

[Refer to Chapter – II, Regulation – 7 of ER - 2014]

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to

KSHITISH PATRA

(Name of student pharmacist)

son of/daughter of NARASINGHA PATRA residing at VILL-KAMALPUR

P.O.- FULKUSHMADIS-BANKURA, PIN-722162 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: 07/06/2023

Handwritten signature

Handwritten signature
The Head of 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

SECTION II

KSHITISH PATRA

(Name of the Student Pharmacist)

Jogdev Karmodak of RAIPUR 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.

Handwritten signature
Kshitish Patra
(Student Pharmacist)

SECTION III

I, Jogdev Karmodak accept

(Name of the Apprentice Master)

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

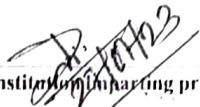
Handwritten signature
Jogdev Karmodak
(Apprentice Master)
(Name & address of the Institution)
Pharmacist
Raipur Rural Hospital
Raipur, Bankura

SECTION IV

I certify that KSHITISH PATRA had/has

(Name of student pharmacists)

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



(The Head of Institution imparting practical training)
Block Medical Officer of Health
Raipur Rural Hospital
Raipur :: Bankura


SECTION V

I certify that KSHITISH PATRA 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: 7-8-23 


(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




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