

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

SECTION I

This form has been issued to SWARNENDU GHOSH
(Name of student pharmacist)

son of / daughter of ALOKE GHOSH residing at RUPPUR, TIN
SANKO MORE, KANDI, MURSHIDABAD 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: 05/06/23

Veril AC
5/6

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

SECTION II

SWARNENDU GHOSH
(Name of the Student Pharmacist)

SUMAN DUTTA. of KANDI SUB-DIVISION HOSPITAL

(Name of the Apprentice Master) (Name of the Institution) (Hospital or Pharmacy)

I, the Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my
training

Swarnendu Ghosh
(Student Pharmacist)

SECTION III

SUMAN DUTTA. accept

(Name of the Apprentice Master)

SWARNENDU GHOSH 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:

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in -
 - Stocking of Drugs and Medical Devices
 - Inventory control procedures
 - Handling of prescriptions
 - Dispensing
 - Patient counseling

I also agree that a Registered Pharmacist shall be assigned for his / her guidance.



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

Suman Dutta.
(Apprentice Master)
(Name & address of the Institution)
Reg NO-A-9078.
Pharmacist
Kandi S.D. Hospital
Murshidabad

SECTION IV

I certify that SWARNENDU GHOSH 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 ~~Superintendent~~ practical training)

Kandi S. D. Hospital, MSD

SECTION V

I certify that SWARNENDU GHOSH has

(Name of student pharmacists)

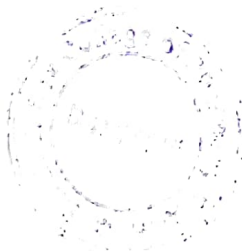
completed in all respect his practical training under regulation 7 of Chapter - II of the Education Regulations, 2014 made under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved by the Pharmacy Council of India.

Date: 3-8-23

Subhadra A
3/8

(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



Samir Kumar Samanta
20/8/24
Prof. (Dr.) Samir Kumar Samanta
M. Pharm., Ph.D (J.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal-713206