

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

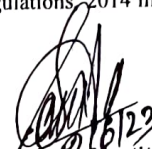
Practical Training Contract Form For Pharmacists

SECTION I

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

son of /daughter of KINKOR GHOSH residing at HAZRA, KANKOBATI,
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: 09/06/2023


The Head of Institution
Imparting practical training
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 II

I TUFAN GHOSH
(Name of the Student Pharmacist)
of CHANDRAKONA RURAL HOSPITAL
(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.

Tufan Ghosh
(Student Pharmacist)

SECTION III


I, Tapan Kumar Koley accept
(Name of the Apprentice Master)
Tufan 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:

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

Tapan Kumar Koley
(Apprentice Master)
(Name & address of the Institution)

Pharmacist
Chandrakona Rural Hospital
Chandrakona
Paschim Medinipur

Reg. No. A-1605
28/07/2023

