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

| , | | |
|---|---|--|
| This form has been issued to SAYAN 13H | OWMIK | |
| (Name of s | tudent pharmacist) | |
| son of /daughter of SUBRATA KUMAR BHOW | MIK residing at NAYAGRAM. | |
| PASCHIM MEDINIPUR, 701102 | who has produced evidence before me | |
| that he/she is entitled to receive the Practical Training as set of 10 of the Pharmacy Act, 1948. Date: 09.06.2023 | The Head of Institution Imparting practical training | |
| SAYAN BHOWMIK | M. Phones, Ph.D (J.U.) | |
| (Name of the Student Pharmacist) | Dr. C. C. No. 1 | |
| Tangeria De De min of M | EDINIPUR MEDICAL COLLEGE AND HOSPITA | |
| Name of the Apprentice Master) | (Name of the Institution)(Hospital or Pharmacy) | |
| as my Apprentice Master for the above training and agree to of | bey and respect him /her during the entire period of my | |
| | | |
| 19/6/23 | Sayan Bhownik | |
| • | (Student Pharmacist) | |
| CECTION | | |
| SECTION III | | |
| Name of the Apprentice Master) | | |
| (Name of the Apprentice Master) | | |
| SAYAN BHOWMIK | as a | |
| (Name of the student pharmacist) rainee and I agree to give him /her training facilities in my or equire: | ganization so that during his /her training he /she may | |
| Working knowledge of keeping of records required by the v Practical experience in - | arious Acts affecting the profession of pharmacy; and | |
| 1) Stocking of Drugs and Medical Devices | | |
| 2) Inventory control procedures | | |
| 3) Handling of prescriptions | | |
| 4) Dispensing | | |
| Patient counseling | · P | |
| Patient counseling Lake That a Registered Pharmacist shall be assigned for h | is ther guidance. Jan melijay Bhinis | |

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

(Apprentice Master) A - 1982.

(Name & address of the Institution)

Pharmacist

Midnaporo Medical College & Hospital

Paschim Medinipur.

| SECTION IV | | | |
|--|---------------------|--|---|
| I certify that | SAYAN | BHOWMIK | had / has |
| | | . (Name of student pl | armacista) |
| undergone 150 | hours training spre | ead over 🔼 Lmonths in a | ecordance with the details enumerated in SECTION III. |
| 24/4/23 | , | | |
| -1111 | | | (The Head of Institution imparting practical training) |
| | | | Additional Medical Superintendent |
| | | | Midnapore Medical College & Hospital Peschim Medinipur |
| SECTIONV | | | |
| I certify that | SAYAN | BHOWMIK | has |
| (Name of student pharmacists) | | | |
| completed in all under section 10 Council of India | 0 of the Pharmacy | al training under regulat Act, 1948. He had his | ion 7 of Chapter - II of the Education Regulations, 2014 made practical training in an Institution approved by the Pharmacy |
| Date: | | | multipy |
| | | | (Head of the Academic lustitution) |



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