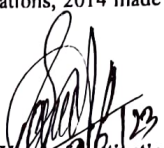


[Refer to Chapter – II, Regulation – 7 of ER - 2014]  
Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to UMASANKAR BANERJEE  
(Name of student pharmacist)  
son of /daughter of GOURISANKAR BANERJEE residing at JHAKRA  
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: 09/06/2023

  
The Head of Institution  
Imparting practical training

**Prof. (Dr.) Sanjit Kumar Samanta**  
M. Pharm., Ph.D (J.U.)

SECTION II

I UMASANKAR BANERJEE  
(Name of the Student Pharmacist)  
accept  
to undergo practical training at CHANDRAKONA RURAL HOSPITAL  
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.

Umasankar Banerjee  
(Student Pharmacist)

SECTION III

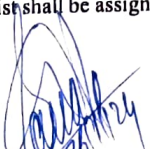
I, Tapan Kumar Koley accept  
(Name of the Apprentice Master)

Umasankar Banerjee 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.) Sanjit 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-1607  
28/7/23

**SECTION IV**

I certify that UMASANKAR BANERJEE had / has

(Name of student pharmacists)

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

\_\_\_\_\_  
(The Head of Institution Imparting practical training)

Block Medical Officer of Health  
Chandrakona Rural Hospital  
Chandrakona  
Paschim Medinipur

**SECTION V**

I certify that UMASANKAR BANERJEE 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:

\_\_\_\_\_  
(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



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