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

This form has been issued to Aportit Simhamaha patora
(Alama a Catudant phormacist)
son of /daughter of Achimtya Sinha mahapatra residing at vill-Sionlapal
Post-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. Phony, 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-Latitudes (Glospital 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) SECTION III accept
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 -
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I. Surran
Name of the Apprentice Master) Apoint Soha moha patta
(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) April Sucha Maha Pattera
Name of the Apprentice Master) Approxit Sinha mana pattra
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	Assisit	Sinha maha	patora
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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