

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

SECTION I

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

Date: 05.06.2023

Veril Ar
5/6

[Signature]
Prof. (In the Institution)
Imparting practical (during)
Principal
Dr. D.C. Roy College of Pharmacy
Durgam, W.

SECTION II

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

19/6/23

Aritra Samanta
(Student Pharmacist)

SECTION III

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

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

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



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

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

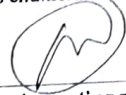
SECTION IV

I certify that ARITRA SAMANTA had / has

(Name of student pharmacists)

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

24/7/23


(The Head of Institution imparting practical training)

Additional Medical Superintendent
Midnapore Medical College & Hospital
Paschim Medinipur

SECTION V

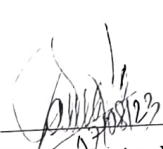
I certify that ARITRA SAMANTA has

(Name of student pharmacists)

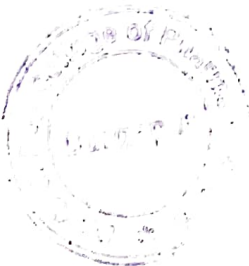
completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.


Date: 04.08.23

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(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




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