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

SECTION I

This form has been issued to AYON BUG

(Name of student pharmacist)

son of /daughter of AMIT KUMAR BUG residing at Groupal post, Siltasipara, Dwigapuri-12, Paschim Burdwan 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.

*Veil A  
8/6*

Date: 8/06/2023

*[Signature]*  
The Head of Institution  
Imparting practical training

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

Principal

Dr. B. C. Roy College of Pharmacy & AHS  
Durgapuri, Burdwan - 713206

SECTION II

AYON BUG

(Name of the Student Pharmacist)

Biplab Mishra of Panagarh block Primary Health Centre

(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.

*Ayon Bug*  
(Student Pharmacist)

SECTION III

I, Biplab Mishra accept

(Name of the Apprentice Master)

AYON BUG 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 Samanta  
M. Pharm., Ph.D (J.U.)  
Principal  
Dr. B. C. Roy College of Pharmacy & AHS  
Durgapuri, Burdwan - 713206

*Biplab Mishra*  
(Apprentice Master)  
(Name & address of the Institution)  
**Panagarh B.P.H.C.**  
**Panagarh Bazar, Burdwan**

SECTION IV

I certify that AYON BUG had / has

(Name of student pharmacists)

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



*[Handwritten signature]*

(The Head of Institution imparting practical training)

*[Handwritten text: Panagari, J.U.C. Patangari, Bazar, Patanchim, Durgapur]*

SECTION V

I certify that AYON BUG has

(Name of student pharmacists)

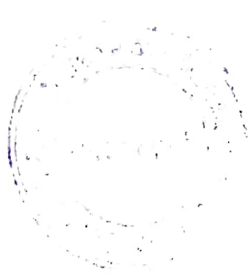
completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 29-8-23 *[Handwritten signature]*

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