

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

Block- EA, Sector- I, Salt Lake City, Opp to Laboratory Estate - Kolkata - 700064

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

APPRENTICESHIP CONTRACT REGISTRATION FORM



APPRENTICE INFORMATION

Name	Gender	Date of Birth	Age
Tanmoy Saha	Male	21-Nov-1996	25
Father / Mother Name	Employment Status	Grade	Unit
Bandana Beha	EWBG992150700050	SC	NO
Address for Correspondence	Telephone Number	E-mail Address	
Sunatapally, Raahdanga Asansol (M.C.) BARDHAMAN WEST BENGAL - 713301	9002755860	tanmoy.saha2196@gmail.com	



EDUCATIONAL QUALIFICATION

Name of the Institution / College / University	Dist. Regd. Number (1979 - 1999) Regd. Number (2000 - Present)	Month & Year of passing	Educational Qualification
CALCUTTA INSTITUTE OF PHARMACEUTICAL TECHNOLOGY & ALLIED HEALTH SCIENCES, HOWRAH	15901915087	Jul-2019	Graduate in BACHELOR OF PHARMACY

TRAINING DETAILS

Training start date	Period of Training	Wages/DA/allowance	The apprentice would be undergoing training under section 22 (1)
15-May-2021	12 Months	14000 0	
Contract Regd. No.	Apprentice No.	Employer No.	
EWBG921992000002	24-May-2021	wbg0ffcer	

NAME AND ADDRESS OF THE EMPLOYER

FRESENIUS KABI ONCOLOGY LIMITED - EWBINAP000020
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. According to the apprentice, it is inferred, 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 - 3.

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 breached.
IP address of Establishment submitting this request: 172.31.3.254 IP address of student accepting this request: NA