

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

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Sibam Roy
(Name of student pharmacist)

son of/daughter of Swapan Roy residing at vill- Kalmghat
P.O-Amarashi, Dist- Purba 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: 07/06/2023

Veil AC
FHS

[Signature]
The Head of Institution,
Supervising practical training
Prof. (Dr.) Sibam Roy
M. Pharm., Ph.D (J.U.)
Principal
Dr. B.C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

SECTION II

I, Sibam Roy
(Name of the Student Pharmacist)

SUBRATA DAS of Gonara B.P.H.C
(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.

Sibam Roy
(Student Pharmacist)

SECTION III

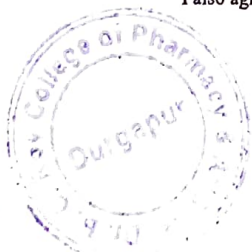
I, Subrata Das accept
(Name of the Apprentice Master)

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

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

Subrata Das Reg. No. A13969

Gonara B.P.H.C
Gonara, manglamuro, Patash Pur - 1
Purba Medini Pur.

I certify that Sibam Roy SECTION IV _____ had / has
(Name of student pharmacists)

undergone 150 hours training spread over 01 months in accordance with the details enumerated in SECTION III.

[Signature]
(The Head of Institution / Medical Officer of Health)
Gonara B.P.H.C, P.O.-Manglamara
Patashpur-I, Dist.-Purba Medinipur

SECTION V

I certify that Sibam Roy _____ 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: 1-11-23

[Signature]

[Signature]
(Head of the Academic Institution)

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



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