

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

SECTION I

This form has been issued to SANCHITA PATHAK

(Name of student pharmacist)

son of/daughter of SUBHAS PATHAK residing at SADATPUR,

HOWRAH 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: 07/06/2023

Vinod KC
7/6

[Signature]
The Head of Institution
Imparting practical training
Prof. (Dr.) Samanta Hemanta
M. Pharm., PhD (J.U.)
Accept
713206

SECTION II

I SANCHITA PATHAK

(Name of the Student Pharmacist)

of JAGATBALLAVPUR RURAL 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.

Sanchita Pathak
(Student Pharmacist)

SECTION III

I Hemanta Kumar Hazra accept

(Name of the Apprentice Master)

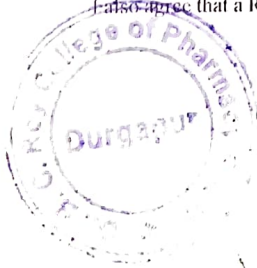
Sanchita Pathak as a

(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. Hemanta Kumar Samanta
(J.U.)
Dr. T. C. Roy
Durgapur, West Bengal 713206

Hemanta Kumar Hazra
Reg No' A-5655
Jagatballavpur Rural Hospital
(Apprentice Master)
(Name & address of the Institution)
Goal Pota, J.B.Pur, Howrah
Pharmacist
JBpur RH

I certify that Samehita Pathany **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 imparting practical training)
Block Medical Officer
Jagatballavpur Rural Hospital

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: 29-8-23 *Subal PC*
29/8

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