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

| This form has been issued to | , T | SECTION I UFAN GHOSH | | | | |
|---|---|--|------------------------------|----------------------------------|--|--|
| This form has been issued to | , | (Name of studen | t pharmacist) | | | |
| and of /daughter of | KCMKOR | | | ZRA,KANKOBATI, | | |
| PASCHI | | | who has produc | | | |
| that he/she is entitled to rec | ceive the Practica | I Training as set out in t | he Education Regulations, | 2014 made under section | | |
| 10 of the Pharmacy Act, 19 | 48. Vi | 1 Ac all | | 6123 | | |
| Date: 09/06/20 7 | _3 | | The Head of Imparting | f Institution | | |
| | | SECTION II | M. Pho | reto Photh (J.U.) Reto stead | | |
| TUFAN | GHOSH | SECTION | C · . · · · · · · · · · · | 7m 12 5/2m/ | | |
| 01 - 64 - 6 | de de de Dhemme e de | | C · . | 7 (5. h.jbl-71320 9 | | |
| (Name of the S | tudent Pharmacis | | ANDRAVANA I | ATTASOH JARUS | | |
| | | | | | | |
| (Name of the Apprentice Ma | ister) | (N | ame of the Institution)(Hos | pital or Pharmacy) | | |
| as my Apprentice Master fo | or the above train | ing and agree to obey a | nd respect him /her during | the entire period of my | | |
| training. | | | | | | |
| | | | | Tufan ahosh (Student Pharmacist) | | |
| | | SECTION III | | | | |
| 1. | 16. 200 000 | 1/0/201 | | accept | | |
| I, TELDAY | (Name of the 4 | Apprentice Master) | | | | |
| O 1 | (Ivallie of the z | apprentice master) | | 20.0 | | |
| - lindow | | | | as a | | |
| trainee and I agree to give acquire: | (Name of the s him /her training | tudent pharmacist) g facilities in my organi | zation so that during his /h | er training he /she may | | |
| Working knowledge of Practical experience in | keeping of record | ds required by the variou | s Acts affecting the profess | sion of pharmacy; and | | |
| 1) Stocking of Drug | s and Medical De | vices | | | | |
| 2) Inventory control | procedures | | | | | |
| 3) Handling of prescriptions | | | | | | |
| 4) Dispensing | | | | | | |
| 5) Patient counseling | 5) Patient counseling o agree that a Registered Pharmacist shall be assigned for his /her guidance. Japan Kurner | | | | | |
| I also agree that a Registere | ed Pharmacist sha | all be assigned for his /he | er guidance. Jaba | n Kumar ren | | |

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

(Name & address of the Institution)

Pharinacist
Chandrakona Rura Hospital
Chandrakona
Paschim Medinipur

SECTION IV

| I certify that | TUFAN | GHOSH | | had / has | |
|--|------------------------------|---|--|---|--|
| | (| Name of student ph | armacists) | | |
| undergone | 150 hours training spread or | vermonths in a | ccordance with the de | tails enumoreted in SECTION III. | |
| | | | | (k ³ (k ³)) | |
| (The Head of Institution imparting practical training) | | | | | |
| | | SECT | ION V | Block Modicion of Medicion of | |
| I certify that | TUFAN | G7H05H | | has | |
| | | student pharmacists | | | |
| completed in under section Council of Ir | n 10 of the Pharmacy Act, | ning under regulation 1948. He had his p | on 7 of Chapter - II of ractical training in an | the Education Regulations, 2014 made Institution approved by the Pharmacy | |
| Date: | | | , | The run | |
| | | | (| (Head of the Academic Institution) | |

Frof. (Dr.) Samir Kumar Saman M. Pharm., Ph.D (J.U.) Principal Or. B. C. Roy College of Pharmacy & Al. Durgapur, West Bengal-713206



rof. (Dr.) Samir Ruman Famanto M. Pharm., Ph. U. (1.U.) Princip II Dr. B. C. Roy College of Francoy & 748 Durgapur, West Bengaler (1797)