

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

SECTION I

This form has been issued to RAJDEEP CHAKRABORTY.

(Name of student pharmacist)

son of/daughter of ARUN KUMAR CHAKRABORTY, residing at LAKE TOWN (WEST), KANCHRAPARA, 24 PHS (N), 743145, 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: 09/06/2023

Vinil AC
-916

[Signature]
Head of the Academic Institution
Prof. (Dr.) Sanku Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
accept

SECTION II

I, RAJDEEP CHAKRABORTY,

(Name of the Student Pharmacist)

of COLLEGE OF MEDICINE AND J.N.N. 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.

Rajdeep Chakraborty
(Student Pharmacist) ✓

SECTION III

I, Goutam Kr. Maity accept
(Name of the Apprentice Master)

RAJDEEP CHAKRABORTY 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.) Sanku Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal 741203

[Signature]
157623 A-2945
(Apprentice Master)
(Name & address of the Institution)
COLLEGE OF MEDICINE & J.N.N. HOSPITAL
KALYANI, NADIA

SECTION IV

I certify that RANDEEP CHAKRABORTY had / has

(Name of student pharmacists)

undergone 150 hours training spread over 07th months in accordance with the details enumerated in SECTION III.

[Signature]
(The Head of Institution imparting practical training)

Superintendent
GOM & J.N.M. Hospi
Kalyani Nadi

SECTION V

I certify that RANDEEP CHAKRABORTY 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:

7-11-23 [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]
26/11/24

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