

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

Practical Training Contract Form For Pharmacists

This form has been issued to SECTION I  
SOUVIK KUMAR HAZRA  
(Name of student pharmacist)

son of /daughter of TARUN KUMAR HAZRA residing at GIUSKARA

SCHOOL MORE, DIST- PURBA BARDHAMAN 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: 15/06/2023

*Handwritten signature and date 15/6*

*Handwritten signature*  
Head of the Academic Institution  
**Prof. (Dr.) Souvik Kumar Samanta**  
M. Pharm., Ph.D (J.U.)  
Principal accept  
Dr. B. C. Roy College of Pharmacy & AHS  
Durgapur, West Bengal-713206

I, SECTION II  
SOUVIK KUMAR HAZRA  
(Name of the Student Pharmacist)

DIBYENDU MUKHERJEE of BANNABAGRAM 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.

*Handwritten signature*  
Souvik Kumar Hazra  
(Student Pharmacist)

I, SECTION III  
DIBYENDU MUKHERJEE accept  
(Name of the Apprentice Master)

SOUVIK KUMAR HAZRA 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 and date*  
Dibyendu Mukherjee  
19/07/23  
(Apprentice Master)

(Name & address of the Institution)  
Pharmacist  
**Bannabagram B.P.H.C.**  
Ausgram-I  
Purba Bardhaman  
REG. NO. -A-11352



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

I certify that SOUVIK KUMAR HAZRA <sup>SECTION IV</sup> 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)  
Stock Medical Officer of Health,  
Bannabagram B.P.H.C  
Ausgram-I, Burdwan  
BWB-HFH-021  
Pin-713152

SECTION V

I certify that SOUVIK KUMAR HAZRA 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: 8-8-23 *Souvik Ac*  
*STB*

*[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