

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

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to SAYAN BASAK

(Name of student pharmacist)

son of/daughter of RADHANATH BASAK residing at DAKSHIN PARA NASARATPUR, PURBA BARDHAMAN-713519 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

*Handwritten signature*

*Handwritten signature*  
The Head of Institution  
Practical Training  
M. Pharm. (S.S.)  
accept

SECTION II

I, SAYAN BASAK

(Name of the Student Pharmacist)

of KALNA SUBDIVISIONAL AND SUPER SPECIALITY HOSPITAL  
(Name of the Institution)(Hospital or Pharmacy)

(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.

Sayan Basak  
(Student Pharmacist)

SECTION III

I, \_\_\_\_\_ accept

(Name of the Apprentice Master)

SAYAN BASAK

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 counselling

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

Sukanta Sen. A-3625

(Apprentice Master)

(Name & address of the Institution)

**Pharmacist**  
**Kalna S.D. & S.S. Hospital**  
**Kalna, Purba Bardhaman**

*Handwritten signature*

Dr. Sukanta Sen  
M. Pharm., (Pharm. Educ.)  
Principal

B. D. P. College of Pharmacy  
Durgapur, West Bengal





SECTION IV

I certify that Sayan Banak had / has

(Name of student pharmacists)

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

26/10/23

(The Head of Institution imparting practical training)  
Superintendent

Kalna S.D. & S.S. Hospital  
Kalna Purba Bardhaman

SECTION V

I certify that \_\_\_\_\_ 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: 10-10-23

Ac  
10/10 submit

10/10/23  
(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



10/10/23  
Prof. (Dr.) Samir Kumar Samanta  
M. Pharm., Ph.D (J.U.)  
Principal  
Dr. B. C. Roy College of Pharmacy & AHS  
Durgapur, West Bengal-713206