

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

SECTION I

This form has been issued to BISWAJIT SINGHA
 (Name of student pharmacist)

son/daughter of AMAL KUMAR SINGHA residing at 238/A, ELECTRIC OFFICE ROAD, GOPALGANJ, BISHNUPUR, BANKURA 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: 08/06/2023

Handwritten initials/signature

Signature of Head of Institution
 The Head of Institution
 Imparting practical training
 Prof. (Dr.) Sankar Kumar Sainanito
 M. Pharm. Ph.D (J.U.)

SECTION II

BISWAJIT SINGHA
 (Name of the Student Pharmacist)

SANKAR PRASAD DUTTA of BISHNUPUR DISTRICT 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.

Signature of Biswajit Singha
 (Student Pharmacist)

SECTION III

SANKAR PRASAD DUTTA accept
 (Name of the Apprentice Master)

BISWAJIT SINGHA as a
 (Name of the student pharmacist)

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 of Dr. Sankar Kumar Sainanito
 Dr. Sankar Kumar Sainanito
 M. Pharm. Ph.D (J.U.)
 Dr. B. C. Roy College of Pharmacy & AHS

Signature of Sankar Prasad Dutta
 Sankar Prasad Dutta
 Regd. no. A-2032 (W.B.P.C.)
 (Apprentice Master)
 (Name & address of the Institution)

I certify that BISWAJIT SINGHA SECTION IV had / has

(Name of student pharmacists)

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

(19/6/23 - 18/7/23)

[Signature] 24/7/23

(The Head of Institution imparting practical training)

SECTION V

I certify that BISWAJIT SINGHA 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: 11/10/2023

AC
11/10
[Signature]

[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
Durgapur, West Bengal-713206