

[Refer to Chapter - II, Regulation - 7 of E.R - 2014]
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to

SOUFYADIP PAN

(Name of student pharmacist)

son of (daughters)

NEPAL PAN

residing at DOKHIN LALSAGAR

CHANDRAKONA TOWN, PASCHIM 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: 09/06/23

*Recd At
9/6*

[Signature]
The Head of Institution
Principal (In-charge Practical training)
M. Pharm., Ph.D (J.U.)
Principal

SECTION II

SOUFYADIP PAN

(Name of the Student Pharmacist)

of CHANDRAKONA RURAL HOSPITAL

(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.

Soufyadip Pan.
(Student Pharmacist)

SECTION III

TAPAN KUMAR KOLEY

accept

(Name of the Apprentice Master)

SOUFYADIP PAN

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.

Tapan Kumar Koley
(Apprentice Master)
(Name & address of the Institution)
*Reg No. A-1607
28/07/23*

Pharmacist
Chandrakona Rural Hospital
Chandrakona
Paschim Medinipur

[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



SECTION IV

I certify that Soumyadip Pan had/has

(Name of student pharmacist(s))

undergone 150 hours training spread over 1 months in accordance with the details enumerated in SECTION III.

(The Head of Institution imparting practical training)

B.M. ...
Chandrapona ... Hospital
Paschim Medinipur

SECTION V

I certify that Soumyadip Pan has

(Name of student pharmacist(s))

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:

(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

01.03.24



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