

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

SECTION I

This form has been issued to Souvik Ghorai

(Name of student pharmacist)

✓ son of/daughter of Chandan Ghorai residing at Villa PO-Paramanan datur, Moyna, 721644, 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: 8-11-23

Vinil Kc

[Signature]  
The Head of Institution  
Imparting practical training

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 II

I, Souvik Ghorai

(Name of the Student Pharmacist)

Amal Kumar Manna of Garh Moyna BPHC

(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.

Souvik Ghorai  
(Student Pharmacist)

SECTION III

I, Amal Kumar Manna accept

(Name of the Apprentice Master)

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

[Signature]  
(Apprentice Master)  
(Name & address of the Institution)  
Pharmacist

Garh Moyna B.P.H.C  
PO - Moyna Purba Medinipur

SECTION IV

I certify that Souvik Ghorai had / has

(Name of student pharmacists)

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

(The Head of Institution imparting practical training)  
**Block Medical Officer of Health**  
**Gan Mohana B.P.H.O.**  
**Moyna :: Purba Medinipur**

SECTION V

I certify that Souvik Ghorai 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:

*Handwritten signature*  
*Horizon*

*Handwritten signature*

(Head of the Academic Institution)

Dr. S. C. Das  
Block Medical Officer of Health  
Gan Mohana B.P.H.O.  
Moyna, Purba Medinipur  
West Bengal-753206



*Handwritten signature*

Prof. (Dr.) Anil Kumar Samanta  
M. Pharm., F. D. (J.U.)

Dr. B. C. Roy College of Pharmacy  
Durgapur, West Bengal