

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

SECTION I

This form has been issued to ARPAN KUILA
(Name of student pharmacist)

son of /daughter of KARTICK CHANDRA KUILA residing at CHHISTIPUR
MANGALAMARO, PURBA MEDINIPUR who has produced evidence before me
that he/she is entitled to receive the Practical Training as set out in the Education Regulations, 2014 made under section
10 of the Pharmacy Act, 1948.

Date: 08/06/23

Handwritten signature
8/6

Handwritten signature
The Head of Institution
Prof. (Dr.) Sanku Kumar Somanta
M. Pharm., Ph.D (J.U.)
Durgapur, West Bengal - 713206

SECTION II

ARPAN KUILA
(Name of the Student Pharmacist)

Moloy Kr. De of Khandra (UKhra) R. Hospital
(Name of the Apprentice Master) (Name of the Institution)(Hospital or Pharmacy)

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

Handwritten signature
Arpan Kuila
(Student Pharmacist)

SECTION III

I, MOLOY KR. DE accept
(Name of the Apprentice Master)

ARPAN KUILA as a
(Name of the student pharmacist)

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

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

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



Handwritten signature
Prof. (Dr.) Sanku Kumar Somanta
M. Pharm., Ph.D (J.U.)
Durgapur, West Bengal - 713206

Moloy Kr. De
(Apprentice Master)
(Name & address of the Institution)
Khandra (UKhra) R.P.H.O
P. O. Khandra, Via-Uttam
Dist- Bardwan - 713363

SECTION IV

I certify that ARPAN KUILA had / has

(Name of student pharmacists)

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

DT - 17.08.2023

[Signature]
Block Medical Officer of Health
(The Head of Institution implementing practical training)
Paschim Burdwan

SECTION V

I certify that ARPAN KUILA has

(Name of student pharmacists)

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

Date: 8-9-23

[Signature]
8/9

[Signature]
(Head of the Academic Institution)

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



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