

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

SECTION I

This form has been issued to KOYEL NANDI
(Name of student pharmacist)

son of /daughter of DILIP KUMAR NANDI residing at KHARAGPUR,
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

Handwritten signature
7/1/23

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

SECTION II

I, KOYEL NANDI
(Name of the Student Pharmacist)

POULAMEE ACHARYA of KHARAGPUR SUB DIVISIONAL
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.

Koyel Nandi
(Student Pharmacist)

SECTION III

I, POULAMEE ACHARYA accept
(Name of the Apprentice Master)

KOYEL NANDI 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

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



Handwritten signature
Prof. (Dr.) S. ...
M. Pharm., Ph.D (D.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206

Poulamee Acharya
Reg no A12409
(Apprentice Master) 21.07.23
(Name & address of the Institution)
Kharagpur S.D. Hospital
Paschim Medinipur

SECTION IV

I certify that KOYEL HANDE had / has

(Name of student pharmacists)

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

[Signature]
Pharmacist
(The Head of Institution for Practical training)
Kharagpur SD Hospital
Paschim Medinipur

SECTION V

I certify that KOYEL HANDE 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]

[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]



[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