

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

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Ritam Barik

(Name of student pharmacist)

son of/daughter of Biswajit Barik residing at Reongopal pur
Crabsi, Purba Bardhaman 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: 15/06/23

VC - A
15/6

The Head of Institution
Prof. (Dr.) Ujjwal Kanti Chowdhury
M. Pharm., Ph.D (J.U.)
Principal
Department of Pharmacy & AHS
Purba Bardhaman-713203

SECTION II

I Ritam Barik
(Name of the Student Pharmacist)

Ujjwal Kanti Chowdhury of Pursha Block Primary 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.

Ritam Barik
(Student Pharmacist)

SECTION III

I Ujjwal Kanti Chowdhury accept
(Name of the Apprentice Master)

Ritam Barik 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.

Ujjwal Kanti Chowdhury
(Apprentice Master)
(Name & Address of the Institution)
Pharmacist
Pursha B.P.H.C
Purba Bardhaman

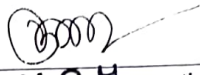


[Signature]
Prof. (Dr.) Samir Kumar Sanyal
M. Pharm., Ph.D (J.U.)
Principal
Department of Pharmacy & AHS
Purba Bardhaman-713203

SECTION IV

I certify that Ritam Basik had / has
(Name of student pharmacists)

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


(The Head of Institution reporting practical training)
Pursha BPHC

SECTION V

I certify that _____ 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: 12-10-23
Samir Kumar
12/10


(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




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