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BOARD OF PRACTICAL TRAINING (EASTERN REGION)

Autonomous Body Under Ministry of Human Resource Development, Department of Higher Education, Government of India

Block- EA, Sector- 1, Salt Lake City Opp to Labany Estate, Kolkata - 700064

tel No. 033 - 23370750 / 23370751 Fax No. 033-2321 6814 Email: info@bopter.gov.in

Website: <http://www.mhrdnate.gov.in/>



APPRENTICESHIP CONTRACT REGISTRATION FORM

APPRENTICE INFORMATION

Name:	Gender:	Date of Birth:	Age:
MANISHA MUKHERJEE	Female	05 May-1997	22

Father / Mother Name:	Enrollment Number:	Grade:	Sex:
ILA MUKHERJEE	EWBG76919070002	OTHERS	NO



Address for Communication:	Mobile Number:	E-mail Address:
11/18 NEWTON AVENUE, B-ZONE, NEWTON Farooq - Durgapur, Bardhaman West Bengal - 713205	9907690531	mannc1997@gmail.com

EDUCATIONAL QUALIFICATION

Name of the Institution / College / University:	Univ. Regn. Number / DOTE / DTE Regn. Number / U-2 Regn.:	Month & Year of passing:	Ed. Qualification:
DR B C ROY ENGINEERING COLLEGE, DURGAPUR, Bardhaman	151890210036	JUL-2019	GRADUATE IN PHARMACEUTICAL CHEMISTRY AND TECHNOLOGY

TRAINING DETAILS

Training start date:	Period of Training:	Stipend Rs. per month:	The apprentice would be undergoing training under section 22 (1)
11-Sep-2019	12 Months	14000.0	
Contract Regn. No.:	Approved On:	Approved By:	
NA	NA	NA	

NAME AND ADDRESS OF THE EMPLOYER

PRESSNUS NABI ONCOLOGY LIMITED - EWBNAPO00020
D-35, INDUSTRIAL AREA, KALYANI
Nadia, West Bengal - 741235

We, the Employer, Apprentice hereby declare that we have read the contents of the Apprenticeship Contracts as per the Apprenticeship Rules, 1992, as amended from time to time and agree to abide by all the provisions made thereunder. We also declare that all the provisions of the Apprentices Act, 1961, as amended from time to time including those relating to Registration and Termination of Contract are binding on us. According to the apprentice, it is intimated that the apprentice has not undergone apprenticeship training elsewhere or had work. We will impart Apprenticeship training according to the approved training module/programme.

It is requested that the Registration Number may kindly be noted in your records and the claims for the reimbursement of Government share of stipend if any may please be sent to this office once in a quarter along with Progress Report of the apprentices in the prescribed Form Apprenticeship -1.

NOTE

This is system generated ACRF document. Agreeing to the terms and conditions in the workflow is as good as signing of physical contract form on mutual agreement between Student and Establishment. It has all legal binding as per the law if mutual trust is broken.
IP address of Establishment submitting this request: NA IP address of student accepting this request: NA