

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

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SAMRIDHA BAGCHI
(Name of student pharmacist)

son of/daughter of DR. SOUMENDRA NATH BAGCHI residing at KALYANI,
NADIA. 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: 07/06/23

Veril AC 7/6

[Signature]

The Head of Institution
Prof. (Dr.) Soumitra Samanta
M. Pharm., Ph.D (J.U.)

SECTION II

SAMRIDHA BAGCHI
(Name of the Student Pharmacist)

Dr. B. C. Roy College of Pharmacy & AHS
Durgapour, Nadia - 743208

of JNM 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.

Samridha Bagchi
(Student Pharmacist)

SECTION III

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

SAMRIDHA BAGCHI 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.) Soumitra Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapour, Nadia - 743208

[Signature]
157923
(Apprentice Master)
(Name & address of the Institution)
COLLEGE OF PHARMACY & JNM HOSPITAL
KALYANI, NADIA
A-2945

I certify that Samridha Bagchi SECTION IV 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 in charge practical training)

Superintendent
COM & J.N.M. Hospital
Kalyani Nadia

SECTION V

I certify that _____ has

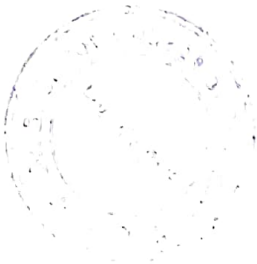
(Name of student pharmacists)


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:


(Head of the Academic Institution)

Dr. J. Manik Kumar Saha
M. Pharm., Ph.D (J)
Principal
Nalanda College of Pharmacy
Burdwan, West Bengal-713006




Dr. S. Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. P. Saha College of Pharmacy
Burdwan, West Bengal-713006