

BOARD OF PRACTICAL TRAINING (EASTERN REGION)

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

Block-1A, Sector-1, Salt Lake City, Opp to Labony Estate, Kolkata - 700064

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

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



APPRENTICESHIP CONTRACT REGISTRATION FORM

APPRENTICE INFORMATION

Name	Gender	Date of Birth	Age
Suprim Roy	Male	24-Oct-1994	26
Class / Mother Name	Enrollment Number	Center	Type
Suprema Roy	EWBG769200800002	SC	NO
Address for Correspondence		Mobile Number	E-mail Address
119/1 Post Office Road, Habra Habra-I, NORTH-24 BARDHAMAN WEST BENGAL - 742603		9002374603	rsuprim@gmail.com



EDUCATIONAL QUALIFICATION

Name of the Institution / College / University	UAI Regn. Number / DOTE / DTE Regn. Number / +2 Regn.	Month & Year of passing	Degree / Qualification
DR. B. C. ROY ENGINEERING COLLEGE, DURGAPUR, BARDHAMAN	161800210118	Jun-2020	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 12(1).
31-Aug-2020	12 Months	14000.0	
Contract Regn. No.	Approved On	Approved By	
NA	NA	NA	

NAME AND ADDRESS OF THE EMPLOYER

FREIBERS KABI TECHNOLOGY PVT LTD - EWBNAP000520
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, 1962 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. However, we declare that the 50% stipendary reimbursement for this contract shall not be claimed from the Government of India. According to the apprentice, it is informed, that the apprentice has not undergone apprenticeship training elsewhere or had work. We will impart Apprenticeship training according to the approved training module/program.

It is requested that the Registration Number may kindly be noted in your records and the claims for the reimbursement of Government stipend if any may please be sent to this office since in a quarter along with Progress Report of the apprentices in the prescribed Form Apprenticeship-3.

NOTE

This is system generated ACRP document. Agreeing to the terms and conditions in the workflow is as good as signing of physical contract form. This document is an agreement between Student and Establishment. It has all legal binding as per the law if mutual trust is breached.
IP address of Establishment submitting this request: 172.31.1.254 IP address of student accepting this request: NA

Signature of Student: _____
Signature of Employer: _____