

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

SECTION I

This form has been issued to SUMIT SAU

(Name of student pharmacist)

son of /daughter of DIHANANJOY SAU residing at DAHAMUNDA, KORTIA, GOPIBALLAVPUR, JHARGRAM 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: 08/06/2023

Vaid AC  
8/6

The Head of Institution

Prof. (Dr.) Sumir Kumar Samanta  
M. Pharm., Ph.D (J.U.)  
Principal

SECTION II

I, SUMIT SAU

(Name of the Student Pharmacist)

JOYDEV SAU

(Name of the Apprentice Master)

of GOPIBALLAVPUR S. S. H.

(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.

Sumit Sau.  
(Student Pharmacist)

SECTION III

I, JOYDEV SAU accept

(Name of the Apprentice Master)

SUMIT SAU.

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.



Prof. (Dr.) Sumir Kumar Samanta  
M. Pharm., Ph.D (J.U.)  
Principal

Dr. B. C. Roy College of Pharmacy & AHS  
Durgapur, West Bengal-713 200

Joydev Sau.  
Reg. No. - A-4862  
(Apprentice Master)  
(Name & address of the Institution)  
PHARMACIST  
GOPIBALLAVPUR SSH, JHARGRAM

SECTION IV

I certify that SUMIT SAU had / has

(Name of student pharmacists)

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

*[Signature]*  
18/07/23

(The Head of Institution imparting practical training)

**Superintendent  
Gopiballavpur M/SSH  
Dist.-Jhargram**

SECTION V

I certify that SUMIT SAU 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: 12-8-23

*[Signature]*  
JTS

*[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  
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