

Practical Training Contract Form For Pharmacists

SECTION I

This form has been issued to Rakesh Paul  
(Name of student pharmacist)  
son of / daughter of Timir Paul residing at Mohanpur, Radhanagar  
Chandrakona, 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: 15/06/2023

*Handwritten initials and date: V.K. 15/6*

*Handwritten signature*

The Head of Institution  
Imparting practical training  
Prof. (Dr.) Samir Kumar Samanta  
M. Pharm., Ph.D (J.U.)  
Principal

SECTION II

Rakesh Paul  
(Name of the Student Pharmacist)  
of Ghatal, SD and SS 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.

Rakesh Paul  
(Student Pharmacist)

SECTION III

Nisith Kumar Ghosh accept  
(Name of the Apprentice Master)  
Rakesh Paul 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.

Nisith Kumar Ghosh  
Reg No - A-1678  
(Apprentice Master)  
(Name & address of the Institution) 31-07-23



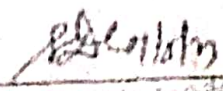
*Handwritten signature*  
Prof. (Dr.) Samir Kumar Samanta  
M. Pharm., Ph.D (J.U.)  
Principal

Dr. B. C. Roy College of Pharmacy & AHS  
Durgapur, West Bengal-713206

I certify that Rakesh Paul SECTION IV \_\_\_\_\_ 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)  
Ghatol S. D. Hospital  
Paschim Medinipur

I certify that Rakesh Paul SECTION V \_\_\_\_\_ 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