

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

SECTION I

This form has been issued to ATANU MANDI
(Name of student pharmacist)

son of/daughter of SAKTI PADA MANDI residing at DEBIPUR
BHANDARHATI, HOOGHLY 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: 09.06.2023

Verd AK
9/6

[Signature]
6/23
The Head of Institution
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D. (J.U.)
Principal

SECTION II

ATANU MANDI
(Name of the Student Pharmacist)

MD. KABIR MALLICK of DHANIAKHALI 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.

Atanu Mandi
(Student Pharmacist)

SECTION III

MD. KABIR MALLICK accept
(Name of the Apprentice Master)

ATANU MANDI 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.



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

MD. Kabir Mallik
Reg. No - A-6676
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Dhaniakhali Rural Hospital
Dhaniakhali, Hooghly

SECTION IV

I certify that ATANU MANDI had / has

(Name of student pharmacists)

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

[Handwritten signature]
28/08/23

(The Head of Institution imparting practical training)
Block Medical Officer of Health
Dhaniakhali Rural Hospital
P.O.- Dhaniahali, Dt.- Hooghly

SECTION V

I certify that ATANU MANDI 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: 10/8/23

[Handwritten signature]
10/8

[Handwritten 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



[Handwritten 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