

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

SECTION I

This form has been issued to PRASANSHA PRADHAN  
(Name of student pharmacist)

son of/daughter of ARUN PRADHAN residing at PRINTAM ROAD  
KALIMPONG- WEST BENGAL 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: 7/6/23

The Head of Institution  
Imparting practical training in  
M. Pharm., Ph.D (J.U.)  
Principal  
Dr. B.C. Roy College of Pharmacy & AHS  
Durgapur, West Bengal-713208  
accept

SECTION II

PRASANSHA PRADHAN  
(Name of the Student Pharmacist)

OLYMPUS FUDONG of DISTRICT HOSPITAL KALIMPONG  
(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.

Prasansha Pradhan  
(Student Pharmacist)

SECTION III

Olympus Fudong accept  
(Name of the Apprentice Master)

PRASANSHA PRADHAN 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.

Olympus Fudong  
(Apprentice Master)  
(Name & address of the Institution)

DISTRICT HOSPITAL  
KALIMPONG  
Pharmacy  
District Hospital  
Kalimpong



Prof. (Dr.) Samir Kumar Samanta  
M. Pharm., Ph.D (J.U.)  
Principal  
Dr. B.C. Roy College of Pharmacy & AHS  
Durgapur, West Bengal-713208

I certify that

**PRASANSMA** SECTION IV  
**PRADHAN**

Juste / True

(Name of student pharmacist)

undergone 150 hours training spread over 1 months in accordance with the details enumerated in S.M. 1 P. 25 (B)

(The Head of Institution imparting practical training)

*[Signature]*  
Superintendent  
District Hospital  
Kalimpong

SECTION V

I certify that

**PRASANSMA** PRADHAN

Juste

(Name of student pharmacist)

completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2016 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

28-8-73  
*[Signature]*  
28/8

(Head of the Academic Institution)

Prof. (Dr.) Samir Kumar Samanta  
M.A. (Pharm.), Ph.D. (I.I.T.)  
Principal  
Dr. B. C. Roy College of Pharmacy & Allied  
Durgapur, West Bengal 713205



*[Handwritten signature]*