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			
Soumik Samanta (Student Pharmacist)			
SECTIONIII			
Tamel Kr Raha accept			
(Name of the Apprentice Master)			
Sounik Samenta 25 2			
(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 - 			
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

Prof. (Dr.) Callet Rumar Samanta M. Pharm., Ph.D (J.U.) Principal Dr. B. C. Roy College of Pharmacy & AHS Durgapur, West Bengal-713206 Squareman Raha
(Apprentice Master) - 2724
(Name & address of the Institution)
Pharmacist

Michapore Medical College & Hospital Paschim Medinipur. I certify that

SECTION IV SOUMIK SAMANTA

had / has

(Name of student pharmacists)

undergone 150 hours training spread over 150 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

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.

4-8.23

(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

Pharm., Ph.D (J.U.) Principal

SECTION I

This form has been issued to SUBI	HADIP KUN	DU
	(Name of student	pharmacist)
son of /daughter of AKHTL K	UNDU	residing at AMLASULT /
		JR who has produced evidence before me
		ne Education Regulations, 2014 made under section
	1 AC	ava la
Date: 08 /06/2023		The treat of institution Imparting practical training Prof. (Dr.) Samir Lumar Samanta
	SECTIONII	M. Phaim, Phili (J.V.)
SUBHADIP KI	UNDU	Fritz Signal
(Name of the Student Pharmacist))	Every 1 1 Company 1713206
SUBRATA PANDIT!	ofB <i>F</i>	ABUIDANGA P.H.C
(Name of the Apprentice Master)	(Na	ne of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above trainir	ng and agree to obey an	d respect him /her during the entire period of my
training.		,
		Subhadip Kuna
		(Student Pharmacist)
	SECTION III	
ISUBRAT	A PANDI	
(Name of the Ap	prentice Master)	
SUBHADO	IP KUND	as a
(Name of the sturtraince and I agree to give him /her training f acquire:		tion so that during his /her training he /she mey
 Working knowledge of keeping of records Practical experience in - 	required by the various	Acts affecting the profession of pharmacy; and
1) Stocking of Drugs and Medical Device	ces	
2) Inventory control procedures		
3) Handling of prescriptions		
4) Dispensing		
5) Patient counseling		01 F 0 11
I also agree that a Registered Pharmacist shall	be assigned for his /her	guidance. Subveta Landit Pharmacist
		BABWIDANGAARH)C.
	12/1/21	REG. NO. A-1528
9.7	MANUAL IN	1/2011

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

SECTION IV

SUBHADIP KUNDU I certify that

(Name of student pharmacists)

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



(The Head of Institu

P.O.-Goaltora Dist. - Pasehim Medinipur

SECTION V

I certify that

SUBHADIP KUNDU

has

had / 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.

8-8-23 GLM

(Head of the Academic Institution)

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

Prof. (Dr.) Sa M. Pharm., Ph.D (J.U.) Principal

This form has been issued to

KSHITISH PATRA

This form has been assued to Telephone Telephone	
(Name of student pha	
son of Adaughter of NARASINGHA PATRA	residing at VILL-KAMALPUR
P.OFULKUSHMPIDIS-BANKURPI, PIN-722162	
that he/she is entitled to receive the Practical Training as set out in the E	ducation Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	\mathcal{L}
To or me ramming root, rate	X.200_
7/1	(a) 5 12
Date: 07/06/2023	Prof. (Inn) Giventralium and namanta
	44 124 cm [2] [3] [4] [4]
SECTIONII	Dr. 15.0, Ker Ceilo, col Pharmacy & AHS Duryof Col of Sungain 713206
KSHITISH PATRA	Duty 10 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Name of the Student Pharmacist)	
Togder Karmodak or RAIPU	R RURAL HOSPITAL
(Name of the Apprentice Master) (Name of	of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and re	spect him /her during the entire period of my
training.	
	whiteh Patra
	(Student Pharmacist)
SECTIONIII	
o Tadday Varmadak	accept
(Name of the Apprentice Master)	
VCIIITISH PATRA	as a
(None of the student abandancial)	as a
(Name of the student pharmacist) traince and I agree to give him /her training facilities in my organization acquire:	so that during his /her training he /she may
 Working knowledge of keeping of records required by the various Act Practical experience in - 	s affecting the profession of pharmacy; and
1) Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	

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

Durgapur 30 College of Analina och

5) Patient counseling

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

Pharmacist

Raipur Rural Hospital

Raipur, Bankura

ı	cert	iľv	th	11

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 in inarting 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

sither Ar

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

iarm., Ph.O (J.O.) - Principal

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

College of p

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

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

This form has been issued to SAMRAT DU	TTA
	e of student pharmacist)
son of /daughter of SANTIB DUTTA	residing at JAI GrAON,
	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	Lior (Libbertug pascrical landite
SEC	TION II
SAMRAT DUTTA	T accept
(Name of the Student Pharmacist)	Car 2
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.	Lamoral Deceta
	(Student Pharmacist)
SEC	TION III
L ABHIJIT BANK	accept
(Name of the Apprentice M	aster)
SAMRAT	DUTT A as a
(Name of the student pharm trainee and I agree to give him /her training facilities in acquire:	macist) my organization so that during his /her training he /she may
·	y the various Acts affecting the profession of pharmacy; and
1) Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	· Aluka or '.
4) Dispensing	Alphys James
5) Patient counseling	DAGNAGO DAGA (1-0 DAG
Lalso agree that a Registered Pharmacist shall be assigned	AllPURDUAR DISTRICT HOSP17.

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

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

l certify that _	SAMRAT DUTTA	had / has
	(Name of student pharmacists)	
undergone <u>1</u>	50 hours training spread over 01 months in accordance with the de	ution impacting practical (raining)
		District Hospital, Alipurduar
	SECTION V	
Lecrtify that	SAMRAT DUTTA	has
completed in under section	(Name of student pharmacists) all respect his practical training under regulation 7 of Chapter - II o n 10 of the Pharmacy Act, 1948. He had his practical training in a	of the Education Regulations, 2014 made in Institution approved by the Pharmacy
Council of In	ndia.	A Azur
		(Head of the Academic Institution)

Sof. (Dr.) Sanut 70 day Samutat M. Pitarm., Ph.O (J.U.) Principe I Dr. B. C. Roy Cellage of Photoacry 2 AVS Durgapur, Wast Steel J. (1991)



Prof. (Dr.) Salar Memar Samanta M. Pharm., Ph.D (J.U.) Principal Dr. B. C. Roy C. 15 - 10 Samanacy & AHS Durgapur, West 200 grin 13206

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.

B. V. C. Hr. Madical Gollede

PI RB 1 Prophy Burdwan

PI RB 1 Prophy Burdwan

Awarban Chakalow A. Fridada Arabini. Burwan

Parities of the same

BURDWAY MEDICAL COLLEGE AND ALL ALL

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

Practical Training Contract Form For Pharmacists

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 MURSHIDABADWho has produced evidence	
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made und 10 of the Pharmacy Act, 1948. Date: 05/06/23	der section
M. Phorn., Ph.D. (J.	.u.)
SECTIONII Dr. B.C. Roy Cologo of Pharma	acy & AHS
(Name of the Student Pharmacist) SUMAN DUTTA. of KANDI SUB-DIVISION H	HOSPITAL
Olama of the Institution) (Hospital or Ph	-at , j
Ne to et the Apprentice Master for the above training and agree to obey and respect him /per during the entire per	od of my
The state of the above training and agree to obey and esspect many	1 1
Swarne	endu Gho
(Student ! lia	
SECTIONIII	
SECTIONIII	
SUMAN DUTTA.	armacist)
SECTION III (Name of the Apprentice Master)	ermacist) _accept
SECTION III SUMAN DUTTA. (Name of the Apprentice Master) WARNENDU GHOSH (Name of the student pharmacist) trained and I agree to give him /bef training facilities in my organization so that during his /bef training he	armacist) _accept _as a
(Name of the Apprentice Master) (Name of the Apprentice Master) (Name of the student pharmacist) (Name of the student pharmacist) traince and I agree to give him /bef training facilities in my organization so that during his /bef training he acquire: Working knowledge of keeping of records required by the various Acts affecting the profession of pharma	armacist) _accept _as a
SECTION III SUMAN DUTTA. (Name of the Apprentice Master) WARNENDU GHOSH (Name of the student pharmacist) trained and I agree to give him /bef training facilities in my organization so that during his /bef training he	armacist) _accept _as a
(Name of the Apprentice Master) (Name of the Apprentice Master) (Name of the student pharmacist) (Name of the student pharmacist) trainee and I agree to give him /bef training facilities in my organization so that during his /bef training he acquire: 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharma 2. Practical experience in -	armacist) _accept _as a
(Name of the Apprentice Master) (Name of the Apprentice Master) (Name of the Student pharmacist) (Name of the student pharmacist) trainee and I agree to give him /bef training facilities in my organization so that during his /bef training he acquire: 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharma 2. Practical experience in - 1) Stocking of Drugs and Medical Devices	armacist) _accept _as a
(Name of the Apprentice Master) (Name of the student pharmacist) (Name of the student pharmacist) (Trainee and I agree to give him /bef training facilities in my organization so that during his /bef training he acquire: 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharma 2. Practical experience in - 1) Stocking of Drugs and Medical Devices 2) Inventory control procedures 3) Handling of prescriptions 4) Dispensing	armacist) _accept _as a
Name of the Apprentice Master) (Name of the Apprentice Master) (Name of the student pharmacist) trainee and I agree to give him /bef training facilities in my organization so that during his /bef training he acquire: 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharma 2. Practical experience in - 1) Stocking of Drugs and Medical Devices 2) Inventory control procedures 3) Handling of prescriptions 4) Dispensing 5) Patient counseling	armaciat) _accept _as a e /sac may acy; and
(Name of the Apprentice Master) (Name of the Student pharmacist) (trainee and I agree to give him /bef training facilities in my organization so that during his /bef training he acquire: 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharma 2. Practical experience in - 1) Stocking of Drugs and Medical Devices 2) Inventory control procedures 3) Handling of prescriptions 4) Dispensing 5) Patient counseling Lalso agree that a Registered Pharmacist shall be assigned for his /ba guidance. Lalso agree that a Registered Pharmacist shall be assigned for his /ba guidance.	armacist) _accept _as a c /s/c may acy; and
(Name of the Apprentice Master) (Name of the Student pharmacist) (Name of the Apprentice Master) (Name of Apprentice Master) (Name of the Apprentice Mast	armacist) _accept _as a e /she may acy; and ce Master) astitution)
(Name of the Apprentice Master) (Name of the Apprentice Master) (Name of the student pharmacist) (Name of the student pharmacist) (Itrained and I agree to give him /bef training facilities in my organization so that during his /bef training he acquire: 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharma 2. Practical experience in - 1) Stocking of Drugs and Medical Devices 2) Inventory control procedures 3) Handling of prescriptions 4) Dispensing 5) Patient counseling Lalso agree that a Registered Pharmacist shall be assigned for his /ba guidance. (Apprentice)	armacist) _accept _as a e /she may acy; and ce Master) astitution)

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

Kandi S.D. Hospital Murshidabad

	41.10-	SECTION IV	
I certify that _	SWARNENDU	GH05H	had/has
undergone <u>15</u>	(Name of s		details enumerated in SECTION III. Specim top dang practical training) D. Hospital, MSD
		SECTION V	
I certify that	SWARNENDU	(HO2H	has
•	Olema of atudant n	harmacists)	2014 made
under section	(i) of the Pharmacy Act, 1946. He	er regulation 7 of Chapter - II had his practical training in	of the Education Regulations, 2014 made an Institution approved by the Pharmacy
Council of In	dia.		
Date: 3	-8-23 Sulfel	AL	
		3/0	(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

32.0

Prof. (Dr.) Prof. Tumar Samanta M. Printing Ph. D. (J. U.) Printinal Dr. a. C. 2007 - 2008 - 245 - J. J. a. Alba 2015 and 10200

SECTION I Thus form has been issued to SUBHADEEP DANDA.	DArt
Thus form has been issued to PITTUE P	
con of Adaughter of SANATAN DANDAPAT	residing at_BHALUCKKUNDU,
0.00000 0.00000 0.00000000	who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education of the Pharmacy Act, 1948. Date: US 106/2023	The Res of All Institution
, , ,	M. Pharm., Ph.D (J.U.)
SUBHAPEEP DANDAPAT	Principal Dr. B.C. Nov Colors of Pharmacy & AHS Durgapur, Wood Benger-779206
(Name of the Student Pharmacist) Ation Kr Thuria of MIDNA	PORE MEDICAL COLLEGE & HOSETA
(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 resp	ect him /her during the entire period of my
19/6/13	Subhadeef Panda Polf (Student Pharmacist)
SECTIONIII	
Atish Kr Dhaunia	
(Name of the Apprentice Master)	
SUBHAPEEP DANDAP	ar a
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organization acquire:	
 Working knowledge of keeping of records required by the various Acts Practical experience in - 	affecting the profession of pharmacy; and
1) Stocking of Drugs and Medical Devices	
2) Invento: y control procedures	

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

3) Handling of prescriptions

4) Dispensing

5) Patient counseling

Prof. (Dr.) Same Furnar Samanta M. Pharm., Ph.D (J.U.) Principal Or P. C. Pay College of Pharmacy & AHS i. s.t.Lengal-713206

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

Mchaporo Medical College & Hospital Paschim Medinipur.

Alish un Blaurice

I certify that	SUBHAPEEP	DANDAPAT	had / has
	(Name of student parts training spread over <u>b</u> months in	accordance with the details enumerate (The Head of Institution impartin Additional Medi	
	SEC	TIONV	
	SUBHADEEP	DANDAPAT	has
completed in all reunder section 10 c	(Name of student pharmaci espect his practical training under regul of the Pharmacy Act, 1948. He had hi	ists)	n Regulations, 2014 made oproved by the Pharmacy

Council of India.

Date: 04/08/2023

Cltd Ar

(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.) Simo Rumar Saman M. Phagn., Ph D (J.U.) Durgapur, resat seligam i s200

(Name of student pharmacist) son of /daughter of DEBABRATA WHOSA residing at VILL-BAZAR DVRBA 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: OS/06/23 The Head of Institution Principal M. Pharm., Ph.D (J.U.) Principal D. S.C. Roy Cologs of Pharmacy Act accept	This form has been issued to SANJIB CHOSH
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: OS/06/23 Dat	This form has been raised to
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: OS/06/2 3 Prointers of Education Regulations, 2014 made under section Regulations, 2014 made under section Prointers of Education Regulations, 2014 made under section Regulations, 2014 made under section proints, 2015 made under section proints, 201	NERRUBRATA WHOSH residing at VILL-BAZAR
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Date: OS/06/2 3 Date: OS/06/2 3 The Head of Institution Profitigating Basish definition M. Pharm., Ph.D. U.U. Principal M. Pharm., Ph.D. U.U. Principal U.Gapti Name of the Student Pharmacist) OMAN DUTTA. of KANDI SUB-DIVISION HOS PITAL (Name of the Apprentice Master) (Name of the Apprentice Master for the above training and agree to obey and respect him /per during the entire period of my training. SECTION III SECTION III SECTION III SECTION III As a (Name of the Apprentice Master) (Name of the Student pharmacist) traince and I agree to give him /per training facilities in my organization so that during his /her training he /spe may acquire: 1) Stocking of Drugs and Medical Devices 2) Inventory control procedures 3) Handling of prescriptions 4) Dispensing 5) Patient counseling 1 Julso agree that a Registered Pharmacist shall be assigned for his /per guidance. (Apprentice Master) (Name & address of the Institution) (Apprentice Master) (Name & address of the Institution)	that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
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and 12	(Apprentice Master) (Name & address of the Institution)
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Prof. (Dr.) Smirr Rumar Samanta M. Pharm., Ph.D (J.U.)

Principal

Dr. B. C. Roy College of Pharmacy & AHS

Ourgapur, West Bengal-713206

Kendi S.D. Hospital

bad shinarula

bad/has

(Name of student pharmacists)

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

(The Head of Institution imparting practical training) Kandi S. D. Hospital, MSD

SECTION V

SANJIB WHOSH

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.

3-8-23 Subtraction 378

(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.) Sahar Kumar Samanta M. Pharm., Ph U (J.U.)



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.

Mar

Medical Superintendent cum Vice Principal
Prafulla Chandra Sen Govt. Medical College & Hospital
Arambagh, Hoogan Felical College & Hospital

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Prof. (Dr.) Ponth Yumar Samanta
M. Pharm , Ph.D (J.U.)
Principal
Dr.B. C. Povic Stramony & CHS
Durgapur, Most Dongapor (S.J.)



OFFICE OF THE MEDICAL SUPERINTENDENT CUM VICE PRINCIPAL

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DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL

www.pcsgmch.ac.in

Ph: 03211-255095

Email: msvp.pcsamch@amail.com

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 satisfactory 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 him future endeavour.

Medical Superintendent cum Vice Principal
Prafulla Chandra Sen Govt. Medical Collège & Hospital

Arambagh, Hooghty Bird Medical College & Hosalt







SECTION I This form has been issued to SHYAM (Name of student pharmacist) son of /daughter of NIRANTAN SHYAM residing at VILL - KHAIRASOLE P.O-BIDHANNAGAR, P.S-NTPS, DIST-PASCHIMBURD 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. (Ine Head of Insuantal umanta M. Imparting practical (raining SECTION II (Name of the Student Pharmacist) OF DURGAPUR SUBDINISION 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. (Student Pharmacist) (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 -
 - 1) Stocking of Drugs and Medical Devices
 - 2) Inventory control procedures
 - 3) Handling of prescriptions
 - Dispensing
 - Patient counseling

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

Principal

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

(Name & address Fina mountaion) Panagarh B.P.H.C.

Panagarh Bazar, Burdwan

I certify that	SUPRIX	section iv	1had/has
undergone 150 ho	(Name	(The He	ad of Institution imparting practical training)
1	3 M.O. G. Street	SECTION V	
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Council of India.

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta M. Pharm., Ph D (J.U.) Princip .. ary & AHS

Dr. B. C. Roy College of Durgapur, West Beill,

Prof. (Dr.) S M. Pharm., Ph J (J.U.) Principal Dr. B. C. Roy College of Framacy & 18,3 Durgapur, West bengal-710206

This form has been issued to Souvik Ghorai	
(Name of student pharmacist)	
son of Idaughter of Chandan Ghorai residing at Vill+ Po-faramanan	
dahu Moyna 721644 furba Medinifumho 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	
Date: 8-11-23 The Head of Institution	
Imparting practical training Prof. (Dr.) Samir Kumar Samanta M. Pharm., Ph.D (J.U.) Principal Dr. R. C. Roy College of Prismerty & AHS	
(Name of the Student Pharmacist) Amal Kumay Manna of Grayo-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	
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I certify that	Souvil	sectioniv Choral	had / has
undergone <u>150</u> hours		of student pharmacists)months in accordance wi	th the details enumerated in SECTION III.
		(The Head	offinstitution imparting practical training) Block Medical Officer of Hoakh Gath Moyna 6.P.H.O. Moyna :: Buths Mudfriput
		SECTION V	•
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Ourgapur si

TroC (Dr.) Shirk Kumar Samanto
M. Charm. Fr D (J.U.)

Dr. B C

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	form has been issued to UMASANKAR BANERJEE	
This forn	form has been issued to(Name of student pharmacist)	
son of /da	of /daughter of GOURISANKAR BANER) FE residing at JHAk	LR A
CHA	HANDRAKONA TOWN, PASCHIM MEDINIPUR who has produced ev	idence before me
	he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 r	,
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	(Stud	ent Pharmacist)
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SECTION IV

I certify that UMASANKAR BANERDEE had/has
(Name of student pharmacists)
undergone 150 hours training spread overmonths in accordance with the details enumerated in SECTION III.
(Been of the second
(The Head of Institution imparting practical training)
SECTION V Paschim Medinipur Paschim Medinipur
I certify that UMASANKAR BANERJEEhas
(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 & AUS Durgapur, West Pengal-713206



Prof. (Mr. Sahiir Kumar Samanta M. Pharma, Ph. & (J.U.) Principal Dr. 8. C. Roy College of Pharmacy & AHS Durgapur, Wasi Denders of June

SECTION I TUFAN GHOSH This form has been issued to_ (Name of student pharmacist) residing at HAZRA, KANKOBATI, GHOSH KINKOR son of /daughter of_ _ who has produced evidence before me MEDINIPUR PASCHIM 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 Prot On Safat to training amanta M. Phorn., Ph.D (J.U.) **SECTION II** GHOSH TURAN (Name of the Student Pharmacist) CHANDRAKONA RURAL 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. (Student Pharmacist) **SECTION III** (Name of the Apprentice Master) 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 4) Dispensing 5) Patient counseling

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

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

Tapan Kumar Kol (Apprentice Master)

(Name & address of the Institution)

Pharimacist
Chandrakona Rura Hospital
Chandrakona

Paschim Medinipur

SECTION IV

I certify that	TUFAN	GHOSH		had / has
	(1)	Name of student phar	macists)	· .
undergone	150 hours training spread ov	ermonths in acc	ordance with the details enumers	ted in SECTION III.
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		(The Head of Institution impart	ng practical training)
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I certify that	tTUFAN	G-1405H		has
	(Name of s	tudent pharmacists)		
completed under secti Council of	on 10 of the Pharmacy Act, 1	iing under regulation 948. He had his pra	7 of Chapter - II of the Education ctical training in an Institution ap	n Regulations, 2014 made oproved by the Pharmacy
Date:				Ale.

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

(Head of the Academic Institution)

College of page of pag

rof. (Dr.) Samir Rumar Samanto M. Pharm., Ph.O. (1.0.) Princip II Dr. B. C. Roy College of Francoy & 748 Durgapur, West Bengaler (1797)

This form has been issued to SECTION I ANTINDA DAS	
(Name of student pharmacist)	
son of /daughter of ASWINI DAS residing at NANDABARI	
LOWADA, PASCHIM MEDINIPURWho 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: 0 9 06-2023 The Head of Institution Imparting practical training	
SECTION II Prof. (Dr.) Ramir Kumae Bamanta M. France, In. D. Jaccept De la La La Langey & AHS	
(Name of the Student Pharmacist) HARIPADA PATRA of DEBRA SUPER SPECIALITY HOSPITALITY	TAL
(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	
as my Apprentice Master for the above training and agree to obey and respect min the daming are training and agree to obey and respect min the daming are	
Aninda Dal	
(Student Pharmacist)	
SECTIONIII	
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(Name of the Apprentice Master)	
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 - 	
1) Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	
5) Patient counseling I also agree that a Registered Pharmacist shall be assigned for his /her guidance. (Apprentice Master) (Name & address of the Institution) DEBRA S.S. HOSPITAL OFBRA PASCHIM MEDINIPUR	122
DEBRA S.S. HOSPITAL 17 00 DEBRA PASCHIM MEDINIPUR	ク

I also agree that a

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

I certify that	ANINDA DAS had/has
	(Name of student pharmacists)
undergone	150 hours training spread overmonths in accordance with the details enumerated in SECTION III.
	(The Head of Institution in the Head of Institut

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

(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

O Ourgapur & Ourgapur &

Prof. (Dr.) Sank Rumar Samanta M. Pharms, Fish D (J.U.) Principal Dr. B. C. Roy Costs — Pharmacy & AHS Durgapur, West October 110206

This form has been assued to SOUVIK SAHA	The second section of the second section of the second section
(Name of student pl	numacist)
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DISTI 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	()N
10 of the Pharmacy Act, 1948	(XxX
Date: 01/12/2023	Hend of the Midenic Inglitution
SECTION II	LOS (Det. any Guing St. C.)
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(Name of the Student Pharmacist)	Dr. D. C. Dr. C. Albania
OUMITRA, BY ATTACHARYAY OF BOLPU	R SUB-DIVISION HOSPIT
	e of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and n	•
training	
	Sourix Lake
	(Student Pharmacist)
an an an an	(Statem Fair macist)
SECTION III	· ·
ROUMITRA BHATTACHARYAN (Name of the Apprentice Master)	accept
SOUVEK SAHA	
(Name of the student pharmacist)	as a
trainee and I agree to give him her training facilities in my organization acquire:	on so that during his /her training he /she may
 Working knowledge of keeping of records required by the various Ac Practical experience in - 	ets affecting the profession of pharmacy; and
Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	Soumstone Bhattackers
Lalso agree that a Registered Pharmacist shall be assigned for his their gu	Soumstre Bhattacher.
	(Appleentice Master)
101	(Name & address of the Institution)
	PHARM 1
	Bolpur S.D
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Sulfa Sulfa	Govt. of We mail
ourganin 3	
Our 980 or 32 or 18 John Man Samanta M. Pharm., Fh.D (J.U.)	· · · · · · · · · · · · · · · · · · ·
Our 980 or 18 January Sananta M. Pharm., Fh.D (J.U.) Principal Some of the firm and Sananta	

I certify that	SOUVIK SAHA	เลด
	(Name of student pharmacists)	
undergone	150 hours training spread overmonths in accordance with the details enumerated in SECTION I	11.

(The Head of Institution imparting practical training) Superintendent Bolpur S.D.Hospital Bolpur, Birbhum

SECTION V

SOUVIK I certify that

had / 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

This form has been issued to SUBIR MAITY	
(Name of student pharmacist)	
son of /daughter of SUSANTA MIATTY resid	ding at PCHAPUR MAYAL-
BANDEPUR, KHANAKUL, HOOGHLY who	,
that he/she is entitled to receive the Practical Training as set out in the Education	
10 of the Pharmacy Act, 1948.	all of 2
Viil AZ	Prof. (Dr.) Samil Kumar Samanta M. Pharm., Ph.D (J.U.) Principal.
Date: 7-11-1)	Dr. B. C. Roy Callege of Pharmacy & AHS Durgapur, West Bengal-7 13206
SUBIR MATTY	accept
30021111217	accept
(Name of the Student Pharmacist)	
MONALPSA DAS OF PRAFULLA	CHANDRA SEN GOVI,
(Name of the Apprentice Master) (Name of the Apprentice Master)	CHANDRA SEN GOVI, PLEGE & HOSPITAL stitution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and respect him	1 /her during the entire period of my
training.	
-	Subir Maily
	(Student Pharmacist)
SECTION III	
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 acquire:	during his /her training he /she may
 Working knowledge of keeping of records required by the various Acts affecti Practical experience in - 	ng the profession of pharmacy; and
1) Stocking of Drugs and Medical Devices	
2) Inventory control procedures	
3) Handling of prescriptions	
4) Dispensing	
5) Patient counseling	Monalisa Das
I also agree that a Registered Pharmacist shall be assigned for his /her guidance.	Monalisa Das Roy. No- A- 11867
	(A ties Magt)

mar Samanla M. Pharm., Ph.D (J.U.)

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

PHARMACIST P. C. Sen Govt. Medical College & Hospital Arambagh, Hooghly

I certify that	SUBIR SECTION	TY
undergone <u>150</u> hours t	(Name of student pharma raining spread over $\underline{1}$ months in accord	ance with the details enumerated in SECTION III.
	(Th	P.C. Sen Govt. Medical College & Hospit Arambagh-Hooghly
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l certify that	SUBIR MAIT	hashas
	(Name of student pharmacists)	
completed in all respect under section 10 of the Council of India.	his practical training under regulation 7 of Pharmacy Act, 1948. He had his practic	f Chapter - II of the Education Regulations, 2014 made al training in an Institution approved by the Pharmacy
Date:		- ANGE 103 124
		(Head of the Academic Institution)
Thus .		on the process of the ment between the control of t

Prof. (Dall Amar Samanta M. Pharman (J.U.) Principal non C.Rev Community and & AHS



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.

SK Anisoz Hamu.

Master of Apprentice / Registered pharmacist 10.02.24 Reg. m. A-9596

Egra SDH / Egra SSH

Pilarinacisi,

agra Sub-Divisioner House Egra Purpa Medinimus

Purba Medinipur

umar Samanta Prof. (Dr.) ST M. Pharm., Ph.D (J.U.) Principal Durgapur, West burgary 10206

Superintendent

Egra SDH / Egra SSH

Purba Medinipur

Supermendent Egra Sub-Divisional Hospital Egra * Purba Medinipur

\$	SECTION I		
This form has been issued to DEBSE	EN MALLIK		
(N	lame of student pharma	cist)	
son of /daughter of AMITAVA MALL	IK	residing at MAYAL, MAYAL	
BANDIPUR, HOOGALY, PIN-	712617	who has produced evidence before me	
that he/she is entitled to receive the Practical Training	as set out in the Educa	ntion Regulations, 2014 made under section	
10 of the Pharmacy Act, 1948. Date: 7 - 11 - 23	ζ	Head of the Adademic Institution	
i Debsen A	SECTION II	r rof. (Dr.) Samir Kumai Samanta M. Pharon., Ph.D. (J.U.) Program accept	
(Name of the Student Pharmacist)		Durgapur, West Bong 4-/1320	
SUSANTA KUMAR PANJA	of PRAFULLA	MANDRA SEN GOVT.	MEDI
(Name of the Apprentice Master)	(Name of the	-EGE & Hospital or Pharmacy)	
as my Apprentice Master for the above training and ag	gree to obey and respect	t him /her during the entire period of my	
training.			
		Deb. Sen Mac (Student Pharmacist)	lik
SE	ECTION III		
ISUSANTA KU	MAR PANJ	accept	
(Name of the Apprentice	Master)		
DERSEN N	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

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

Mar

PHARMACIST
P. C. Sen Govt. Medical College & Hospital
Arambagh, Hooghly

(Name & address of the Institution)

Susant Kumer Panje Rog Ni - A2931 (Apprentice Master) CAL

SECTION IV DEBSEN MALLIK I certify that 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 to confice I training y lege & Hospital Arambagh, Hooghly gn SECTION V DEBSEN MALLIK _has I certify that (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:

My voper

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

(Head of the Academic Institution)

Ollege of Angland

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

This form has been issued to MEARAJ K	I -U /\ \
	dent pharmacist)
son of /daughter of ABDUL KHALEK KHAI	residing at OTHOL
GIHARIA, BENAPUR, KHARAGIPU	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. Vii AZ	and fina
Date: $Q9/06/23$	The Head of Institution
·	In Head of Institution Imparting practical training ante
SECTION II	an love collection for any
I MEARAT KHAN	The second of th
	3
(Name of the Student Pharmacist) Shashanka Sekhar Sahu, of H.	TIT COMMENTAL LINCOTTAL IN
rasharka sekhal saku, of 171	T <u>TLI GRAMIN</u> HOSPITAL, K
(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 ther during the entire period of my
training.	and respect manymer during the chare period of my
	14-200-
	MEARAT KHAN
	(Student Pharmacist)
Shashanka Sekhar S	chie, A2478
(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 organ acquire:	zation so that during his /her training he /she may
 Working knowledge of keeping of records required by the vario 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 /he	r mildance

amanta M. Pharm

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

I certify thatMEARAJ	SECTION IV KHAN	had / has
(Name of	student pharmacists)	
undergone 150 hours training spread over 01 m	nonths in accordance with the details enum	erated in SECTION III.
	1	IS (07/2023) artin page (fel) training) erative, Kharagpur
	(The Head of Institut ion in P Hijli Co-op P a sc	artingpagliell training) erative, Kharagpur nim Medinipur
	SECTION V	
I certify that MEARAT	KHAN	has
(Name of student p	harmacists)	
completed in all respect his practical training undunder section 10 of the Pharmacy Act, 1948. He	er regulation 7 of Chapter - II of the Educ c had his practical training in an Institution	cation Regulations, 2014 made on approved by the Pharmacy
Council of India.		α

Date: 12-10-23 State Ac

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta M. Pharm., Ph.D (J.U.) Princip if Dr. B. C. Roy College of Engage y & State Durgapur, West Bengal 7 13733



Prof. (Dr.) & Vir Kumar Samanta M. Pharm., Fin D. (J. U.) Principal Dr. B. C. Roy Cumber Stranger & AHS Dirgapur, West Engage (13200

SECTION I

This form	has been iss	ued to /-\ -\-\-\-\-	AYR LIDIA	DAL	
			(Name of stude		2000
son of /ela	ughter of	SUSANTA	MONDAL	residing at	BAITAL, JOYPUR,
	BANKI	JRA, 722138		who has pro-	duced evidence before me
that he/sh	e is entitled t	to receive the Practical	Training as set out in	the Education Regulation	ns, 2014 made under section
	Pharmacy Ac		1 AZ		M ₂ ?
Date: C	08/06/207	23		The Hea Prof. (Thu) Air M. Phes	DEP d of Institution 말한다actical trainingae보내 교육 의료를 (J.U.)
		ARNAB	SECTION II MONDAL	<u>r. 1.1 °</u> Dv. 347 :	accept 6
	(Name of	the Student Pharmacist)		
SAN	KAR F	PRASAD DUT	TA of BISH	INUPUR DISTI	RICT HOSPITAL
Name of	the Apprentic	ce Master)	1)	Name of the Institution)(H	lospital or Pharmacy)
			ng and agree to obey	and respect him /her duri	ng the entire period of my
is my Ap	prentice Mas	ster for the above training	ing and agree to obey	and respect min that dans	
raining.					
					Atuab Mondal (Student Pharmacist)
			SECTIONIII		
ī		SANKAR	PRASAD	DUTTA	accept
*,		(Name of the Ap	oprentice Master)		
		ARNA8	MONDAL		as a
rainee ar	nd I agree to	(Name of the stugive him /her training	ident pharmacist) facilities in my organ	ization so that during his	/her training he /she may
l. Worl	king knowled ical experien	ge of keeping of records	s required by the vario	us Acts affecting the profe	ession of pharmacy; and
1)	Stocking of	Drugs and Medical Dev	ices		
2)	Inventory co	ntrol procedures			
3)	Handling of	prescriptions			
4)	Dispensing				
5)	Patient couns	seling			Oracod Dutta
I also ag	ree that a Reg	istered Pharmacist shal	l be assigned for his /h	er guidance. SNDLO Rescr (Name & ac	Apprentice Master) (Apprentice Master)
	· ·	101. 01. 5011	mar Sama	Pharmecis Bishnupur Dist Bankı	rict inversal
	r F	Dr. B. C. Roy Co. 4 (2) Durgapur, West Be	Pnarmacy & AHS		

	Λn	D100 000	SECTION IV			
I certify that	FIR	MAB MC	MOAL		_had / has	
undergone 150 h	nours training spre		10/15)	h the details enumerated in SECTION Ly 1913 finstitution imparting practical to		
SECTION V						
I certify that		ARMAB	MONDAL		_has	
(Name of student pharmacists)						
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Date: 11 10%	123	Shtt		aug by		
	10			(Head of the Academic Ins	itution)	

Prof. (Dr.) Samir Kumar Samanta M. Pharr Ph.D (J.U.) I cipal Dr. B. C. Roy Correct Fharmacy & AHS Durgapur West Bengal-713206



Prof. (Dr.) S. Whar S. Hinania M. Pharm, Fri. D. (J.U.) Principal Oc. S. C. Por Durgay, T. House

Thus form has been issued to ARPAN KUIL	<i>(</i>)
(Name of student pharm	and the second s
son of Alaughter of KARTICK CHANDRA KUILA	
MANGLAMARO. PURBA MEDINIPUR	who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Edu	cation Regulations, 2014 made under section
10 of the Pharmacy Act, 1948. Date: 08/06/23	Prof. (109.) Salant Political Samanta N. Pharm., Ph.D (J.U.)
ARPAN KULA	Child with 10 mg & AHS Date to the second confidence of 12206
(Name of the Student Pharmacist)	
Moloy Kr. De. or Khana	dre (UKhru) R. Hoop
1	he Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training and agree to obey and response	ect him /her during the entire period of my
training.	,
	Appan Knida
	(Student Pharmacist)
SECTION III	
MOLOY KR. DE.	accept
(Name of the Apprentice Master)	
ARPAN KUILA	as a
(Name of the student phermagist)	

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

Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and

Practical experience in -

acquire:

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

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

imanta Prof. (Dr.) Sam Dr. B. C. Hoy S. Durgapur, We Tour Jan 713206

(Name & address of the Institution)

MAKORA (UKHRA) 3.P.H.D. P. O. Khandra, Via-Ubma Use Burdwan, 713363

l certify that	ARPA	SECTIONIV IN KUILA	had / has
	(Name of st	udent pharmacists)	
undergone $\frac{150}{17}$ hours		onths in accordance with the details Block Mcd (The Head of Maniers)	Senumerated in SECTION III. Lical Officer of 11 of the intermediate in Section III. Lical Officer of 11 of the intermediate in Section III. Chim Burdwan
		SECTION V	
I certify that	ARPAN	KUILA	has
	(Name of student ph		
completed in all responder section 10 of the Council of India.	ect his practical training unde he Pharmacy Act, 1948. He	r regulation 7 of Chapter - II of the had his practical training in an In	e Education Regulations; 2014 made stitution approved by the Pharmacy

(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

Ourgapur a

8-9-73

Prof. (Dr. S. Prof. Somanta M. Pharm., Ph. L. (J.U.) Principal Dr. A. C.Roy College of Postmacy & AHS L. (2004), West Bengal (71111)

SECT	ION I
1	H MONDAL.
•	f student pharmacist)
son of /daughter of SATOSH KUMAR M	10 MDAL residing at KAL15 ARA
	1RBHUMwho has produced evidence before me
that he/she is entitled to receive the Practical Training as set 10 of the Pharmacy Act, 1948. Date: 08/06/2023	Out in the Education Regulations, 2014 made under section The Head of Institution Imparting practical training
ANISH MON	DAL. Pranting (0.01)
(Name of the Student Pharmacist) MOLOY KR. DE	Date of 18 18 18 18 18 18 18 18 18 18 18 18 18
(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 Monda (Student Pharmacist)
SECTIO	NIII
MOLOY KR. DE.	accept
(Name of the Apprentice Master	L.
- ANISH MO	NDAL. as a
(Name of the student pharmacist traince and I agree to give him /her training facilities in my dacquire:	organization so that during his /her training he /she may
 Working knowledge of keeping of records required by the Practical experience in - 	various Acts affecting the profession of pharmacy; and
1) Stocking of Drugs and Medical Devices	
2) Inventory control procedures	

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

Prof. (Ur.) M. Phace

3)

Handling of prescriptions

Dispensing 5) Patient counseling

Moloy kr-D (Appredice Master) (Name & address of the Institution)

l'aarmacist

P. O. Khandra, Via-Utan Dist-Burdwan 713363

Durgapar, hanne

mar Samanta (J.U.)

I certify that	ANISH	TIONIV MONDAL,	had / has
	(Name of student	pharmacists)	
	Lhours training spread over of months in 7 . 08 - 2023	Block Medical (The Head of Institu kihen of set	Offices of Health
	SEC	CTION 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

89

(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

Ourgapur C

Prof. (Dr.) Salva Amor Tomanta M. Pharms, Ft. D. (J.U.) Principal or B. C. Roy College of Fnarmacy & AHS Largapur, West Bengal-713206

Lecitify that	KoyE	section i	NDI	had / has
	(Na	ame of student pharma	cists)	
undergone	150 hours training spread over	Of months in accord	lance with the details enume	rated in SECTION III.
		(Th	Pha Kharago Kharago Paschi	macia of the Magnifest of Haginapur SO Hospital on Insedimpur
		SECTION	v	
I certify the	at KOYEL	MAHDI		has
	(Name of st	udent pharmacists)		
completed under secti Council of	in all respect his practical training in 10 of the Pharmacy Act, 19 India.	ing under regulation 7 948. He had his practi	of Chapter - II of the Educatical training in an Institutio	ation Regulations, 2014 made n approved by the Pharmacy
	3-9,-13		/	

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

(Head of the Academic Institution)



ruf. [Dr.] Sammerrar Sama ...

M. Pharm., Ph. D. (J.U.)

Princy :

Page of Pramacy 4 ...

West Bengal-7 10256

SECTION I
This form has been issued to (Name of student pharmacist)
C - P-11 1/1 a -
1-Amarshi, Dist-Purkh Medinipun 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 The Itea of Institution and Itea of Institution and Itea of Institution and Itea of Institution and Itea of Itea
/ / mnextnerrantaling
M. Phane,
SECTION II Principal Dr. B.C. Roy Colons of Pharmacy & AHS Dr. B.C. Roy Colons of Pharmacy & AHS Work Design Presented
Dr. B. C. Rev Calculate of Pharmacist) Dr. B. C. Rev Calculate of Pharmacist of Pharm
SUBRATA DAS of Gronapa 13.PHC
(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.
C. D. D. V.
Si bam ()
(Student Pharmacist)
SECTIONIII
I, Subrata San accept
(Name of the Apprentice Master)
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 -
Stocking of Drugs and Medical Devices 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. Reg. M. A1396
(Apprentice Master)
(Name & ad
Series were the series
M. Phaim , Ph.D (J.U.) M. Phaim , Ph.D (J.U.) M. Phaim , Ph.D (J.U.)
M. Phaem. Ph.D (J.U.) Principal Dr.B. C. Roy Coll pect Pharmacy & AHS Durgapur, Westeld 1 12 713206 M. Phaem. Ph.D (J.U.) Principal Grongra, Manglamaro, Patash Par - 1 Purba Medini Pur.
Durgapur, Wesselvings 713206 Purba Medini Ywo.

I certify that Some Res	SECTION IV had / has
(Name of stud	dent pharmacists)
undergone 150 hours training spread over 01	nths in accordance with the details enumerated in SECTION III.
	(The Head of Insulption Madical Will Gradularing) Gonara B.P.H.C, P.OManglamaro Patashpur-I, DistPurba Medinipur
1	SECTION V
I certify that	has
(Name of student phate	unacists)
completed in all respect his practical training under re	regulation 7 of Chapter - II of the Education Regulations, 2014 made and his practical training in an Institution approved by the Pharmacy
Date: [-11-73	
	(Head of the Academic Institution)

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



Prot. (Dr.) Sam Almar Samanca *4. Pharm., Ph.D (J.U.) Principal Carof Pharmacy & AHO Principal

This form has been issued to MTSTU BASULI
This form has been issued to
son of /daughter of MADHUSUDAN BASULL 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 The Head of Institutions of Samenta Principal ting practical training J.U.)
SECTION II DO F. C. FOCK-OF . (Plantacy LAHS
MISTY BASULI Dr. F.C. April 2206
· · · · · · · · · · · · · · · · · · ·
(Name of the Student Pharmacist) Prover Re-Running of UNDA 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.
Misty Basely
MIDTY BOWM (Student Pharmacist)
(Student Pharmacist)
(Student Pharmacist) SECTION III
(Student Pharmacist) SECTION III SECTION A accept
(Student Pharmacist) SECTION III Name of the Apprentice Master)
(Student Pharmacist) SECTION III SECTION A accept
(Student Pharmacist) SECTION III Name of the Apprentice Master) MISTURA SULI 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
(Student Pharmacist) SECTION III Name of the Apprentice Master) MISTURASULI as a
(Student Pharmacist) SECTION III (Name of the Apprentice Master) MISTURASULI 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
(Student Pharmacist) SECTION III (Name of the Apprentice Master) MISTURASULI 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 -
(Student Pharmacist) SECTION III (Name of the Apprentice Master) MISTURA SULI 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
(Student Pharmacist) SECTION III Accept (Name of the Apprentice Master) MLSTU BASULT as a (Name of the student pharmacist) trainee and I agree to give him ther training facilities in my organization so that during his ther training be tishe 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
(Student Pharmacist) SECTION III Name of the Apprentice Master) MISTURASULI 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
(Student Pharmacist) SECTION III Name of the Apprentice Master) MISTURA SULI 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

1		SECTIONIV	
I certify that/V	Lina B	a Sul'	had / has
	(Name of	student pharmacists)	
undergone 150 hours	training spread overn	nonths in accordance with the	ne details chumerated in SECTION III.
		(The Head of I	nstitution imparting practical training)
			ONDA
		SECTION V	
I certify that	Mistu	Banyi	has
	(Name of student p	oharmacists)	
under section 10 of the	ect his practical training und he Pharmacy Act, 1948. H	der regulation 7 of Chapter - e had his practical training	II of the Education Regulations, 2014 made in an Institution approved by the Pharmacy
Council of India.			(-) \h
Date:			Children Con Control of Control o
			(Head of the Academic Institution)
			ctanna a

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



I

Prof. (Dr.) September Gamanta
M. Pharm., (** **) (J.U.)

Princip if

B. C. Roy College State Hency 3 AHS

Pour, West Bengaler 13206

SECTION I

This form has been issued to SAS	NTANU DEY	
	(Name of stude	nt pharmacist)
son of /daughter of ANAND	A DEY	residing at VIII + P.O.
RANIBANDH, DIST. BA	INKURA	who has produced evidence before me
that he/she is entitled to receive the Pract 10 of the Pharmacy Act, 1948. Date: 07/06/2023	ical Training as set out in	The Mead of Marieutian Samanta Prof. (Marieutian Samanta) Prof. (Marieutian Samanta)
ISANTANU D	SECTION II	M. Phailman Charles AHS Principal Dr. B.C. Roy Calles of Pharmacy & AHS Dr. B.C. Roy Calles of Pharmacy & AHS English of Alberta Manager accept 206
•		Durger is a straight of the st
(Name of the Student Pharma		IBANDH BLOCK PRIMARY HEALTH CENTE
		•
(Name of the Apprentice Master)	•	lame of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above tr	aining and agree to obey	and respect him /her during the entire period of my
training.		
		Santown Dey (Student Pharmacist)
	SECTIONIII	
HOM ACHAMY	AN MALL	I C Kaccept
	e Apprentice Master)	•
•	SANTANU DEY	as a
(Name of the trainee and I agree to give him /her train acquire:	e student pharmacist) ing facilities in my organi	ization so that during his /her training he /she may
 Working knowledge of keeping of rec Practical experience in - 	ords required by the various	us Acts affecting the profession of pharmacy; and
1) Stocking of Drugs and Medical	Devices	
2) Inventory control procedures		
3) Handling of prescriptions		
4) Dispensing5) Patient counseling	Ŧ	
I also agree that a Registered Pharmacist	shall be assigned for his /h	er guidance.
176	Ma	(Apprentice Master) (Name & address of the Institution) Pharmacist Ranibandh B.P.H.C

Dr. B. C. Roy ** For smarty & AHS Durgapur, West Sungal-713206

Ranibandh, Bankura

SECTION IV

		SECTIONITY	
certify that	Santanu D	ey	had / has
	(Name	e of student pharmacists)	
undergone 150	hours training spread over _	months in accordance	with the details enumerated in SECTION III.
			ANR 0/7/23
		(The Hea	nd of Institution imparting practical training)
		1	with the details enumerated in SECTION III. And of Institution imparting practical training) Rambarath Parkers Rambarath
		SECTION V	,,
l certify that	Santone		has
		ent pharmacists)	
completed in all under section 1	0 of the Pharmacy Act, 1948	under regulation 7 of Ch 3. He had his practical tra	apter - II of the Education Regulations, 2014 mad aining in an Institution approved by the Pharmac

Date: 14.07.2023

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta Mr. Pharm., Ph.D (J.U.) Principal Pr. B. G. Roy Gollege of Pharmacy & AHS Durgapur, West Bengal-713206

Samir (mar Samane Ph.D (J.U.) inal macy & AHS

This form has been issued to SHUBHAN		GTRT	
	of student pharmacis		
		,	AGHASOLA, KUNDAKIT
PO-KUNDAHIT, JAMTARA, JHARKHE			
that he/she is entitled to receive the Practical Training as set	t out in the Education	on Regulations, 2014 ma	ade under section
10 of the Pharmacy Act, 1948.			(A) Wing
To of the Mathiacy Mot, 1946.	•	tros m. s.	1000
16/4		M. Ph	ation in the state of the state
Date: 16/06/23		nead of the Academ	PHARTEL
S	ECTION II	Dr. B.C. Roy C	Pharmacy & AHS
ISHUBHAM	KUMAR I	GIRI	accept021-713203
(Name of the Student Pharmacist)			
of	RAMPURY	IAT GOVT, M	CH_
		Institution)(Hospital or P	
(Name of the Apprentice Master)			
as my Apprentice Master for the above training and agree to	obey and respect h	nim /her during the entire	e period of my
training.			
		Shubba	m kumer Giri
			it Pharmacist)
		(Siudeii	t Fliar lilacist)
SECTIO)N III		
I. PARITOSH DAS			accept
(Name of the Apprentice Maste	er)		
SHURHAM V	KUMAR GI	RT	as a
(Name of the student pharmaci			
trainee and I agree to give him /her training facilities in my acquire:	organization so the	at during his /her trainin	g he /she may
 Working knowledge of keeping of records required by the Practical experience in - 	e various Acts affect	ting the profession of pha	armacy; and
1) Stocking of Drugs and Medical Devices			
2) Inventory control procedures			
3) Handling of prescriptions			
4) Dispensing			
5) Patient counseling		D ·	
I also agree that a Registered Pharmacist shall be assigned for	r his /her guidance.	Paritosh	

umar Samanta n . Ph.D (J.U.)

(Apprentice Master) **門和代稿和包括新可能 Institution**) Contingency Store

A-11007

Rampurhet Govt. Mudical College & Hospital

SECTION IV

l certify that	SHUBHAM KUMAR GIRT had/has
	(Name of student pharmacists)
undergone	150 hours training spread over1_months in accordance with the details enumerated in SECTION III.
	7 14 8 23
	(The Head of Institution impliffing practical training) Rampurhet Govt. Medical College & Hospit : Rampurhet Birbhum Pinga731724
	SECTION V
I certify that	SHUBHAM KUMAR GIRT has
	(Name of student pharmacists)
completed in under sectio Council of In	n all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made in 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy india.
Date: //	-10-13 SULLI /E (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





This form has been issued to ARPAN	SECTION I				
	(Name of student				
son of /daughter of SADAB KUND)υυ	residing at_VILL - X	RISHNAPUR		
PO-MURADI, DIST-PURULIA, PIN-723156 who has produced evidence before me					
that he/she is entitled to receive the Practical Tra	ining as set out in th	e Education Regulations, 2014	made under section		
10 of the Pharmacy Act, 1948.	AC 976	(autha)	1 3		
Date: 09/06/23		The Head of Inst Imparting practi	ltution cal training		
40045 20001	SECTION II	Pyof. (Dt.) Samle Ruma M. Phosins, Ph.D	(J.U.)		
ARPAN KUNDU		Principal	accept		
(Name of the Student Pharmacist)			a-71320 6		
SUMODHUR BANERJEE	of RAGH	INATHPUR SUPER SE	PECIALITY HOSPITAL		
(Name of the Apprentice Master)	(Na	me of the Institution)(Hospital o	r Pharmacy)		
as my Apprentice Master for the above training a	and agree to obey ar	d respect him /her during the er	ntire period of my		
training.			•		
		Ama	on kundle		
		•	ent Pharmacist)		
SECTION III					
, SUMODHUR BANE	RJEE		accept		
(Name of the Apprentice Master)					

ARPAN KUNDU

(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

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

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

(Apprentice Master) 15/06/2023 (Name & address of the Institution)

Pnannacist

Raghunattipur SD/SS Hospital Dist.-Purulia



I certify that		ARPAN	SECTION IV		had / ha
			tudent pharmacist		
undergone	150 hours training spre	ead over <u>1</u> m	onths in accordanc	e with the details enumerated in SECTIO	N III.
				J. 2 /3/2013	
			(The H	end of Institution imparting practical to Superintendent	raining)
				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

Date: 01/08/23

Council of India.

(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

O. B. O. B.

Prof. (Dr.) St. Aumar Standala M. Pharm., i to D (J.U.) Princer if Dr. B. C. Roy C - amacy & SIS Durgapur, West St. 1, 1 and 10

A functions	
•	SECTIONIC
This form has been issued to	
, 1	(Name of student pharmacist) SINGIHA residing at 238 A FLECTRIE
self of /daughter of HMAL KUMAR	SINGIHA residing at 250 Miles here me
OFFICE ROAD, GIOPALGANZ, PI	SHNUPUR, BANKURA who has produced evidence before me
that he/she is entitled to receive the Practical Train	ning as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	
To of the Finances 1 to 4	(M) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
and along	The Head of Institution
train: 08/06/2023	Imparting practical training att
	SECTION II M. PROTOTO PART AND (J.U.)
PIRWATTT SING	SHAaccept 6
1021	Daniel Commence
(Name of the Student Pharmacist)	BISHNUPUR DISTRICT HOSPITAL
SANKAR TRASAD DUTTE	(Name of the Institution)(Hospital or Pharmacy)
(Name of the Apprentice Master)	
as my Apprentice Master for the above training a	and agree to obey and respect him /her during the entire period of my
training.	D 18.0
	Bishogit Singha
	(Student Pharmacist)
	SECTION III
SANKAR TRASAI	D JUTTAaccept
(Name of the Appre	entice Master)
BISWAJI	T OINGHAas a
(Name of the studen	nt pharmacist) ilities in my organization so that during his /her training lie /she may
	quired by the various Acts affecting the profession of phogracy; and
Working knowledge of keeping of records rec Unactical experience in -	quired by the various resources.
1. Stocking of Drugs and Medical Devices	;
2) Inventory control procedures	
 Handling of prescriptions 	
4) Dispensing	
5) Patient counseling	wind for his ther widence San Man Arasad Dutte
also agree that a Registered Pharmacist shall be	c assigned for his /her guidance. OSANKOP PROGRACIONITA ROSCIONO (Apprentice Master) (Name & address of the Institution)
arma c	(Name & address of the Institution)
pur le	
) All	ahar Kumar Samanto
165/	Ph.D (J.U.)

., il

Dr. B. C. Roy Co.

	D	
I certify that _	_DISWAJIT	OINGHA

had / has

(Name of student pharmacists)

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

1916/23-1817/20)

(The Head of Institution imparting practical training)

SECTION V

I certify that

(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.

(Head of the Academic Institution)

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

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



Prof. (Dr.) Sa M. Pharm., Ph.D Principal Phy College of Pharmacy & ALIS ne 15engal-713206

This form has been issued to	SAYAN BASAK	
	(Name of student pharmacis	(1)
son of /daughter of RADHA	NATH BASAK	esiding at DAKSHIN PARA
NASARATPUR, PURBI	BURDHAMAN-713519	estoling at OTINS II III TIN
- TANATONIO	100KOHH 14112 113517 "	tho has produced evidence before me
that he/she is entitle to receive the	Practical Truming 45 set out in the Educatio	in Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	Vil 12	
Date: 07.06.2023	7-16	The Irea of Maylitution
	Į.	And the state of t
	SECTIONII	M. Presta from (4.44)
		accord revers
(Name of the Student Pha		During the Control of
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	of KHLINH SUL	<u>3DIVI SIONAL AND SUPER</u>
Name of the Apprentice Master)	(Name of the Ins	stitution)(Hospital or Pharmacy) SPECIALIT
ns my Apprentice Master for the abov	e training and agree to obey and respect him	HOSPITA
raining.		Sayan Basak
		(Student Pharmacist)
	SECTIONIII	,
	·	accept accept
(Name of	the Apprentice Master)	accept
SA'	YAN BASAK	
(Name of time and I agree to give him /her tra	the student pharmacist) ining facilities in my organization so that d	as a luring his /her training he /she may
	ecords required by the various Acts affecting	
1) Stocking of Drugs and Medica		
2) Inventory control procedures		
3) Handling of prescriptions		
4) Dispensing		
5) Patient counse ting		
so agree that a Regimered Pharmacist	shall be assigned for his /her guidance.	Sukantaser A-3625

manta M. Pharm., Phys Principal

(Apprentite Master)
(Name & address of the haring Else)
Kalna S.D. & S.S. Hospital
Kalna, Purba Bardhaman



I certify that

ayan Bonak

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)

Kalna S.D. & S.S. Hospital Kalna Picha Baidhama

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 - 12

(Head of the Academic Institution)

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

Or. B. C. Pow College of Pharmacy & AHS Duryon Free West Bengal-713206

O Durgapur &

Prof. (Dr.) Salan Prof. (Dr.)

SECTION I

This form	has been issued to DIPENDI	STAHAM L			
		(Name of student			
son of /da	nughter of HRIDAY RANJI	TAHAM ME	residing at_	BAMUNJORA	
BAR	ARAZAR DURULI	A (W.B)	who has p	produced evidence before me	
that he/sh	e is entitled to receive the Practical Tr	aining as set out in the	ne Education Regula	tions, 2014 made under section	1
	Pharmacy Act, 1948.	I fr	/	H.	
To or the				XIII XII	
D (7/06/2023	7/16	Thor	end Pinstitution	
Date: C	70 4 / 0 6 / 20 2 3		Prof. (Dai) 29	Min にいけ (J.U.)	
		SECTIONII			
Ι	DIPENDU MAH	<u> OTAL</u>	Dr. G.C. Nov Ca	The nengaria 715200	
	(Name of the Student Pharmacist)		Dung, Salar	0	Hospi
H	temanta Mondal	of Debe	n mahato	Gov. Medical col	lege &
Olame of	(Name of the Student Pharmacist) the Apprentice Master)	(Na	nme of the Institution	n)(Hospital or Pharmacy)	
	oprentice Master for the above training				
	optended waster to the account				
training.				Dipendu Mat	oto
10	4*			(Student Pharmacist)	
		SECTIONII			
	Hemanta Monda			accept	
Ι,	(Name of the App	rentice Master)			
	Dipendu	Mahato.		as a	
	(Name of the stud				
traince a	nd I agree to give him /her training fa	cilities in my organia	Lation 30 Bids during		
1. Wor 2. Prac	king knowledge of keeping of records a tical experience in -	equired by the variou	is Acts affecting the j	profession of pharmacy; and	
1)	Stocking of Drugs and Medical Devic	es			
2)	Inventory control procedures				
.3)	Handling of prescriptions				
4)	Dispensing Patient counseling				
5)	gree that a Registered Pharmacist shall	be assigned for his /h/	er guidance.	Hemanta Mon	dal
I also ag	gree that a Registered 1 maintenance	-		(Apprentice Master)	017f23
01/2	(L)		(Name	& address of the Institution)	
S.	olux is	Ken		Progania (1)	
	is I want	Ally ,		Laboration in the	201
1	IA Pro-	mar Samane	1.90	- Feg.th: 7 ой Люда Aben Mahata Coй Люда Mege & Horpital Paruh	ли Л.
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Dr. B. C. Roy College Segman 8 - 15 Durage Street Segman 8 - 15

sectioniv I certify that Dipendu Mahato	had/has
(Name of student pharmacists) undergone 150 hours training spread overmonths in accordance with the details enumerated in SECTION (The Head of Institution imparting Basichi College & Policy College & Pol	5
SECTIONV	
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 Council of India. Date: 16|08|2023

I certify that_

(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

umar Samana Ph.D (J.U.) Dr. B. C. Roy C.

Durgapur, West benyar / 13206

This form has been issued to RAHIT	SECTION I	
This form has been issued to RAHII	(Name of student p	sharmacist) '
0.0.7 0.0.7		
son of /daughter of RAJU DAS		residing at BIBIGIANI,
MIDMAPORE, PASCHIM ME	DIMIPUR	who has produced evidence before me
that he/she is entitled to receive the Practical Train	ning as set out in the	Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.	9/6	MW 1123
Date: 69.06.2023		The Head of Institution Imparting practical training as Samanta Prof. (Dr.) Samas Pholo (J.U.)
RAHIT DAS	SECTION II	accepti 2013 1115
· (Name of the Student Pharmacist)	,	E 2718296
	of MIDM	APORE MEDICAL COLLEGE AND HOSPITAL
(Name of the Apprentice Master)		e of the Institution)(Hospital or Pharmacy)
as my Apprentice Master for the above training an	d agree to obey and	respect him ther during the entire period of my
training.	grov to obey wild	
		RALIVAGS
		(Student Pharmacist)
	SECTION III	
I,		accept
(Name of the Apprent	tice Master)	
RAHIT DAS		
(Name of the student traince and I agree to give him /her training facilit acquire:	pharmacist) ies in my organizati	on so that during his /her training he /she may
Working knowledge of keeping of records required. Practical experience in -	ired by the various A	cts affecting the profession of pharmacy; and

- 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.

O OI Pharmer A AA

Prof. (Dr.) Thir Kumar Samane
M. Phurm., Ph.D (J.U.)
Principal
Dr.B. C. Roy Call Call Imagey & AHS
Durgaput, 1985

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

SECTION IV

	SECTION	had / has
I certify that	RAHIT DAS	June
	Olama of student pharms	cists) lance with the details enumerated in SECTION III.
	(TI	ne Head of Institution imparting practical training)
	and the second of	
	SECTION	V
	RAHIT DAS (Name of student pharmacists)	has Tof Chapter - II of the Education Regulations, 2014 made tical training in an Institution approved by the Pharmac
under section	1 10 of the Pharmacy	of Chapter - II of the Education Regulations, 2 Pharmac tical training in an Institution approved by the Pharmac

Date: 10.10.2023

Council of India.

(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 Sumanta. M Pharm., Ph.D (J.U.) Principal "Fharmacy & AHS



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

The Mission Hest Ital, Ourgapur | 219 Peramon Kalyan Saratu, Sector 201, Bildhan Nagar, Ourgapur 17, 3212 or 03431, 333500 | No. 4231025555 | F. 0343.253550 | Enact hospital themselonbospital or (www.themselonbospital.com) (and paragraphospital or (and paragraphospital o





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 Migsion Hospital,

Authorized Signatory

Mrs. Laline Son Ghosh

The Mission Hospital Durgapur, West Bengal



Prof. (Dr. Famil Kumar Samanta M. Pharm., Ph.D (J.U.) Principal Dr.B. C. Roy College of Pharmacy & AHS Durgoput, recal being and 13206

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





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

Ourgapur &

Prof. (Dr.) Samir 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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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 Bengai-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
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