


A8

TMPCON042101602

Model Contract of Apprenticeship Training for Major/Minor* Apprentices

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. Name and Registered Address of Establishment | PRESENUS KABI ONCOLOGY LIMITED (E99201900039) |  |
| with Telephone no. & E-mail address | D-35 INDUSTRIAL AREA, KALYANI NAGIA,
KALYANI/Nadia, West Bengal

033-33255030
arcad.stcma@presenus-kabi.com | |
| 2. (a) Name of Apprentice (Block Letters)
(b) Father's/Mother's/Spouse's Name | MD SAHID ALI (A6321119790)
Md Hanif Ali | |
| 3. Address of apprentice | VII, Skumdia, P.O. Lankurpur, P.S. Lalpala,
Dist. Murshidabad, Pin- 742146, LALGOLA, Murshidabad, West Bengal | |
| 4. Gender | Male | |
| 5. Date of Birth | 09-01-2000 | |
| 6. (a) Whether belongs to SC/ST/OBC/PwD/ Minority
(b) Name of the Category | Yes
Obc | |
| 7. Educational Qualification (Highest) | Graduate Pursuing - B.Pharm | |
| 8. (a) Category of Apprenticeship
(b) Name of the trade for which Apprentice is training | Optional
Quality Control Chemist | |
| 9. (a) Whether Basic Training is to be provided as part of Apprenticeship
(b) If Basic Training is exempt - reason for exemption | No | |
| (c) Name of the Course | Graduate Pursuing | |
| (d) Duration of Training/Course | From 2017-09-11 00:00:00 To 2021-03-21 00:00:00 | |
| (e) Name of the Institute | Dr. B.C. Roy College of Pharmacy and Allied Health Sciences | |
| (f) Name of the Sector Skill Council (if applicable) | N/A | |
| 10. Apprenticeship Training duration (Total) | 1840 Hours | |
| (a) Duration of Basic Training | N/A | |
| Period of Basic Training | N/A | |
| (b) Duration of On-the-Job Training | 1840 Hours | |
| Period of On-the-Job Training | From 25-03-2021 to 24-03-2022 | |
| 11. Apprenticeship Training Location | PRESENUS KABI ONCOLOGY LTD | |
| (a) Name and address of facility where Basic Training is to be provided | N/A | |
| (b) Name and address of the facility where On-the-Job Training is to be provided | PRESENUS KABI ONCOLOGY LIMITED,
PRESENUS KABI ONCOLOGY LTD
Nadia
West Bengal | |
| 12. (a) Date of execution of contract
(b) Age of Apprentice on the date of execution of contract | N/A
21 years, 3 months and 23 days | |
| 13. Is the establishment opting for benefits under NAPS**
**If yes, Annexure 2 to this contract will also be applicable | Yes | |
| 14. Monthly stipend amount | | |
| (a) During 1st year of training | - 14000 | |
| (b) During 2nd year of training | N/A | |