Training data of students of B.Voc MLMDT SESSION (2020-21)

S. No	Name	Place Of Training	Date Of Training
		1 st year	
1	Harmanpreet Kaur	Civil Hospital Barnala	3/6/2021
2	Jaspreet Kaur	Deep Laboratory Dhanaula	13/7/2021
3	Mukesh Jindal	Civil Hospital Barnala	13/7/2021
4	Jashanjot Kaur	Eishu Computerized Lab Barnala	28/7/2021
5	Mohit	Civil Hospital Barnala	2/8/2021
6	Inderpal Kaur	Civil Hospital Barnala	13/7/2021
7	Preet kaur	Deep Laboratory Dhanaula	28/7/2021
8	Arshpreet Kaur	Deep Laboratory Dhanaula	28/7/2021
9	Navazampreet Kaur	Deep Laboratory Dhanaula	28/7/2021
10	Prem Singh	Janta Laboratory Barnala	1/6/2021
11	Vachiter Singh	Civil Hospital Barnala	13/7/2021
12	Samdish Mittal	Civil Hospital Barnala	26/5/2021
13	Gursimranpreet Kaur	Civil Hospital Barnala	3/6/2021
14	Simran Kaur	Eishu Computerized Lab Barnala	3/6/2021
15	Jaspreet Kaur	Civil Hospital Barnala	26/5/2021
16	Mandeep Kaur	Civil Hospital Barnala	26/5/2021
17	Vishal Kumar	Civil Hospital Barnala	26/5/2021
18	Ritika	Civil Hospital Barnala	26/5/2021
19	Arshpreet Kaur	Civil Hospital Barnala	26/5/2021
20	Harmandeep Kaur	Jindal Computerized Laboratory	3/6/2021
21	Navpreet Kaur	Civil Hospital Barnala	26/5/2021
22	Sahil Garg	Civil Hospital Barnala	26/5/2021
23	Lakhveer Kaur	Civil Hospital Barnala	26/5/2021
24	Harleen Kaur	Civil Hospital Barnala	28/7/2021
25	Santosh Kumar	Civil Hospital Barnala	28/7/2021
26	Pinky Singh	Civil Hospital Barnala	13/7/2021
27	Manpreet Kaur	Civil Hospital Barnala	13/7/2021

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEG



SECTION I This form has been issued to Mr./Ms. Hauman Preet Cam Regd.No. 114-2020-835 Son of /daughter of Sh. Kalaus Kuneke State Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. B Voc (MLMDT) S.D. College, Barnala NALA Section II (Name of Student) (Name of Trainer)

(Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training. Section III Almenfreet laws a trainee and I agree to give (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may 1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples. ਭਾ. ਹਰਜਿੰਦਰ ਕੌਰ I also agree that a trained technologist shall be assigned for his/her guidance. (Apprentice Master) Name and address of Institution Section IV I certify that. 19 spread over.....months in accordance with details enumerated in section III Head of the Traini Section V kaus has completed in all respect his/her

from UGC New Delhi.

Nodal Officer B Voc (MLMDT)

practical training as per ordinances framed by Punjabi University, Patiala, under the rules

S.Ds.O OHHERE,

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TE



			e
This form has been issued	SECTION SECTION	1 3.D. d	
Read No. 114-2000-0	CO - TURESH	Imdal	
Regd.No. 114-2020-8	Son of /daughter o	of Sh. Bipin Ku	mar Tindal
Who has	State	Kuntah .	The state of the s
Training as per ordinances New Delhi	framed by Punjabi Univ	/She is entitled to reversity, Patiala, unde	receive the Practical
Date. 13/7/21	No Wash		3.D. College, BARNA
	B Voc (MLMDT)	S.	Principal D.College, Barnala
MILL	Section II		
I. Mussella Tindal ac (Name of Student)	ccept by Horyinder k	Saule of CIVIL HI	2cf1701_
training and agree to obey a	of the Hospital / Lai nd respect him/her dur	oratory) as my tra ing the entire period	iner for the above
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Intarprolections	Section III		Student
INDIE OF IPSINGE (**)	Lucesh Judel ame of Student)	as a trainee and I am	ree to give
Him/her training facilities in acquire:-	my organization so th	at during his/har	initial to a
1. Working knowledge of kee 2. Practical Experience in,	ping of records related	to clinical laboratory	
a) Sample collection process	-1	, , , , , , , , , , , , , , , , , , ,	
c) Hematological analysis	i clinical laboratory		
a) Blochemical analysis of	rious samples		
e) Microbiological analysis of	f samples.		
Talso agree that	A.C		
I also agree that a trained tec	hnologist shall be assig	ned for his/her guid	Añce.
		Har D	aluxou
		(Apprentic	ਲ ਗੁਆਰਾਵ ce Master)ਮੁਲਾ
	Section IV	Name and add	ess of Institution
I certify that Mucesh	Andal		
I certify that Mucesh spread over	in accordance with deta	as undergone	hours training
		A The Miles	- প্রকাশ ই মিন্তুস্ক ভাগালের - 1
	South N	Head of the Train	ng Institution
I certify that	Section V		3 4.104144(0))
I certify that Mukes practical training as per ordina rom UGC New Delhi.	nces framed by Punjab	completed in all	respect his/her
Date 20/8/21	000 × 11/2/	, , , , , , , , , , , , , , , , , , , ,	on D
No	dal Officer		W. Common of the
B Ve	oc (MLMDT)	S.D.Co	Principal PARMALA

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



S.D. College Barnala

This form has been issued to Mr	SECTION I	nist kaus	
Red No 114-7070-020	7.13. 3003.7100	1 ou water	
Regd.No. 114-2020-838	Son of /daughter of	sh. Kaurnde	Singh
residing at Mehal kala	<i>W</i> State <u>₩</u>	rungab	U
Who has produced evidence be training as per ordinances fram New Delhi.	ed by Punjabi Unive	She is entitled to ersity, Patiala, unde	receive the Practical or the rules from UGC
Date 28/7/25	2011		Princi
Nec	al Officer		S.D. College, E.RMA Principal
B.Ve	C (MLMDT)		S.D.College, Barnala
	Section II		
I. Jashanjot Kaus accept			
(Name of training and agree to obey and re	the Heenital / ital	was the Carlotte Dill. Many him .	ainer for the above
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- Roken or	Section III		
(Name of Trainer) (Name	Maniot Kaun of Student)	as a trainee and I a	gree/to give
Him/her training facilities in my acquire:-			
1. Working knowledge of keeping	of records related	to clinical laborator	V.
a) Sample collection, processing	and preservation		
b) Precautions to be taken in clic) Hematological analysis.	nical laboratory	A South and the Land	
d) Biochemical analysis of various	us samples.		
e) Microbiological analysis of sa	mples.		N
		en an an	
I also agree that a trained techno	ologist shall be assig	ned for his/her gu	idance.
$oldsymbol{e}$		EISIÚ Cómp	Wilsed Lab tice Master
	Section TV	Name and ac	Idress of Institution
Touth with it			
I certify thatJanhaniot spread overRmonths in	accordance with det	ails enumerated in	Section III
Section 1		EISTIU COMITA	Coma
	6-1-6	Head of the Tra	ining Institution
I certify that Jashan	Section V		
I certify that	es framed by Punja	s completed in a bi University, Patia	Il respect his/her
And the Whelliff	Carrier Contract		

Nodal Officer B Voc (MLMDT)

S.D.COLLEGE BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



		4		82
This form has been to be a	SECTION I			Prin
This form has been issued to Mr./Ms			S.D. Gollege,	BARK
Regd.No. 14-2020 -861 Son of	/daughter of SI	. Kuishour	kunou	
residing at Mandi kalan	State/	Puryah.	**	
Training as per ordinances framed by New Delhi.			receive the Project the rules from	WGG-
Date 2/3/2/ Nodal Offi	P	S	.D, College, E.	Princip NRNAL
B Voc (MLI			Principal S.D.College, Bari	nala
	Section II			
IMohitaccept .D& (Name of Student) .Barnala(Name of the Hotraining and agree to obey and respect	(mame or trainer			above
	A War		Malit	
	Costion III		Mohit Student	
(Name of Trainer) (Name of Stu	Section III	a trainee and I	agree to give	2.
Him/her training facilities in my organ	ization so that	during his/her	training he/she	may
 Working knowledge of keeping of rec Practical Experience in, Sample collection, processing and p Precautions to be taken in clinical la Hematological analysis. Biochemical analysis of various sam Microbiological analysis of samples. 	reservation. boratory	clinical laborato	ry.	
I also agree that a trained technologist	shall be assigne	d for his/her gu	े व्यक्तिस्य वैत [dance]मी जन्मद्र विकास स्थानसम्बद्धाः	
		Ha	y de po	रिकार
		(Apprei	ntice Master)	
	Section IV	name and a	ddress of Institu	tion
I certify that	has	undergone	80 hours train	ning
	,	He	भीभ हो. वेस्त्राहि के	au
	Section V	Head of the Tr	aining Institution	ঘরনাজা 1
I certify that		completed in a Jniversity, Patio	all respect his/	her iles
Date 6 9/21 Nodal Office	TA 21		Principalifing) lipat
B Voc (MLMD	T)	S.D.C	Olege BARN	ΔΙΔ

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TE



SECTION I		A PART	2
This form has been issued to Mr./Ms. Indupal	Kaur	S.M. cellege, D. A.	
Regd.No. 114-2020-836 Son of /daughter of Sh.	IKbal	Lingle	
residing at Mansa	mint.	0	Ä
Who has produced evidence before me that He/She Training as per ordinances framed by Punjabi University New Delhi.		to receive the Practica	6
Date 13:- 7-21 Nodal Officer B Voc (MLMDT)		S.D. College, BARN Principal	AL
		S.D.College, Barnala	
Section II			
I. Indivipal Kaun accept Du. Har indin Kal (Name of Student) (Name of Trainer) Ecumala: (Name of the Hospital / Laborate training and agree to obey and respect him/her during the			
		Jacoberpal Kau	27
Section III		Student	
(Name of Trainer) (Name of Students)	trainee and	I agree to give	
Him/her training facilities in my organization so that deadquire:-	uring his/he	er training he/she may	
 Working knowledge of keeping of records related to cli Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. 	inical labora	tory.	
I also agree that a trained technologist shall be assigned	for his/her	guidance ਰ ਕੌਰ ਅੰਮ. ਡੀ. ਹੈਬਲੇਜੀ	
Continue TV	(Appr Name and	entice Master)	
I certify that medical low has a spread over. Mr. months in accordance with details of the spread over.	undergone .	Do obayes training	
titil details (enumerated	in section III प्रविक्षिति प्रविक्षा १	No
Section V	Head of the	Training Institution	21
from UGC New Delhi.	mpleted in niversity, Pa	all respect his/her tiala, under the rules	,24
Date 20-8-21 Nach 2111121		Frincipat	/
Nodal Office/ B Voc (MLMDT)	S.D	College Barnala	



S.D. College, Barnala

		6 TO 1		and Sach
		SECTION I	W	a de
	This form has been issued to Mr./Ms	Preet	gain	Silvin and distribution of the same of
	Regd.No. 114-16-901 Son of	/daughter of	sh. Bayit	Singh
	0		Maria I Alla	
	residing at	me that He/ Punjabi Univ	She is entitled ersity, Patiala, (under the rules from USC
	28/7/21	de		8.D. College, BARN
	DateNodal Of	ficer		Principal S.D.College, Barnala
	B Voc (M	EMDT)		
		Section II	er Soi I	eer hoperata
	1 Preet Kally accept	OULUMING (Name of Tra	5	
	(Name of Student) (Name of the	ticantal / la	horstory) as r	ny trainer for the above
	training and agree to obey and respe	ct him/her du	ring the entire	o Hay
				Student
		Section II		6
	Balunder Staccept Breet	Kaur	as a trainee a	nd I agree to give
	(Name of Trainer) (Name of Him/her training facilities in my or			
	acquire:-			
	1. Working knowledge of keeping of	records relate	ed to clinical lab	oratory.
	2. Practical Experience in,	nd preservatio		6 · · · · · · · · · · · · · · · · · · ·
	b) Precautions to be taken in clinic	al laboratory		**
	c) Hematological analysis.d) Biochemical analysis of various	samples.		
	e) Microbiological analysis of samp	oles.		ALab.
	I also agree that a trained technolo	niet shall he a	ssigned for his	her guida de
	I also agree that a trained technology	91000		COMPOSTIBILITY
			nee	Apprentice Master) e and address of Institution
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	spread over			on hangule
2000			Head	or the Training Institution
		Section		
	I certify that Pset &	aus	has complet	ted in all respect his/he
	I certify thatpractical training as per ordinance from UGC New Delhi.	es tramed by	runjani Univers	
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	Date. 30/8/2/	Officer		Principal in Cir.

Nodal Officer B Voc (MLMDT)

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TE



Sab. Colleges ButtanAL

Al-	ECTION I
This form has been issued to Mr./Ms.	1
Regd.No. 114-2020-828 Son of /da	ughter of Sh. Hmsik Lingh
Who has produced evidence before me	ate Purious. that He/She is entitled to receive the Practical jabi University, Patiala, under the rules from God
Date 28 7/2/ Nodal officer B Voc (MLMD)	S.D. College, BARNAL Principal S.D.College, Barnala
I Allhouet Koull accept Sel (Name of Student) (Name of the Hospi	me of Trainer) tal / Laboratory) as my trainer for the above her during the entire period of my training.
Se	Studen Studen
(Name of Trainer) (Name of Stude	Kouldas a trainee and I agree to give
 Working knowledge of keeping of record Practical Experience in, Sample collection, processing and president Precautions to be taken in clinical labor Hematological analysis. Biochemical analysis of various sample Microbiological analysis of samples. 	ervation. ratory
	Name and address of Institution
I certify that Anahomet Koun spread over and months in accordance	e with details enumerated or an analyse than
Se	Head of the Training Institution
I certify that Ashpreet k	has completed in all respect his/her by Punjabi University, Patiala, under the rules
Date 30 8 21 Nodal Officer	111 21 Principal Principal

Nodal Officer | 1 | 1 | 2 | B Voc (MLMDT)

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

			La (G.G.)
This form has been issued	to Mr./Ms. Jaspsees	t kom	
Regd.No. 114 - 2020 - 8	3 42 Son of /daughter of Si	Paracki	
residing at Pharwa Who has produced eviden Training as per ordinances New Delhi.	hi State	ungs (S.D. Couerra P ceive the Practical he rules from Mac
Date 13/7/21	Noda Officer B Voc (MLMDT)	8 .D	Frincip College, BARNAL. Principal College, Barnala
(Name of Student) (Name training and agree to obey a	(Name of Trainer)	Jos Does	er for the above my training.
			Jas pret can
	Section III		Student
	Name of Student) n my organization so that	a trainee and I agre during his/her trai	e to give ning he/she may
 Working knowledge of kee Practical Experience in, Sample collection, proces Precautions to be taken in Hematological analysis, Biochemical analysis of versions Microbiological analysis of 	ssing and preservation. in clinical laboratory	clinical laboratory.	
			de la companya de la
I also agree that a trained te	chnologist shall be assigne	d for his/her guiden	nauterised Law
		Deel In	handula
	Section IV	(Apprentice Name and addre	Mastel
Tark			
I certify that	ot Kour has in accordance with details	undergone 17.0	hours training
****		Head of the Training	To battle late
	Section V	oi die Hallif	y institution
I certify that	nances framed by Punjabi L	ompleted in all r Jniversity, Patiala,	espect his/her under the rules
Date. 20/8/2/,	Odal Officer		08-
	Voc (MLMDT)	S.B.D.	Principal

	PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC
	This form has been issued to Mr./Ms. NavaZam Diect Cau
,	
.*	Regd. No. 114-16-1209 Son of /daughter of Sh. Yadwinder Ligh
	who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from MGC New Delhi. Date
	I Novelampheet Kour accept (Name of Trainer) (Name of Student) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.
	al alone
	Nava Strident
	Section III I Saluri du Accept Nava professet. Laurias a trainee and I agree to give (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:-
	1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples.
	e) Microbiological analysis of samples.
	I also agree that a trained technologist shall be assigned for his/her granter.
>	(Apprentice Master)
	Name and address of Institution
	Section IV
eT.	I certify that Noway ambyeet kause has undergone 170 hours training spread over one months in accordance with details enumerated in section in accordance with accordanc
	Section V
	I certify that Navajamput K has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

B Voc (MLMDT)

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30/8/21

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	SECTION I	Primi
This form has been issu	red to Mr./Ms. Prem Singh	S.D. College, BAR
Regd.No. 114-2020	SECTION I Judy Lange Jo 25 Son of /daughter of Sh. Ra	n Bahadue Singh
residing at Provided	State	The state of the s
Who has produced evi Training as per ordinan New Delhi.	idence before me that He/She is er ices framed by Punjabi University, Pa	ititled to receive the Practical tiala, under the rules from UGC
Date 01 10H 2021	INAME	8.D. College, BARNAL
Date: Marian Marry	Nodal Officer	Principal
	B Voc (MLMDT)	S.D.College, Barnala
	Section II	
- Prem Ringh	Section II. accept SHIV PA1 of	IMINTA LARGRATORY
(Name of Student)	(Name of Trainer)	
	me of the Hospital / Laboratory) as m respect him/her during the entire per	ly trainer for the above training
	The Paris Annual Paris Paris	Ben Singn
100		Frem Singn Student
	Section III	
(Name of Trainer)	(Name of Student) ties in my organization so that durin	Pine 18 Pine 1877
1. Working knowledge	of keeping of records related to clinica	al laboratory.
2. Practical Experience		
	processing and preservation. aken in clinical laboratory	
c) Hematological anal	ýsis.	hors
d) Biochemical analys e) Microbiological ana		Jam Computerised hora
		Jam Bagh Road, Shanti Hall Gate Shivam Swe
Talan anion that is ton:	ned technologist shall be assigned for	Shivam Swe
I also agree that a trail	ned technologist shall be assigned for	his/her guidance 00. 2. BARNALA-148 101 (Pt.)
0.03		MOD 96536-988
		(Apprentice Master) 02/1
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and the second	Section V	ad of the Training Mistrution
P	St. an Ar of t	WILL
I certify that		in all respect his/her practical
training as per ordinan New Delhi.	ces framed by Punjabi University, Pa	tiala, under the rules from UGC
		0//-

July

Nodal Officer B Voc (MLMDT)

Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



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	SECTION	I	Prince
This form has been issued t	11 1 1 1	es Singh 8.	College, RARNA
Regd.No. 114-2020-86	Son of /daughter o	fsh. Lukhde	V Sengh
0 1 1		Punjab	
who has produced eviden Training as per ordinances New Delhi.	ce before me that He	She is entitled to	receive the Practical er the rules from UGC
Date 13~7-2	lugale		06
	Nodal Officer		Principal
mercine of V	B Voc (MLMDT)		S.D. College, Barnala Inc.
AND THE PARTY OF T	Section II		
I. Vocheten Singh a	(Name of Tra	iner)	
training and agree to obey	e of the Hospital./ La and respect him/her du	iboratory) as my t ring the entire perio	d of my training
			Vounter 8919
N 1 1 1 2 2 2	Section II	I	Student
	(Name of Student)	as a traince and I	
Him/her training facilities acquire:-	in my organization so	that during his/her	training he/she may
1. Working knowledge of ke		d to clinical laborato	ry,
2. Practical Experience in,a) Sample collection, procb) Precautions to be taker	essing and preservation	1.	
c) Hematological analysisd) Biochemical analysis of	various samples.		
e) Microbiological analysis	or samples.		•
Total agent that a test of		and the state of	
I also agree that a trained	technologist shall be as	signed for his/her g	uidance.
*	9	Ha	entice Master)
		Name and	address of Institution
- 16 11	Section IV	<u>/</u>	
I certify that Vachyla spread over	L Surfy ths in accordance with a	details enumerated	
		Head of the T	भ. वी. पेक्सी टिक्टिकिटिसिटिसिटिसि Training Institution
160 × 1	Section V		
I certify that	taw Ilyw dinances framed by Pu	has completed in njabi University, Pa	all respect his/her tiala, under the rules
Date 20-8-21	16/20/2012/2/		00
/	Nodal Officer		Principal
186	B Voc (MLMDT)	S.D. C	Pege, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



S.D.College, Barnala S.D. College, Barnala S.D. College, BARNALA

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	SECTION	, J.	
This form has been issue	d to Mr./Ms. Samdis	h Mitta	C Me Dilege, DANU
Regd.No	-866 Son of /daughter o	sh. Prem	chand
residing at <u>Basnal</u> Who has produced evid	State Polence before me that He/es framed by Punjabi Univ	she is entitled t	to receive the Practical
Date 26 5 21	Mary		S.D. College, BA
	Nodal Officer B Voc (MLMDT)		Principal
			S.D.College, Barnala
(Name of Student)	Section II accept (Name of Traine of the Hospital / Laboratispect him/her during the	iner)	er for the above training
	2 2 2	7	Sandiff Hotel
(wame or trainer)	Section III t Sundsh futlof (Name of Student) es in my organization so t	s a trainee and I	
2. Practical Experience in	ocessing and preservation cen in clinical laboratory sis. of various samples.		itory.
v Asid			•
I also agree that a traine	d technologist shall be ass	(App	glidance at the state of the st
	Section IV	Name an	u address of Institution
I certify that the spread over	the Miller with denth of the miller with design accordance with design and the miller with design and the miller with design and the miller with the miller wi	has undergone etails enumerated	. 180 hours training
	Section V	Head of the	fraining Institution
I certify that Yam training as per ordinance New Delhi.	s framed by Punjabi Unive	ompleted in all re rsity, Patiala, un	espect his/her practical der the rules from UGC
Date 6/7/2/	Nodal Officer B Voc (MLMDT)		Principal neipal

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



S.D. Son Relegge Bangla A

Princi IARNA

SECTION I
This form has been issued to Mr./Ms. Glusiman Putt Faur BARN
Regd. No. 114-2020-832 son of /daughter of Sh. Santokh Lingh residing at Barnala State Punjala.
residing at Barnala State Purifals.
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Nodal Officer B Voc (MLMDT) Principal S.D.College Barnaraincip
S.D. College, BARNAL
Section II
I follows in the following of the Hospital / Laboratory) as my trainer for the above
training and agree to obey and respect him/her during the entire period of my training.
gusimvantuet - Student
Section III town IMHarmelukary Author Joe as a trainee and I agree to give
I MAN accept MMM Sou as a trainee and I agree to give
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:-
1. Working knowledge of keeping of records related to clinical laboratory.
 2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis.
d) Biochemical analysis of various samples. e) Microbiological analysis of samples.
हा सादार्काठाठाठपुरवा analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance
Hay dufally (Apprentice Master)
Name and address of Institution
Section IV
I certify that with the free that has undergone The hours training spread over
Harrie
Head of the Training Institution
Section V
I certify that Sullingan put k has completed in all respect his/her practical training as per ordinances/framed by Punjabi University, Patiala, under the rules
from UGC New Delhi.

B Voc (MLMDT)

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB T



SECTION	i'
This form has been issued to Mr./Ms. Simsou	
Regd.No. 114-2020-855 Son of /daughter c	or sh. Gursewak Lings
residing at Bhurko calam State Who has produced evidence before me that He Training as per ordinances framed by Punjabi Uni New Delhi. Date	(She is entitled to receive the Practical
Section I I. Simpan Kaum accept Religion Rendered (Name of Student) (Name of Tr (Name of the Hospital / L training and agree to obey and respect him/her de	ainer) aboratory) as my trainer for the above
training and agree to obey and respect time,	Take s
Section I	Student
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so acquire:-	as a trainee and I agree to give that during his/her training he/she may
1 Working knowledge of keeping of records relat	ed to clinical laboratory.
 2. Practical Experience in, a) Sample collection, processing and preservation b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. 	on.
e) Microbiological analysis of samples.	
	and the Way / Nor auddonna
I also agree that a trained technologist shall be a	
Section I certify thatSimplam Kaun	has undergone hours training
spread overO.M.4months in accordance wit	Robins Journal
	Head of the Training Institution
I certify that Singan kampractical training as per ordinances framed by	has completed in all respect his/her
from UGC New Delhi.	

Date 9/7/2/

Nodal Officer B Voc (MLMDT)

S.D. College,

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



This form has been issued to Mr./Ms. * Jaspseet Kar 18.0 College
Regd. No. 114-2020-840 Son of /daughter of Sh. Gurneet Singh
who has produced a state furfal as
New Delhi.
Date A S. S. College, BARNAL Nodal Officer B Voc (MLMDIT) Principal
B Voc (MLMDT) S.D.College, Barnala Section II
I. Jaspriet Kauscaccept Dn. Haryinder Kam of Livel Hospital Barnala (Name of Trainer)
and agree to obey and respect him/her during the entire period of my training.
Jaspiet Kour
Section III I Manual Con Control Cont
Working knowledge of keeping of records related to clinical laboratory. Practical Experience in and processing and pr
b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.
ਡਾ. ਹਰਜਿੰਦਰ ਕੌਰ ਮੈਮ .ਡੀ. ਪੈਥੋਲੋਜੀ I also agree that a trained technologist shall be assigned for his/hebukidangeਸਪਤਾਲ, ਬਰਨਾਲਾ
Hay dertary (Applentice Master)
Section IV Name and address of Institution
I certify that(பிரிவர்கள் spread over பிரிவர்கள் accordance with details enumerated आमहन हो क्रिया है। होता क्रिया क्रिया मार्गिक क्रिया क्रिया क्रिया क्रिया क्रिया होता है।
Head of the Training Institution Section V
I certify that faspect kau, has completed in all respect his/her practical training as per ordinances framed by Runjabi University, Patiala, under the rules from UGC

Date 20/8/2/

Nodakofficer
B Voc (MLMDT)

S.D. Sillerwage British A

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB T



	- Company of the comp
	P.
SECTION I	
This form has been issued to Mr./Ms. Mandeep Kau	allos MAR
Regd.No. 114-2020-846 Son of /daughter of Sh. Gutej Si	reh
residing at Joseph July	
Who has produced evidence before me that He/She is entitled to rece Training as per ordinances framed by Punjabi University, Patiala, under the	e rules from U
Date 46/5(2) Wash	College, BARNAL
D. W. College	Principal College, Barnala
Section II	
I. Mandelb Kault accept Dh. Har Indly Kaubt Civil hash (Name of Student) (Name of the Harrital Arthur Civil hash	
and agree to obey and respect him/her during the entire period of my training	ing.
	Hander town
Section III	(*
(Name of Trainer) (Name of Student)	o give
Him/her training facilities in my organization so that during his/her train acquire:-	ing:he/she may
Working knowledge of keeping of records related to clinical laboratory.	
Practical Experience in, Sample collection, processing and preservation.	~
b) Precautions to be taken in clinical laboratory c) Hematological analysis.	
d) Biochemical analysis of various samples	n k
e) Microbiological analysis of samples.	
I also agree that a trained technologist shall be assigned for his/her guidan	न बेंग
La standing of the standing of	tou
(Apprentice	Master)
Name and address Section IV	ss of Institution
Manales P K	P .
spread overmonths in accordance with details enumerated in Section 2.1.	onTIT
Heir	र मिटल के पिर्ट किया
Head of the Training Section V	g Institution
I certify that	s/her practical
New Delhi.	rules from UGC
Date 16/2/ Wasaf 11/21	Offen
Nodal Officer B Voc (MLMDT) S.D.Col	Principal
s.b. co	LEGA, PARTIMALA

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



				- WILL	
This form has been issue	ed to Mr./Ms	SECTION I	Kumai		
Regd.No. 114-2020-	W 3 100 100 100	4, 5, 4,	2 2	dia Pand	4
residing at Hond	ONA	Steam	Punial	acc rana	<u> </u>
residing at <u>Hand</u> Who has produced evid Training as per ordinand New Delhi.	ses named by F	state ne that He/ Punjabi Univ	She is entitled ersity, Patiala,	to receive the	Practica
Date24 1721	Notal	4		S.D. Colle	
	B Voc (MLM	IDT)		Princ S.D.College	ipal Barnala
The Table		Section II		4 - F	2
I. VISHAL KUMAR. (Name of Student)		A service of the service of			
BARNALA(Nan	ne of the Hosnit	al / Laborat	one) no much	iner for the abov	e training
	35			ail	mon
		Section III		Stud	ent
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1. Working knowledge of	keeping of rec	ords related	to clinical labo	ratory.	
2. Practical Experience in a) Sample collection, pr	1,				
D) Precautions to be tal	ken in clinical la	boratory			
c) Hematological analys	sis.				
 d) Biochémical analysis e) Microbiological analy 	of various sam sis of samples.	ples.		"L" No. Y	
				e e e e e e e e e e e e e e e e e e e	
I also agree that a traine	ed technologist	shall be assi	gned for his/h	ériguidance.	
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		Continu TV	Name a	and address of I	nstitution
NA-1	l la	Section IV			
I certify that Manager spread over	Cluve)	nce with de	nas undergone tails enumerat	e Han hours ed in section III	training
				नियाद मिल्लु मा	E CONS
	1- 4	Section V	Head of t	he Training Inst	itution
Mich	al V.	O.C.			
I certify that V(> V training as per ordinance	s framed by Pu	njabi Univer	mpleted in all sity, Patiala, u	respect his/her inder the rules i	practical rom UGC

Date. 2/7/2/

Nodal Officer
B Voc (MLMDT)

S.D. Cougge RARNALA

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



S.D. Conelle CARNOS A

SECTIONI
This form has been issued to Mr./Ms. Retika S.D.
Regd.No. 114-2020-851 Son of /daughter of Sh. And Kumas
residing at Rasnala State Lungah to receive the Practical
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Date
Section II
I. Attho accept St. Hospinder Bust. Dist. (Name of Student) (Name of Trainer). Hospital / Laboratory) as my trainer for the above training
and agree to obey and respect him/her during the entire period of my training.
Ditiba.
Section III
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may
acquire:-
 Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory
c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.
ਭਾ. ਹਰਜਿਦਰ ਕੌਰ
I also agree that a trained technologist shall be assigned for his/her guidance.
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(Apprentice Master) Name and address of Institution
Section IV
I certify thatmonths in accordance with details enumerated in Section 111
Head of the Training Institution
Section V
I certify that
training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Nodal Officer
B Voc (MLMDT)

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TE



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This form has be-	SECTION I		W Heath D.	
This form has been issued to Mr./Ms	Asshpre	et Kau S	英斯莫尔松	1-4
Regd.No. 1/4-2020-827 Son of residing at Novince 10	/daught de as at	1	N. N. Jean	
Who has	State D.	01		
Training as per ordinances framed by Poly Delhi.	Punjabi Universit	y, Patiala, under	the rules from UGC	
Date	1		. / N.	1
Nodal Offic B Voc (MLM	cer		D. College, BARN	
2 VOC (MEM	iot)	S.I	Principal D.College, Barnala	
- 0.00 m 0.0 m 7	Section II			
I ARSHIRET KAUR accept DR. HAIR (Name of Student) (Name of Student) (Name of the Hospital and agree to obey and respect him/her of the Hospital and the student him/her of the student	RJ/NDFR KAUR Name of Trainer) al / Laboratory)	of CIVIL HO	SPCTAL	
and agree to obey and respect him/her o	luring the entire	period of my train	the above training ining.	
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M. Lean A Kanan A	Section III		Student K	2
(Name of Trainer) (Name of Stud	ent)	inee and I agree	to give	
Him/her training facilities in my organiz	ation so that du	ring his/her trai	ning Ke (sho man	1
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I also agree that a trained technologist sh	all be assigned fo	or his/her guidar	ਰ ਕੌਰ	
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		(Apprentice	Mantana	
A Se	ection IV	Name and addre	ss of Institution	
I certify that It help kan	haa	ਵਾ. ਹਰਜਿ	ਦੂਰ ਕੌੜ	
I certify that Ash freely kan spread over. The months in accordance	with details en	Iergone () Imerated in secti	hours training	
		Hann	मिटल वीगाउन्हा, घवताला रिकार	
Se	ction V	ad of the Trainin	g Institution	
I continue to the first of the				
training as per ordinances framed by Punjal	oi University, Pal	tiala, under the r	s/her practical	
Date 2/7/21	11/2	5	and the state of t	
No la Office	1/1/1	31 27 1	Plan	
B Voc (MLMDT)	2 4 7 1 5	S.B. Colle	rincipal Tinci pal	

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TE



This form has been issued to Mr./Ms. Hau mand rep

Regd.No. 114-2020-834 Son of /daughter of Sh. residing at Kothe Dawlat (HDy) State / Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC

Section II

1 Harmander & Kauscope Mantosh Jindal of Tindal Computer sed (Name of Trainer) contours..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Harmandeep Kam

Section III

IMantosh Lindel accept formanduf Kaulas a trainee and I agree to give (Name of Student) Him/Her training facilities in my organization so that during his/her training he/she may

- 1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in,
- a) Sample collection, processing and preservation.
- b) Precautions to be taken in clinical laboratory
- c) Hematological analysis.
- d) Biochemical analysis of various samples.
- e) Microbiological analysis of samples.

I also agree that a trained technologist shall be assigned for his/her guidance.

I certify that Harmandup kaur has undergone 1.80. hours training spread over...Ond.....months in accordance with details enumerated in section III

> Head of the Training onsputation Laboratory Handiaya

Section V

Harmanders kaus has completed in all respect his/her I certify that practical training as per ordinances framed by Punjabi University, Patiala, under the rules

B Voc (MLMDT)

S.D.College, BaipplAcing S.D. College. BARNA

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECH SECTION I S.D. College, BARN This form has been issued to Mr./Ms. Nav Mee Regd.No. 114-2020-848 Son of /daughter of Sh residing at Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UG S.D. College MARN **Nodal Officer** Principal B Voc (MLMDT) S.D.College, Barnala accept IK Hay under Koulor LILIE Hosbital (Name of Student) (Name of Trainer) Rounalt......(Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training. Section III Hay de laccept Nay Neef Four as a trainee and I agree to give (Name of Trainer) Him/her training facilities in my organization so that during his/her training he/she may acquire:-1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples. I also agree that a trained technologist shall be assigned for his/her guidance ਕੌਰ (Apprentice Master) 37, 4300 pp Name and address of Institution Section IV I certify thathas undergone and redhours training me par Head of the Training Institution

B Voc (MLMDT)

I certify that

New Delhi.

Section V

training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC

Kaum...has completed in all respect his/her practical

S.D.Collegepparnala. S.D. College RA



	This form, he	SECTIO	NI		
	This form has been issued to Mr./M	s Cali	0 1	S. 5.	er meiner and
	Regd.No. 114-2020-864 50-		109		
	Regd.No. 114-2020-864 Son residing at <u>Bachala</u> Who has produced evidence before Training as per ordinances framed In New Delhi.	State /	Uhini	V	ve the Practic
	Date 24/5/21			ala, under the	rules from UG
	NoVal	Pitroer		S.D. Co	Vege, BARNA
	B Voc (A			S.D.Co	Principal Ilege, Barnala
	1. Salil Goyal	Section I			
	(Name of Student)	אן אשמיוני ^{בס} ן (Name of Tr.	aus of Chy)	1 Haspile	
	(Name of Student) Lolmolo	pital / Labora er during the	itory) as my t entire period	rainer for the of my training	above training
5					satilhoyd,
i	Diffayender la ful	Section II			Student
F	(Name of Trainer) (Name of Stainer)	Ludent)	s a trainee an	d I agree to g	jive .
d	icquire:-	illization so t	hat during hi	s/her training	he/she may
2 a b	Practical Experience in, Sample collection, processing and Precautions to be taken in clinical in the processing and the processing are the processing and the processing are the proce	cords related preservation laboratory	As See as te	loratory,	
d) Biochemical analysis of various san) Microbiological analysis of samples				
I	also agree that a trained technologist				
	tramed technologist	shall be assi	gned for his/l	Vernouidance	-2-3-18
				Pprentice Ma	ikely.
	sertify that Sahil Gayal	Section IV	Name	and address o	iter)
spr	ead over	ince with deta	as undergone alls enumerat	ed in section	irs training
		* * *		LOSCIPPE THEORY	Ost Laver
TA	9-14	Section V	Head of the		
trair New	ertify that Saul Goya ning as per ordinances framed by Pur Delhi.	(www.has.com njabi Universi	ipleted in all i	espect his/h	er practical
Date	2/7/2/		andia, U	nger the rules	from UGC



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SECTION I	
This form has been issued to Mr./Ms. Lakhvees Kau	S.D. College, BALL
Regd, No. 114-2020 - 245 Son of /daughter of Sh. 6/www	neet Dingh
	ALL SALES
Who has produced evidence before me that He/She/ is entitle Training as per ordinances framed by Punjabi University, Patiala	
New Delhi.	8.D. College, BARNA
Date O	Principal S.D.College, Barnala
Section II	
I Labbyery Keny accept Dr. Hansinder Kour of Civil.	Hospital
(Name of Student) (Name of Student) as my tr	ainer for the above training
and agree to obey and respect him/her during the entire period	of my training.
	laskun Kaun Student
Section III	
1) Haride Kallert Lottreet Rallas a trainee a	nd I agree to give
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during h	is/her training he/she may
acquire:-	
Working knowledge of keeping of records related to clinical la 2. Practical Experience in,	adoratol y.
a libetion processing and preservation	
Sample collection, process b) Precautions to be taken in clinical laboratory c) Hematological analysis.	
 d) Biochemical analysis of various samples. e) Microbiological analysis of samples. 	
	ਡਾ. ਹਰਜਿੰਦਰ ਕੌਰ
I also agree that a trained technologist shall be assigned for h	s/hej guidance
	(Apprentice Master)
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spread over months in accordance with details ending	La La Laction
	Pot the Training Institution

Section V

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BRACTICAL TRAINING CONTRACTEORMEROR MEDICAL LAB TEC



This form has been issued	to Mr./Ms. Houleen Ca	ur Toggar
Regd. No. 44-2020-8	33 Son of /daughter of Sh. 14	JOSLY SUNK TARROW
residing at <u>Bounals</u>	State Punic	
Date 38 [2.] 2].	Nodal Officer Bavoc (MEMDT) Section H	s.D. College, BARNALA
(Seam of 9 Man	Accomb Hayning to the	
	OSSMTYY	Student
ID Haywoles Queept (Name of Trainer) Him/her training facilities acquire:	Section III Health K. Joynes a tra (Name of Student) In my organization so that dur	ainee and I agree to give
1. Working knowledge of k 2. Practical Experience in, a) Sample collection, prod b) Precautions to be take c) Hematological analysis of d) Biochemical analysis of e) Microbiological analysis	n in clinical laboratory I Vadious samples	cal laboratory.
Lalco arrhorner a mais a		
- 4.00 dgresenar a tranjen	technologist shall be assigned fo	or Ms/her guidance. St. Jiffed at Louise. Mr. J. Jeff. Apprentice Mastery Name and address of Institution
certify that Haven	Section IV Kam Toy gonhas un this in accordance with details en	dergone LSD., hours training
		and of the laining Institution
I certify that Alas Upractical training as per order to the company of the compan	LW K Taggathas com dinances framed by frunjabl. Univ	

Nodal Officer B Voc (MEMDT)

S.D. College

S.D.COULEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



	2
SECTION I	ollege, B
This form has been issued to Mr./Ms. Santoch Kumas	
Regd.No. 114-2020-867 son of /daughter of Sh. PRABHAKAR KUMAR	Valsage
residing at the market of the second of the	
Who has produced evidence before me that He/She is entitled to receive the Training as per ordinances framed by Punjabi University, Patiala, under the rules	e Practical
- 9ad-71a: 11001	s Hom OGC
Date 28/7/21 Ward	
Nodal Officer B.Voc (MLMDT)	pall rinci
s.b. College	BARNA
Section II	
(Name of Student) accept Dr. Harring der Kausof Civil & Hospital	3.5y
(Name of Student) (Name of Trainer)	
The Control of the Co	/e training
and agree to obey and respect him/her during the entire period of my training	- canning
2	roll L.
Section III Stud	ent
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he	/she may
	1
Working knowledge of keeping of records related to clinical laboratory. Practical Experience in,	
a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory C) Hematological contents.	
y nematolouleal analysis	
d) Biochemical analysis of various complete	
e) Microbiological analysis of samples.	
I also agree that a trained technologist shall be assigned for his/her guidance ਕੌਰ	
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HOW THE	tary
(Apprentice Master) अ. बटनाला
Name and address as the) istitution
Section IV Name and address of In) stitution
Section IV Name and address of In	stitution
Section IV I certify that what work in accordance with details enumerated in section III	training
Section IV I certify that when the spread over months in accordance with details enumerated in section III Head of the Things The	training
Section IV I certify that which knows has undergone too. hours spread over months in accordance with details enumerated in section III Head of the Training Institute.	training
Section IV I certify that when the spread over months in accordance with details enumerated in section III Head of the Things The	training kau tution

Nodal Officer

B Voc (MLMDT)

S.D. College, B

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



	- 8 d
This form has been issued to Mr./Ms.	S.D. College, BARN
	and the same of th
Regd.No. 111-2019-192 Son of /daughter of Sh. V	isay Singh
residing at <u>Barnala</u> State <u>Punjal</u> Who has produced evidence before me that He/She is er Training as per ordinances framed by Punjabi University, Pa New Delhi.	
Date 13/7/2)	S.D. College, BARNAL
Nødal Officer B Voc (MLMDT)	Principal S.D.College, Barnala
Section II	33, 23.71414
I why Slugh accept Dr. Har in roles Kaus of (Name of Trainer)	
training and agree to obey and respect him/her during the en	tire period of my training.
	Studen
Oction III	o taucing,
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during acquire:-	ee and I agree to give
 Working knowledge of keeping of records related to clinical Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. 	laboratory
Talas and discount of the same	ਭਾ. ਹਰਜਿੰਦਰ ਕੌਰ
I also agree that a trained technologist shall be assigned for h	is/her guidance
	How livery
	(Apprentice Master)
Section TV:	me and address of Institution
I certify that has unde spread over months in accordance with details enum	rgone hours training nerated in section III
	of the Training Institution
Date 18 / 9/21	
Nodal Officer B Voc (MLMDT)	Principal
	3.U.College Bannala

Principal an College BARNALA

Principal S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



1. The second se
SECTION I
This form has been issued to Mr./Ms. Manpreet law 511 College, B.
residing at Handiaya State Lunjah.
residing at Handlaya Runyals.
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from New Delhi.
Date/3/7./2/ Notal Officer S.D. College, BARNAL Principal
B Voc (MLMDT) S.D.College, Barnala
Section II
I. Mambreet Kaur accept Dr. Harsinde Kor Give Hospital (Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training. Market Kaur
Student
Section III
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:-
 Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance.
(Apprentice Master) Name and address of Institution Section IV
I certify that Manfaced Kow has undergone hours training spread over. One months in accordance with details enumerated in section III
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I certify that
Date 8 8 2 Nodal Officer Puncipal

B Voc (MLMDT)

S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



SECTION I This form has been issued to Mr./Ms. Suman Shaima Regd.No. 114-2020-856 Son of /daughter of Sh. Bhagirath Shaima
residing at Barnala State Purjab
Who has produced evidence before me that He/she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UCC New Delhi.
New Delhi. Date. Date. S.D. College, B.A. Noda Officer B Voc (MLMDT) Principal S.D.College, Barnala
Cookiewitt
Section II Suman Sharma accept Hayindu kawa Civil Hospital (Name of Student) (Name of Trainer) Baynala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.
and agree to obey and respect him/her during the entire period of my training. () () () () () () () () () (
Section III I Manufactural form of Student as a trainee and I agree to give (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:-
 Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance.
(Apprentice Master)
Name and address of Institution Section IV
C) (1
I certify that here has undergone hours training spread over
Head of the Training Institution
Section V
I certify that

Nodal Officer B Voc (MLMDT)

Principal B S.D.College, Barnala rincis S.D. College, BARNA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TE



	SECTION I
	This form has been issued to Mr./Ms. Ramandeep Tharmas Dharmas
	Regd. No. 14-2020-850 Son of /daughter of Sh. Ashok Kumay Sharn
	residing at <u>Barnala</u> State <u>Punab</u> Who has produced evidence before me that He/She is entitled to receive the Practica Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGO
	Date, 26 5 21 Nool S.D. College, EAR
	Nodal Officer B Voc (MLMDT) Principal S.D.College, Barnala
	Section II
	(Name of Student) (Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of the students.
	and agree to obey and respect him/her during the entire period of my training.
	avos
	Section III Student
	Section III IMAGE COME RECEIVED ACCEPT RECEIVED AS A trainee and I agree to give (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:-
	1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in,
	a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory
	 c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.
	c, melosiological analysis of samples.
	I also agree that a trained technologist shall be assigned for his/her guidance.
	(Apprentice Master)
	Name and address of Institution Section IV
	I certify that Remondeep Them? has undergone
,	spread overmonths in accordance with details enumerated in section III
	dan La Kara
	I cortifie that Carranders Show
1	Section V I certify that Lamandup Shamhas completed in all respect his/her practical respect his/her practical New Delhi.
ľ	New Delhi.

Nodal Officer
B Voc (MLMDT)

Principal S.D.College, Barnala S.D. College, BARNALA



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	SECTIONI			rin
. 8	Guyeet	Singh	S.D. Concue. DA	ires
Regd. No. 114-2020-859 son of /d	laughter of Sh.	Charanji	& Sugh	
residing at Machine Some Machine Who has produced evidence before me Training as per ordinances framed by Pu New Delhi.	State Pu	yes.	receive the Practic	cal GG/
Date 3/7/2 Notal Office B Voc (MLMI		8.	Principal S.D.College, Barnala	a
(Name of Student) (Name of Student) (Name of the Host training and agree to obey and respect h	Name of Trainer) nital / Labora	tory) as my	trainer for the abo	V.
(Name of Trainer) (Name of Student III) (Nam	Tent)			ιаγ
 Working knowledge of keeping of reco Practical Experience in, Sample collection, processing and property of the processing and processing and processing and processing and processing and processing and processing of the processing of the processing and processing	reservation. boratory ples	37	. ਹਰਜਿੰਦਜ਼ ਕੌਰ	
I also agree that a trained technologist	shall be assign	Ha	gurdance. — Llukou rentice Master)	1
	Section IV	Name and	d address of Institut	ion
I certify that Cruyled Coansespread over Two I months in accord	Minde with deta	s undergone ils enumerated	hours train din section III del les des Câles de la Ca Training Institution	
	Section V			
I certify that Gujeet in practical training as perfordinances from UGC New Delhi.	has has Punjat	completed in University, I	n all respect his/ Patiala, under the ru	her ules

Nodal Officer B Voc (MLMDT)

S.D.College, Barnala

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TE



a harmonia de la companya del companya de la companya del companya de la companya
This form has been issued to Mr./Ms. Savandup Kaus D. College, Barrier
Regd.No. 14-2020-851 Son of /daughter of Sh. agtar Lingh residing at Rajta State Lungh. Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. Date. 3/7/21 Nodal Officer S.D. Copping all S.D. Copping all S.D. College, Barnala
Section II I Savandlef) Kauracept Rakest Kurnar of Eishu Corrected (Name of Student) (Name of Trainer) Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.
Section III Section III
I Rakesh Kumawaccept Savandeep Kaux as a trainee and I agree to give (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:-
 Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance.
Relegh Konner (Apprentice Master) Name and address of Institution Section IV I certify that Savardup Kann has undergone hours training spread over months in accordance with details enumerated in section III
Roleeth Kumer

Section V

Head of the Training Institution

Ethill , was in war 1844 Page I certify that Savandup Kaur has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Nodal Officer B Voc (MLMDT)

S.D.College, Barnala S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC

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	S. E.
	S.D. College, BARREAL

	De la companya della companya della companya de la companya della
SECTION I	S.D. College, B.
This form has been issued to Mr./Ms. Shabnam D	hanesar
Regd.No. 114-2020-854 Son of /daughter of Sh. residing at Aktor Kalan State Fun Who has produced evidence before me that He/She Training as per ordinances framed by Punjabi Universit New Delhi. Date. 2917.21 Nodal Officer B Voc (MLMDT) Section II	is entitled to receive the Practical
I Shabnam Chausa accept Rakesh Kuman (Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) and agree to obley and respect him/her during the entirest of the Section III	as my trainer for the above training e period of my training. Shobraw Student
I. Rakesh Kuma accept Shabnam Charesa's a to (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that acquire:-	
 Working knowledge of keeping of records related to a Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. 	clinical laboratory.
I also agree that a trained technologist shall be assign	ed for his/her guidance.
Section IV I certify that Shabnam Shanesar has spread over months in accordance with detail	Refersh le 4mer (Apprentice Master) Name and address of Institution undergone hours training Is enumerated in section III
Section V I certify that Shabram Chanesay has com	Rokesh Ramed Head of the Training Institution
I certify thathas com	pieted in an respect his/her practical

Date. 81 / 87 2-1

New Delhi.

Nodal Officer
B Voc (MLMDT)

training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC

S.D. College, Barnala S.D. College, BARNALA

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



BARNA

This form has been issued to Mr./Ms. Regd.No. 114-2020-843 Son of /daughter of/sh. State Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC

Section II (Name of Student) (Name of Trainer)

Name of Student) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

I Rakesh Kungaccept Kormankeet Kas a trainee and I agree to give (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may

1. Working knowledge of keeping of records related to clinical laboratory.

B Voc (MLMDT)

- 2. Practical Experience in,
- a) Sample collection, processing and preservation.
- b) Precautions to be taken in clinical laboratory
- c) Hematological analysis.
- d) Biochemical analysis of various samples,
- e) Microbiological analysis of samples.

I also agree that a trained technologist shall be assigned for his/her guidance.

(Apprentice Master)

Name and address of Institution

Section IV

Elsato Camputantond Labo has undergone hours trainingmonths in accordance with details enumerated in section III

Release leama

Head of the Training Institution

I certify that ... Karnanguet khas completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC

Date 31/8/21

Nodal Office B Voc (MLMDT)

S.D.College, Barnala S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECH



Mark Same		ik.		
This form has been issu	ed to Mr./Ms. Shan	<u>VI</u>		
Read No 114-2019-	052 Son of /daughter	7	2 0 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1	4
D-	Son of /daughter	of Sh	ceer Shigh	
WIND has produced with	state			natis gr
New Delhi.	ces framed by Punjabi Un	iversity, Patiala	under the rules from	No.
Date 19/7/21	Wasale		8.D. College, BA	rin PM
Ç3	Nodal Officer B Voc (MLMDT)		Principal	
			S.D.College, Barna	ala
1 Shanty	Section :	<u>II</u>		
(Name of Student)	accept Dn. Horling	alper)	IVU HOARDA	
training and agree to ob	ime of the Hospital / L ey and respect him/her d		my trainer for the ab	ον
	- sepection/ner g	uting the entire	period of my training.	
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Ochain L. kowi	Section I	المتعديد الإنهامي و و المتعدد المتعدد	Student	سنت
(Name of Trainer)	(Name of Ct. de in	as a trainee a	nd I agree to give	¥.
Him/her training facilitie	es in my organization so	that during his	her training he/shown	
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2. Practical Experience in	keeping of records relate	d to clinical labo	ratory.	
a) Sample collection, pr	Ocessing and nuces	ı.		
b) Precautions to be takc) Hematological analys				
d) Biochemical analysis e) Microbiological analy	of various samples. sis of samples		Y	
I also agree that a traine	d technologist shall be as	signed for his/h) er guidance	
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spread overmo	nths in accordance with d	ាក់as undergoពី etails enumerat	edin Geoffon III	ng.
		40	में प्रिक्तिकार मिह्न ग्राम्बन्स, ब्रह्माला	n Ligi
	Saction V	Head of th	e Training Institution	27 81

Section V

I certify that Shanty practical training as per ordinances framed by Punjabi University, Patiala, under the rules

Nodal Office B Voc (MLMDT)

S.D. Control BarriaLA

Mary Williams

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL L

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ed to receive the Practical, under the rules from EGC.
8.D. College, BARIVA
Principal S.D.College, Barnala
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my trainer for the above period of my training.
Lovepreet Sigh
nd I agree to give
her training he/she may
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er guidance.
ਸ਼ਾਜਦ ਕਰ prentice Master) nd address of Institution ਜ਼ਿਲ੍ਹੇ ਸ਼ਿਲ੍ਹੇ ਹਜ਼ਪਤਾਲ, ਬਰਨਾਲਾ
ed in section III
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Patiala, under the rules
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SECTION I	6
This form has been issued to Mr./Ms. Lovepseet Single Sand)
Regd.No. 114-2019-1054 Son of /daughter of Sh. Gurcharan Lungh	E.
residing at Artista Artista Artista III	
Who has produced evidence before me that He/She is entitled to receive the Practice New Delhi.	al
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Nodel officer	建
B Voc (MLMDT) Principal S.D.College, Barnala	-1
Section II	
(Name of Student) (Name of Student) (Name of Trainer)	
Name of All Indiana	0
training and agree to obey and respect him/her during the entire period of my training.	
Lovepreet Sigh Student	
(Name of Trainer) (Name of Student) Section III (Name of Trainer) (Name of Student)	ŀ
Him/her training facilities in my organization so that during his/her training he/she may	,
	,
Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection.	
a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory	
d) Biochemical analysis of various same	
e) Microbiological analysis of samples.	
I also agree that a take a	
I also agree that a trained technologist shall be assigned for his/her guidance.	
Commedia terr	
(Applentice Master) Name and address of Institution Section IV	
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spread over months in accordance with details enumerated in section III	
Head of the Hitting	
Section V Section V Gentlify that Lovepuet Seg 1988 Haz has again agai	स्रा
practical training as per ordinances framed by Punjabi University, Patiala, under the rules	ſ
Pate 25/8/2/ Waster 11/12	
Nodal Officer 1/1/	/
B Voc (MLMDT) S.D. CSIRGE CARRALIA	

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL TO A



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Son of /daughter	of Sh. Dashan	Sunsh
e before me that He	She is entitled to so	
ramed by Punjabi Un	iversity, Patiala, under	the rules from
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W000-P	8.D. 0	College, BARN
		· Principal
		College, Barnal
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Section II		Student
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my organization so	hat during his/her trai	ning he/she ma
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ing and preservation.		12 1 M
clinical laboratory		
rious samples.		Supplied to the second
samples.		
nnologist shall be ass	igned for his/her guida	nea.
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Section By	Name and addre	SSOF INSTItution
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	has undergone 400	hours training
ir accordance with de	tails enumerated in sec	tion III
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Section V	Head of the France	anstitution
f Chal		
nces transactionha	s completed in all *r	espect his/har
named by Runja	or University, Patiala,	under the rules
	Son of /daughter State Before me that He ramed by Punjabi Un Nodal Officer B Voc (MLMDT) Section II (Name of Tra of the Hospital / La nd respect him/her du Section II my organization so the ping of records related sing and preservation clinical laboratory rious samples. samples. Section IV Manual Section V Section V Section V Section V	Section II cept A Angle of Trainer) Of the Hospital / Laboratory) as my trained respect him/her during the entire period of the Hospital / Laboratory) as my trained respect him/her during the entire period of the Hospital / Laboratory) as a trainee and I agree and of the Hospital / Laboratory as a trainee and I agree and of the Hospital Indicated to clinical laboratory. Sing and preservation. clinical laboratory. Figure 1888 Samples. Chippen 1888 Section IV Manual agree Angle Ang

Date. 25/8/2/

Nocal Officer B Voc (MLMDT)

Principal S.D. Soblishe at RNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



S.D.S. COSPUSO CONTROL A

Nodal Officer

B Voc (MLMDT)

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TE



SECTION I	Prinetpal
This form has been issued to Mr./Ms. Hunish kum	20. College BARNALA
Regd.No. 114-18-965 Son of /daughter of Sh. Sa	yeer kumae
residing at <u>VPO Melita</u> State <u>Punjal</u> Who has produced evidence before me that He/She is e	<i>U</i> ≥
Who has produced evidence before me that He/She dis extraining as per ordinances framed by Punjabi University, Panew Delhi.	ntitled to receive the Practical stiala, under the rules from UGC
Pate 28, 4, 21	57
Nodal Officer	Principal
B Voc (MLMDT)	s.fi.college, Barnala Frincipa
Section II	
1. Hunish Kuman accept Kamander Bran of	Mahabin Dal Charitable
(Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) training and agree to obey and respect him/her during the e	se my trainer for the above
training and agree to obey and respect him/her during the e	ntire period of my training.
	· Mai
PW	Student
Rangan doe Phan II	\mathcal{F}
Raman deeplar Humish Ruman as a trai	nee and I agree to give
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during	na his/her training he/she may
acquire:-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. Working knowledge of keeping of records related to clinic	al laboratory.
2. Practical Experience in, a) Sample collection, processing and preservation.	
b) Precautions to be taken in clinical laboratory	
c) Hematological analysis.d) Biochemical analysis of various samples.	
e) Microbiological analysis of samples.	
	Λ
I also agree that a trained technologist shall be assigned for	r his/her guidance.
	S D'MANATIR DAL MOSDITAL
· ·	(Apprent LA JR DAL HOSPITAL Name and address of the tigation da
Section IV	Ph. 0164-2215280
I certify that Hunish Bumman	dargona 1900 hours training
I certify that AMISA RUMMIN has unspread over 2 (1207)months in accordance with details en	umerated in section III
	V .
He	nad of the Training Institutioning
Section V	Near Fanti (Now 2215280

Date 8: 7:21

Nodal Officer B Voc (MLMDT)

I certify that Mln. Humish Kumain has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Principal S.D.College, Barnala Peips 8.D. College, BARNAL

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECH

Principal S.D. College Barner Principal S.D. Golfe Och Annala Barnala Student

1.7 This form has been issued to Mr./Ms. Regd.No. 114-18-967 Son of /daughter of Sh. residing at Boundla State Purjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC Date 30:1:21 Nodal Officer B Voc (MLMDT) Section II accept Dr Hasqinder of Civil Hospital (Name of Trainer) training and agree to obey and respect him/her during the entire period of my training. Section III under as a trainee and I agree to give I DY Marxingly accept Mr Va (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:-1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples. I also agree that a trained technologist shall be assigned for his/her guidance (Apprentice Master) Name and address of Institution Civi F Section IV Varinder Singly has undergone .300 hours training I certify that MY Manual Manua Pathalouist 3.T.C Head of the Training Institutional, Barnal

Section V

I certify that Mr Vaunder Sugh has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

B Voc (MLMDT)

Principal S.D.Colededer.Colds.WATT

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



S.D.College, Barnala

S.D. Collogo, E * Fresh

SECTION I This form has been issued to Mr./Ms. Sandeep Regd. No. 114-18- 966 Son of /daughter of Sh. Dharam Ray residing at Barnala State Purjab !
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC Date 2 - feb -2021 Nodal Officer B Voc (MLMDT) (Name of Trainer) AB, BARALA (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training. Sandeen Kuman Thinn IBK. GEETIKA VERMA SHNDEEP KUMAR TIMAR! trainee and I agree to give (Name of Student) (Name of Trainer) Him/her training facilities in my organization so that during his/her training he/she may acquire:-1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples. I also agree that a trained technologist shall be assigned for his/her guidance. (Apprentice Master) Name and address of Institution I certify that SANAER KUMAR TIWAR! has undergone 360 hours training spread over. TMO......months in accordance with details enumerated in section III (FROM 1.03.2021 TO 30.04.2021) Head of the Training Institution Section V I certify that ... Sandeep kumar Tiwashas completed in all respect his/her

practical training as per ordinances framed by Punjabi University, Patiala, under the rules

B Voc (MLMDT)

from UGC New Delhi. Date. 3. 5. 2021

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC

S.D. College, BARNAL

	I S J C , as
SECTION I	Princips
This form has been issued to Mr./Ms. Vishal Saivastava	The property a Room
Regd. No. 114-18-968 Son of /daughter of Sh. Ramesh	kumag Srivustava
who has produced evidence before me that He/She is entitled to	
Who has produced evidence before me that He/She is entitled to Training as per ordinances framed by Punjabi University, Patiala, und New Delhi.	receive the Practical der the rules from UGC
Date. 3.0.1.21	6.1
Nodal Officer B Voc (MLMDT)	Principal Principal S.D.College, Barnala
Section II	S.U. College, Harne
1. VISUAL Suivastova accept Converped Stugh of Life	Callin
(Name of Student) (Name of Trainer) training and agree to obey and respect him/her during the entire part	
training and agree to obey and respect him/her during the entire peri	trainer for the above od of my training.
	MBha/ Student
Section III	· · · -
I GUMPHER Shak Maccept VIBAG SCHOOLAVA as a trainee and I (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her acquire:-	
Working knowledge of keeping of records related to clinical laborate Practical Experience in	
2. Practical Experience in,a) Sample collection, processing and preservation.	ory,
Precautions to be taken in clinical laboratory	
 c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples. 	
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I also agree that a trained technologist shall be assigned for his/her g	guidance. Jordans
(Amount	Life C Tal rate
Name and	entice Master) urpre address of Institution
Section IV	Inside (Part to Nurs Hon-
I certify that Vishal Carvastava has undergone .	Bamala-148 (Ph.)
spread over. 2. (.tw?)months in accordance with details enumerated i	in section III
	Life Care Soratory
	raining Institution (PTU)
I certify that VI Shar Shi Val Javana completed	side Dr. Fartap Nursing Home,
from UGC New Delhi.	tiala, under the rules
Date 4:4.21, 2100	a. P

Nodal Officer
B Voc (MLMDT)