

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

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to RAHIT DAS

(Name of student pharmacist)

son of /daughter of RAJU DAS residing at BIBIGANJ,

MIDNAPORE, 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: 02.06.2023

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)

SECTION II

I, RAHIT DAS
(Name of the Student Pharmacist)

of MIDNAPORE MEDICAL COLLEGE AND 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.

[Signature]
(Student Pharmacist)

SECTION III

I, _____ accept
(Name of the Apprentice Master)

RAHIT DAS 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.

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



[Signature]
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713256

