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BOARD OF PRACTICAL TRAINING (EASTERN REGION)

(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 Labony Estate , Kolkata - 700064

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

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



APPRENTICESHIP CONTRACT REGISTRATION FORM

APPRENTICE INFORMATION

Name	Gender	Registration No.	Age
Bhanu Prakas	Male	28-Nov-1996	25
Father / Mother Name	Enrollment Number	Caste	PWD
Meena Bhagat	EWBG992190700051	OTHERS	NO
Address for Communication	Mobile No.	E-mail Address	
3B/23/2, Saratpally, Fuljhore Durgapur(M.C.), BARDHAMAN WEST BENGAL - 713206	9233270861	bhanu281196@gmail.com	



EDUCATIONAL QUALIFICATION

Name of the Institution / College / University	Univ. Regn. Number / DOTE / DTE Regn. Number / +2 Regn.	Month & Year of passing	Educational Qualification
BENGAL COLLEGE OF ENGINEERING & TECHNOLOGY, BARDHAMAN	24201915023	Jul-2019	Graduate in BACHELOR OF PHARMACY

TRAINING DETAILS

Training start date	Period of Training	Contract Value	The apprentice would be undergoing training under section 22 (1)
15-May-2021	12 Months	14000.0	
Contract Regn. No.	Approved On	Approved By	
EWBGP21992000001	24-May-2021	wbgofficer	

NAME AND ADDRESS OF THE EMPLOYER

FRESENIUS KABI ONCOLOGY LIMITED - EWBNAP000020
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