

SECTION I

This form has been issued to SHIWANI CHAUDHURI  
(Name of student pharmacist)  
son of /daughter of PARASHURAM CHAUDHURI residing at SUPER MARKET,  
SARNAON-736182, DISTRICT-ALPURDUAR(WB) 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

*Handwritten signature*  
7/6

*Handwritten signature*  
2/6/23  
The Head of Institution  
Prof. (Dr.) Samir Kumar Samanta  
M. Pharm., Ph.D (J.U.)  
Principal

SECTION II

I, SHIWANI CHAUDHURI Dr. B.C. Roy College of Pharmacy & AHS  
Durgapur, West Bengal-713206  
(Name of the Student Pharmacist)

DHRUBAJYOTI MOHANTA of MAL SUPER SPECIALITY 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.

*Handwritten signature*  
(Student Pharmacist)

SECTION III

I, DHRUBAJYOTI MOHANTA accept  
(Name of the Apprentice Master)

SHIWANI CHAUDHURI 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:

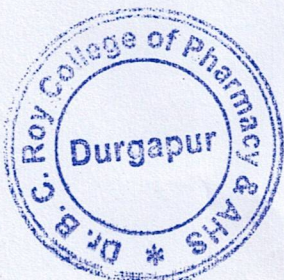
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -

- 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.

*Handwritten signature*  
Reg No - A10517  
(Apprentice Master) 19/6/23  
(Name & address of the Institution)

Pharmacist  
Mal SSH  
Jalpaiguri



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



SECTION IV

I certify that SHIWANI CHAUDHURI 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 imparting practical training)

*[Signature]*  
19/8/23  
Superintendent  
M. S. D. & S. S. Hospital  
Malbazar, Jalpaiguri

SECTION V

I certify that SHIWANI CHAUDHURI 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: 01/08/2023

*[Signature]*  
01/08/23  
(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]*  
12/12/21  
Prof. (Dr.) Samir Kumar Samanta  
M. Pharm., Ph.D (J.U.)  
Principal  
Dr. B. C. Roy College of Pharmacy & AHS  
Durgapur, West Bengal-713206

