

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

SECTION I

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

Date: 07.06.2023

Vinil A
27/6/23

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

SECTION II

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

Anindita Das
(Student Pharmacist)

SECTION III

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

Anindita Das as a
(Name of the student pharmacist)
trainee and I agree to give him /her training facilities in my organization so that during his /her training he /she may
acquire:

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

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

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

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

SECTION IV

I certify that Anindita Das had / has

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

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

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

SECTION V

I certify that Anindita Das has

(Name of student pharmacists)

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

Date:

[Signature]
(Head of the Academic Institution)

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

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

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