

**Training data of students of B.Voc MLMDT
SESSION (2022-23)**

S. No	Name	Place Of Training	Duration	Date
		1st year		
1.	Yatish Jain	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
2.	Harprabhleen Kaur	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
3.	Kulwinder Kaur	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
4.	Navjot Kaur	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
5.	Armaan Singh	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
6.	Gagandeep Kaur	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
7.	Gurleen Kaur	Hi Tech Labs Barnala	One Month	01.07.23 to 31.07.23
8.	Simranjit Kaur	City Health Centre, Barnala	One Month	01/07/23 to 31/07/23
9.	Sandeep Singh	Hi Tech Labs Barnala	One Month	01.07.23 to 31.07.23
10.	Tarshpreet Kaur	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
11.	Rupali	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
12.	Rekha Kaur	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
13.	Arshdeep Singh	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
14.	Akashdeep Singh	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
15.	Rajat Singla	New GS Lab Dirba(Sangrur)	One Month	19.06.23 to 20.07.23
16.	Bhumi Singh	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
17.	Palak	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
18.	Tanvi	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
19.	Sukhvir Kaur	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
20.	Komalpreet Kaur	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
21.	Manpreet Kaur	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23

**Training data of students of B.Voc MLMDT
SESSION (2022-23)**

22.	Shivcharan Singh	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
23.	Shimal Safi	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
24.	Azeem	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
25.	Harshdeep Kaur	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
26.	Lakhvir Kaur	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
27.	Khushpreet Kaur	Civil Hospital, Barnala	One Month	19.06.23 to 20.07.23
28.	Amandeep Kaur	Dr. Jain Path Lab	One Month	1.7.23 to 31.7.23
29.	Bhavy Jaggi	Hi Tech Labs Barnala	One Month	01.08.23 to 31.08.23
30.	Anmolpreet Singh	Roop Computerized Lab, Jaid Market Bhadaur	One Month	21.7.23 to 21.8.23
31.	Kulwinder Kaur	Hi Tech Labs Barnala	One Month	01.08.23 to 31.08.23
32.	Raspreet Kaur	Eishu Computerised Lab	One Month	1.7.23 to 31.7.23
33.	Bhaskar Garg	Lok Sewa Lab, Barnala	One Month	1.7.23 to 31.7.23
34.	Iqbal Singh	Life Care Laboratory Inside Dr Partap Nursing Home, Barnala	One Month	1.7.23 to 31.7.23
35.	Gurwinder Singh	Mehak Computerized Laboratory, Dhanaula	One Month	01.08.23 to 31.08.23
36.	Manpreet singh	Hi Tech Labs Barnala	One Month	15.07.23 to 14.08.23
37.	Lovedeep singh	Friends Computerized Laboratory, Barnala	One Month	1.7.23 to 31.7.23
		2nd Year		
38.	Raj Kumari	City Health Centre, Barnala	One Month	01/07/23 to 31/07/23
39.	Shakshi	City Health Centre, Barnala	One Month	01/07/23 to 31/07/23
40.	Resham Singh	Vijay Computerized Lab, Dhanaula	One Month	22.7.23 to 21.8.23
41.	Dildeep Singh	City Health Centre, Barnala	One Month	01/07/23 to 31/07/23

**Training data of students of B.Voc MLMDT
SESSION (2022-23)**

42.	Yuvraj Singh	Janta Computerized Lab, Barnala	One Month	01/07/23 to 31/07/23
43.	Jaya Sharma	Eishu Computerised Lab Barnala	One Month	1.8.23 to 31.8.23
44.	Jaipartap Singh Virk	Eishu Computerised Lab	One Month	1.7.23 to 31.7.23
45.	Jony Kumar	J.Sidana Diagnostic Lab	One Month	1.7.23 to 31.7.23
46.	Manpreet Kaur	Civil hospital, Barnala	One Month	22.7.23 to 21.8.23
47.	Manpreet Kaur	Civil hospital, Barnala	One Month	22.7.23 to 21.8.23
48.	Sapna	Civil hospital, Barnala	One Month	22.7.23 to 21.8.23
49.	Suneh Kaur	Civil hospital, Barnala	One Month	22.7.23 to 21.8.23
50.	Ramandeep Sharma	Civil hospital, Barnala	One Month	22.7.23 to 21.8.23
51.	Arshpreet Kaur	Civil hospital, Barnala	One Month	22.7.23 to 21.8.23
52.	Jagdeep Singh	Civil hospital, Barnala	One Month	19.6.23 to 20.7.23
53.	Eishu	Eishu Computerised Lab Barnala	One Month	1.7.23 to 31.7.23
54.	Harmanpreet Kaur	Eishu Computerised Lab, Barnala	One Month	1.8.23 to 31.8.23
55.	Amritpreet Kaur	Civil hospital, Barnala	One Month	22.7.23 to 21.8.23
56.	Navjot Kaur	Patiala Clinical Laboratory, Pakho Kalan	One Month	12.07.23 to 13.08.23
3rd year				
57.	Vishal kumar	Civil hospital, Barnala	Two Months	16.1.23 to 20.3.23
58.	Santosh kumar	Civil hospital, Barnala	Two Months	16.1.23 to 20.3.23
59.	Ramandeep singh	Kamaldeep Clinical Laboratory, Barnala	Two Months	6.2.23 to 08.4.23
60.	Vachiter Singh	Civil hospital, Barnala	Two months	16.1.23 to 20.3.23
61.	Prem Singh	Sahil Comuterised laboratory, Barnala	Two months	16.1.23 to 20.3.23
62.	Sahil Goyal	Sahil Comuterised	Two months	16.1.23 to

**Training data of students of B.Voc MLMDT
SESSION (2022-23)**

		laboratory, Barnala		20.3.23
63.	Mukesh Jindal	Sahil Comuterised laboratory, Barnala	Two months	16.1.23 to 20.3.23
64.	Arshpreet kaur	Civil hospital, Barnala	Two months	16.1.23 to 20.3.23
65.	Navpreet kaur	Civil hospital, Barnala	Two months	16.1.23 to 20.3.23
66.	Jaspreet kaur	Civil hospital, Barnala	Two months	16.1.23 to 20.3.23
67.	Gursimranpreet kaur	Civil hospital, Barnala	Two months	16.1.23 to 20.3.23
68.	Ritika	Civil hospital, Barnala	Two months	16.1.23 to 20.3.23
69.	Lakhveer Kaur	Civil hospital, Barnala	Two months	16.1.23 to 20.3.23
70.	Inderpal Kaur	Civil hospital, Barnala	Two months	16.1.23 to 20.3.23
71.	Mandeep Kaur	A.One Laboratory, Barnala	Two months	16.1.23 to 20.3.23
72.	Harleen Kaur	Civil hospital, Barnala	Two months	16.1.23 to 20.3.23
73.	Arshpreet Kaur	Civil hospital, Barnala	Two months	16.1.23 to 20.3.23
74.	Jashanjot Kaur	Samaj sewa Laboratory, Mehal Kalan	Two months	16.1.23 to 20.3.23
75.	Savandeep Kaur	City Health Center, Barnala	Two months	16.1.23 to 20.3.23

Vandana
Dr Vandana Kulkarni
B.Voc (MLMDT)

eh
Principal
S.D. College, BARNALA

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Yatish Jain
Regd.No. 114-2021-863 Son of / daughter of Sh. Jatinder Kumar
residing at Chhinriwal Kalan state Punjab
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 11.9.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

Section II

I, Yatish Jain (Name of Student) accept Dr. Harjinder Singh (Name of Trainer) of Civil Hospital Barnala (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.

Yatish Jain
Student

Section III

I, Dr. Harjinder Singh (Name of Trainer) accept Yatish Jain (Name of Student) as a trainee and I agree to give 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.

[Signature]
(Apprentice Master)
Name and address of Institution
Dr. Harjinder Singh
11/11/23

Section IV

I certify that Yatish Jain has undergone 780 hours training spread over one months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution
Dr. Harjinder Singh
10/11/23

Section V

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

Date 12.10.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

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



S.D. College

SECTION I

This form has been issued to Mr./Ms. Harprabhleen Kaur
Regd. No. 114-2022-903 Son of / daughter of Sh. Brijpal Singh
residing at Barnala State Punjab

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: 11.9.23

Nandoo
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

Section II

I, Harprabhleen Kaur accept Dr. Harjinder of Civil hospital Barnala
(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.

Harprabhleen Kaur
Student

Section III

I, Dr. Harjinder accept Harprabhleen Kaur 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.

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

Harprabhleen Kaur
(Apprentice Master)
Name and address of Institution
Dr. B. Singh
[Address]

Section IV

I certify that Harprabhleen Kaur has undergone 750 hours training spread over 03 months in accordance with details enumerated in section III

Harjinder
Head of the Training Institution
[Address]

Section V

I certify that Harprabhleen 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.

Date: 12.10.23

Nandoo
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

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



S.D. College

SECTION I

This form has been issued to Mr./Ms. Kulwinder Kaur

Regd. No. 114-2022-891 Son of / daughter of Sh. Susjeet Singh

residing at Rampura State Punjab

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 11.9.23

Kulwinder
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

Section II

1. Kulwinder Kaur accept Dr. Harjinder Kaur of Civil Hospital Barnala
(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.

Kulwinder Kaur
Student

Section III

1. Dr. Harjinder Kaur accept Kulwinder Kaur 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.

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

Section IV

I certify that Kulwinder Kaur has undergone 180 hours training spread over 06 months in accordance with details enumerated in section III

Harjinder Kaur
(Apprentice Master)
Name and Address of Institution
Dr. St. Preeti 18/11/23
Department of Microbiology, Barnala

Section V

I certify that Kulwinder 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.

Harjinder Kaur
Head of the Institution
Dr. St. Preeti 18/11/23
Department of Microbiology, Barnala

Date 12.10.23

[Signature]
HOD
B Voc (MLMDT)

Principal
S.D. College, Barnala
[Signature]
Principal
S.D. College, BARNALA

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



S.D. College, Barnala

SECTION I

This form has been issued to Mr./Ms. Navjot Kaur
Regd. No. 114-2022-576 Son of / daughter of Sh. Shamsher Singh
residing at Barnala State Punjab.

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 11.9.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

Section II

I Navjot Kaur accept Dr. Harjinder Kaur of Livit hospital Barnala
(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.

Navjot Kaur
Student

Section III

I Dr. Harjinder Kaur accept Navjot Kaur 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Navjot Kaur has undergone 120 hours training spread over one months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution
10/11/23

Section V

I certify that Navjot 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.

Date 12.10.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

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



S.D. College,

SECTION I

This form has been issued to Mr./Ms. Armaan Singh
Regd. No. 114-2022-877 Son of / daughter of Sh. Sukhdeep Singh
residing at Barnala State Punjab

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 11.9.23

Vandh
HOD
B Voc (MLMDT)

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

Section II

I, Armaan Singh (Name of Student) accept Dr. Harjinder Kumar (Name of Trainer) Civil hospital Barnala (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.

Armaan
Student

Section III

I, Dr. Harjinder Kumar (Name of Trainer) accept Armaan Singh (Name of Student) as a trainee and I agree to give 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.

Kay de kau
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Armaan Singh has undergone 50 hours training spread over one months in accordance with details enumerated in section III

Kay de kau
Head of the Training Institution
Dr. Harjinder Kumar
10/11/23

Section V

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

Date 12.10.23

Vandh
HOD
B Voc (MLMDT)

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

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



S.D. College

SECTION I

This form has been issued to Mr./Ms. Gagandeep Kaur
Regd. No. 114-2022-872 Son of / daughter of Sh. Shamsher Singh
residing at Raisar State Punjab

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 11.9.23

Vandur
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

Section II

I, Gagandeep Kaur accept Dr. Harjinder Kaur of Civil Hospital Barnala
(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.

Gagandeep Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Gagandeep Kaur 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.

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

[Signature]
(Apprentice Master)
Name and Address of Institution
Dr. Harjinder Kaur
11/11/23
[Address]

Section IV

I certify that Gagandeep Kaur has undergone 120 hours training spread over one months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution
11/11/23
[Address]

Section V

I certify that Gagandeep 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.

Date 12.10.23

Vandur
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

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



S.D. College,

SECTION I

This form has been issued to Mr./Ms. Gurleen kaur Kahlori
Regd.No. 114-2022-890 Son of /daughter of Sh. Manohar Singh
residing at Bhanoula State Punjab

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 1.7.23

Vandev
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala
S.D. College, BARNALA

Section II

I, Gurleen kaur accept Vishal Sarvagov of Barnala
(Name of Student) (Name of Trainer)
Hi-tech labs (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.

Gurleen
Student

Section III

I, Vishal Sarvagov accept Gurleen kaur 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.

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

[Signature]
BARNALA
(Apprentice Master)
HI-TECH LABS
Name of the Institution

Section IV

I certify that Gurleen kaur has undergone 150 hours training spread over one months in accordance with details enumerated in section III

[Signature]
BARNALA
Head of the Training Institution
HI-TECH LABS

Section V

I certify that Gurleen 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.

Date 31.7.23

Vandev
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala
S.D. College, BARNALA

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Simranjit Kaur
Regd. No. 114-2022-566 Son of / daughter of Sh. Baldev Singh
residing at Thulewal State Punjab

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: 1.7.23.

Vandar
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

Section II

I, Simranjit Kaur accept Ravinder Sharma City Health Center
(Name of Student) (Name of Trainer)
BHL (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.

Simranjit Kaur
Student

Section III

I, Ravinder Sharma accept Simranjit Kaur 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.

For CITY HEALTH CENTRE

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

[Signature]
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Simranjit Kaur has undergone 180 hours training spread over 1 month months in accordance with details enumerated in section III

For CITY HEALTH CENTRE
[Signature]
Head of the Training Institution

Section V

I certify that Simranjit 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.

Date: 31.7.23

Vandar
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Sandeep Singh
Regd. No. 1115-2019-321 Son of / daughter of Sh. Subhuinder Singh
residing at Chiniwal kalan State Punjab
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 1.7.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I, Sandeep Singh accept Vishal Saini of Barnala
(Name of Student) (Name of Trainer)
Hi-Tech Labs (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.

Sandeep
Student

Section III

I, Vishal Saini accept Sandeep Singh 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.

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

Principal
BARNALA
(Apprentice Master)
Name of the Institution
HI-TECH LABS

Section IV

I certify that Sandeep Singh has undergone 180 hours training spread over one months in accordance with details enumerated in section III

Principal
BARNALA
Head of the Training Institution
HI-TECH LABS

Section V

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

Date 31.7.23

Vandana
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Tarshpreet Kaur
Regd.No. 114-2022-885 Son of /daughter of Sh. Nirmal Singh
residing at Loha-Kheda State Punjab

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.....11.9.23

Vandor
HOD
B Voc (MLMDT)

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

Section II

I Tarshpreet Kaur accept Dr. Harjinder Kaur of Civil Hospital Barnala
(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.

Tarshpreet Kaur
Student

Section III

I Dr. Harjinder Kaur accept Tarshpreet Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Hm/her training facilities in my organization so that during h/s/her training h/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.

Harjinder Kaur
(Apprentice Master)
Name and Address of Institution
Dr. Harjinder Kaur
10/11/23

Section IV

I certify that Tarshpreet Kaur has undergone 180 hours training spread over one months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution
Dr. Harjinder Kaur
10/11/23

Section V

I certify that Tarshpreet 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.

Date 12.10.23

Vandor
HOD
B Voc (MLMDT)

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

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



This form has been issued to Mr./Ms. Rupali
Regd.No. 114-2022-865 Son of /daughter of Sh. Raj Kumar
residing at Dhanuaga State Punjab

S.D. College, BARNALA

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: 11.9.23

Haninder
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala
Principal
S.D. College, BARNALA

Section II

I Rupali (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital Barnala (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.

Rupali
Student

Section III

I Dr. Harjinder Kaur (Name of Trainer) accept Rupali (Name of Student) as a trainee and I agree to give 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.

[Signature]
(Apprentice Master)
Name and address of Institution
11/11/23

Section IV

I certify that Rupali has undergone 180 hours training spread over one months in accordance with details enumerated in section III

Haninder Kaur
Head of the Training Institution
11/11/23

Section V

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

Date: 12.10.23

Haninder
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala
Principal
S.D. College, BARNALA

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Rekha Kaur
Regd. No. 114-2022-588 Son of / daughter of Sh. Samsher Singh
residing at Herike State Punjab

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 11.9.23

[Signature]
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

Section II

I, Rekha kaur (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) Livid hospital Barnala (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.

Rekha kaur
Student

Section III

I, Dr. Harjinder Kaur (Name of Trainer) accept Rekha kaur (Name of Student) as a trainee and I agree to give 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.

[Signature]
(Apprentice Master)
Name and address of Institution
Dr. St. Devishi

Section IV

I certify that Rekha kaur has undergone 180 hours training spread over one months in accordance with details enumerated in section III.

[Signature]
Head of the Institution
Dr. St. Devishi

Section V

I certify that Rekha 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.

Date 12.10.23

[Signature]
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Aashdeep Singh
Regd. No. 114-2022-861 Son of / daughter of Sh. Hardev Singh
residing at Cheema State Punjab

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 19.6.23

Nandan
HOD
B Voc (MLMDT)

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

SECTION II

I Aashdeep Singh accept Aashdeep Singh of Civil 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.

Aashdeep Singh
Student

SECTION III

I Aashdeep Singh accept Aashdeep Singh as a trainee and I agree to give 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.

Hardev kaur
(Apprentice Master)
Name and address of Institution

SECTION IV

I certify that Aashdeep Singh has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Hardev kaur
Head of the Training Institution

SECTION V

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

Date 20.7.23

Nandan
HOD
B Voc (MLMDT)

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

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Akashdeep Singh
Regd. No. 114-2022-861 Son of / daughter of Sh. Karamjit Singh
residing at Barnala State Punjab
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: 19.6.23

Vandor
HOD
B Voc (MLMDT)

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

Section II

I, Akashdeep Singh (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital (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.

Akashdeep Singh
Student

Section III

I, Dr. Harjinder Kaur (Name of Trainer) accept Akashdeep Singh (Name of Student) as a trainee and I agree to give 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.

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Akashdeep Singh has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

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

Date: 20.7.23

Vandor
HOD
B Voc (MLMDT)

Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Rajat Singla S.D. Co"
Regd.No. 114-2022-909 Son of /daughter of Sh. Parddeep Kumar
residing at Sangrur State Punjab
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 19.06.23

Vandev
HOD
B Voc (MLMDT)

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

Section II

I, Rajat Singla accept Parddeep Kumar of New GS Computerised
(Name of Student) (Name of Trainer) of
Laboratory (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.

Rajat Singla
Student

Section III

I, Parddeep Kumar accept Rajat Singla 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.

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

Parddeep Kumar
M/s New GS Computerised Laboratory
(Apprentice Master)
Name Anaj Mandi, DIRBA (Sangrur)
of Institution
148035 (Pb.)

Section IV

I certify that Rajat Singla has undergone 150 hours training
spread over One months in accordance with details enumerated in section III

Parddeep Kumar
Head of the Training Institution
M/s New GS Computerised Laboratory
Anaj Mandi, DIRBA (Sangrur)
148035 (Pb.)

Section V

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

Date 20.7.23

Vandev
HOD
B Voc (MLMDT)

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

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



SECTION I
This form has been issued to Mr./Ms. Bhumi Singh
Regd. No. 114-2022-893 Son of / daughter of Sh. Hukesh Kumar
residing at Barnala State Punjab
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 19.6.23

[Signature]
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala
S.D. College, BARNALA

SECTION II
I, Bhumi Singh (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital (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.

[Signature]
Student

SECTION III
I, Dr. Harjinder Kaur (Name of Trainer) accept Bhumi Singh (Name of Student) as a trainee and I agree to give 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.

[Signature]
(Apprentice Master)
Name and address of Institution

SECTION IV
I certify that Bhumi Singh has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

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

Date 20.7.23

[Signature]
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Palak

Regd.No. 114-2022-900 Son of / daughter of Sh. Davinder pal

residing at Barnala State Punjab

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.....19.6.23

Vandev
HOD
B Voc (MLMDT)

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

Section II

I Palak (Name of Student) accept Dr. Harjinder kaur (Name of Trainer) of Civil Hospital (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.

Palak
Student

Section III

I Dr. Harjinder kaur (Name of Trainer) accept Palak (Name of Student) as a trainee and I agree to give 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.

Harjinder kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Palak has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder kaur
Head of the Training Institution

Section V

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

Date 20.7.23

Vandev
HOD
B Voc (MLMDT)

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

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Tanvi
Regd.No. 114-2022-886 Son of / daughter of Sh. Akshay kumar
residing at Barnala State Punjab

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 19.6.23

Jasbir
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

Section II

I Tanvi accept Dr. Harjinder kaur Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Tanvi
Student

Section III

I Dr. Harjinder kaur accept Tanvi 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.

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

Harjinder kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Tanvi has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder kaur
Head of the Training Institution

Section V

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

Date 20.7.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Sukhvir Kaur
Regd. No. 114-2022-884 Son of / daughter of Sh. Gurmel Singh
residing at Thulival, Barnala state Punjab
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 19.6.23

Vanda
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala
S.D. College, BARNALA

Section II

I, Sukhvir Kaur accept S. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Sukhvir Kaur
Student

Section III

I, Harjinder Kaur accept Sukhvir Kaur 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Sukhvir Kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Sukhvir 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.

Date 20.7.23

Vanda
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Komalpreet Kaur
Regd.No. 114-2022-906 Son of /daughter of Sh. Jasveer Singh
residing at Kaleke, Barnala State Punjab
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 19.6.23

Nandor
HOD
B Voc (MLMDT)

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

Section II

I, Komalpreet Kaur (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital Barnala (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.

Komalpreet Kaur
Student

Section III

I, Dr. Harjinder Kaur (Name of Trainer) accept Komalpreet Kaur (Name of Student) as a trainee and I agree to give Him/her training facilities in my organization so that during h/s/her training h/s/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 h/s/her guidance.

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Komalpreet Kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Komalpreet 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.

Date 20.7.23

Nandor
HOD
B Voc (MLMDT)

Principal Sh
S.D. College, BARNALA
Principal
S.D. College, BARNALA

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



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

SECTION I

This form has been issued to Mr./Ms. Manpreet Kaur
Regd. No. 114-2022-869 Son of / daughter of Sh. Balwinder Singh
residing at Kaloke State Punjab

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: 19.6.23
HOD
B Voc (MLMDT)

Section II

I, Manpreet Kaur accept Dr. Harjinder Kaur Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Manpreet Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Manpreet Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during h/s/her training h/s/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 h/s/her guidance.

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Manpreet Kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Manpreet 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.

Date: 20.7.23
HOD
B Voc (MLMDT)

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

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



SECTION I

S.D. College,

This form has been issued to Mr./Ms. Shivcharan Singh
Regd.No. 114-2022-871 son of / daughter of Sh. Joginder Singh
residing at Pharwahi State Punjab.

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 19.6.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I Shivcharan Singh accept Dr Hayinderkaur gurdeep Singh of Civil 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.

Sh
Student

Section III

I Dr Hayinderkaur accept Shivcharan Singh 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.

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

Hayinderkaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Shivcharan Singh has undergone 180 hours training spread over months in accordance with details enumerated in section III

Hayinderkaur
Head of the Training Institution

Section V

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

Date 20.7.23

Vandana
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Shimal Saifi S.D. College BARNALA

Regd.No. 114-2022-870 Son of /daughter of Sh. Jabbar Saifi

residing at Muzaffanagar State Uttar Pradesh

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...19.6.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I, Shimal Saifi accept Dr Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)

Paraxila (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.

Shimal
Student

Section III

I, Dr Harjinder Kaur accept Shimal Saifi 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Shimal Saifi has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

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

Date...20.7.23

Vandana
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Azeem S.D. College, BARNALA
Regd. No. 114-2022-889 Son of / daughter of Sh. Mehboob
residing at Barnala State Punjab

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 19.6.23

HOD Vandor
B Voc (MLMDT)

Principal [Signature]
S.D. College, BARNALA

Section II

I Azeem (Name of Student) accept Dr. Harjinder kaur (Name of Trainer) of Civil Hospital (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.

Azeem
Student

Section III

I Dr. Harjinder kaur (Name of Trainer) accept Azeem (Name of Student) as a trainee and I agree to give 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.

Harjinder kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Azeem has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder kaur
Head of the Training Institution

Section V

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

Date 20.7.23

HOD Vandor
B Voc (MLMDT)

Principal [Signature]
S.D. College, BARNALA



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Harshdeep Kaur
Regd.No. 114-2022-875 Son of /daughter of Sh. Hardev Singh
residing at Pharwahi State Barnala

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 19.6.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala
S.D. College, BARNALA

Section II

I, Harshdeep Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer) of Barnala (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.

Harshdeep Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Harshdeep Kaur 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.

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

[Signature]
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Harshdeep kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

I certify that Harshdeep 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.

Date 20.7.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala
S.D. College, BARNALA

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Lakhvir Kaur
Regd. No. 114-2022-879 Son of /daughter of Sh. Raj Singh
residing at Bakhat gash State Barnala

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 19.6.23

Vandor
HOD
B Voc (MLMDT)

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

Section II

I, Lakhvir Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)

Barnala (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.

Lakhvir Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Lakhvir Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)

High/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.

Dr. Jyoti Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Lakhvir Kaur has undergone 180 hours training spread over 6 months in accordance with details enumerated in section III

Dr. Jyoti Kaur
Head of the Training Institution

Section V

I certify that Lakhvir 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.

Date 20.7.23

Vandor
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Khushpreet Kaur
Regd. No. 114-2022-868 son of / daughter of Sh. Manjit Singh
residing at Dharaula State Punjab

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 19.6.23

Vandor
HOD
B Voc (MLMDT)

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

Section II

I Khushpreet Kaur accept Dr. Harjinder Kaur Civil Hospital
(Name of Student) (Name of Trainer)

Barnala (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.

Khushpreet Kaur
Student

Section III

I Harjinder Kaur accept Khushpreet Kaur 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Khushpreet Kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Khushpreet 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.

Date 20.7.23

Vandor
HOD
B Voc (MLMDT)

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

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Amandeep Kaur
Regd. No. 114-2022-878 Son of / daughter of Sh. Jagjeet Singh
residing at Bathinda State Punjab

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 1.7.23

[Signature]
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

I, Amandeep Kaur (Name of Student) accept Dr. Bhaskar Jain (Name of Trainer) of Dr. Jain's Ashirwad Pathology Lab, (Rampura) (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.

Amandeep Kaur
Student

Section III

I, Dr. Bhaskar Jain (Name of Trainer) accept Amandeep Kaur (Name of Student) as a trainee and I agree to give 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.

[Signature]
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Amandeep Kaur has undergone Six hours training spread over one months in accordance with details enumerated in section III

Head of the Training Institution

Section V

I certify that Amandeep 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.

Date 31.7.23

[Signature]
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

S.D. COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Bhavya Jaggi
Regd.No. 114-2022-895 Son of / daughter of Sh. Ranvis Singh
residing at Barnala State Punjab

S.D. College, BARNALA

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 1.8.23

Vandor
HOD
B Voc (MLMDT)

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

Section II

I Bhavya Jaggi accept Vishal Sawastava of Barnala HT-
tech labs (Name of Student) (Name of Trainer) of (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.

Bhavya
Student

Section III

I Vishal Sawastava accept Bhavya Jaggi 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.

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

Sh
BARNALA
(Approved by) Name and address of Institution
HI-TECH LABS

Section IV

I certify that Bhavya Jaggi has undergone 150 hours training spread over one months in accordance with details enumerated in section III

Sh
BARNALA
Head of the Training Institution
HI-TECH LABS

Section V

I certify that Bhavya Jaggi has completed in all respect the practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 31.8.23

Vandor
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Anmolpreet Singh S.D. College, BARNALA
Regd. No. 114-2022-898 Son of / daughter of Sh. Surjit Singh
residing at Bhadour, Barnala State Punjab
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 21.7.23

Vandana
HOD
B Voc (MLMDT)

J. S. Chahal
Principal
S.D. College, Barnala

Section II

I, Anmolpreet Singh accept Tirlochan Singh of Roop Computerized Laboratory
(Name of Student) (Name of Trainer)
BHADOUR (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.

Anmolpreet Singh
Student

Section III

I, Tirlochan Singh accept Anmolpreet Singh 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.

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

Tirlochan Singh
Roop Computerized Laboratory
Jaid Market Bhadour
Name and address of Institution

Section IV

I certify that Anmolpreet Singh has undergone 180 hours training spread over 1 months in accordance with details enumerated in Section III

Tirlochan Singh
Roop Computerized Laboratory
Jaid Market Bhadour
Head of the Training Institution

Section V

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

Date 21-8-23

Vandana
HOD
B Voc (MLMDT)

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

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Kulwinder Kaur
Regd. No. 114-2022-867 Son of / daughter of Sh. Aprinder Singh
residing at Sanghera State Punjab

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 1.8.23

[Signature]
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

Section II

I Kulwinder Kaur accept Vishal Sivasana of Barnala
(Name of Student) (Name of Trainer)

Hi-Tech Labs (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.

Kulwinder Kaur
Student

Section III

Vishal Sivasana accept Kulwinder Kaur 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.

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

Section IV

I certify that Kulwinder Kaur has undergone 150 hours training spread over one months in accordance with details enumerated in section III

[Signature]
BARNALA
Name and address of Institution
HI-TECH LABS

Section V

I certify that Kulwinder 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.

[Signature]
BARNALA
Head of the Training Institution
HI-TECH LABS

Date 31.8.23

[Signature]
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA



S.D. College

SECTION I

This form has been issued to Mr./Ms. Raspreet Kaur
Regd.No. 114-2022-894 Son of / daughter of Sh. Gurjant Singh
residing at Ruske, kalan State Punjab

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: 1.7.23

Vandana
HOD

B Voc (MLMDT)

Principal

[Signature]
Principal
S.D. College, BARNALA

Section II

I, Raspreet kaur accept Rakesh kumar of Eishu Computerised Laboratory Barnala (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.

Raspreet kaur
Student

Section III

I, Rakesh kumar accept Raspreet kaur as a trainee and I agree to give 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.

EISHU COMPUTERTSED LABORATORY
(Apprentice Master)

Name and address of Institution

Section IV

Rakesh Kumar

I certify that Raspreet kaur has undergone 150 hours training spread over one months in accordance with details enumerated in section III

EISHU COMPUTERTSED LABORATORY

Head of the Training Institution

Section V

Rakesh Kumar

I certify that Raspreet 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.

Date: 31.7.23

Vandana
HOD

B Voc (MLMDT)

Principal

[Signature]
Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Bhaskar Garg
Regd.No. 114-2022-908 Son of /daughter of Sh. Manoj kumar
residing at Barnala State Punjab

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... 15.7.23

Vandana
HOD
B Voc (MLMDT)

S.D. College, Barnala
[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

Section II

I... Bhaskar Garg accept ... Ranjit Singh of Lok Sewa Lab
(Name of Student) (Name of Trainer)
Barnala (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.

Bhaskar Garg
Student

Section III

I... Ranjit Singh accept ... Bhaskar Garg 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.

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

[Signature]
(Apprentice Master)
Name and address of Institution

Section IV

I certify that... Bhaskar Garg ... has undergone 150 hours training spread over... one ... months in accordance with details enumerated in section III

[Signature]
For Lok Sewa Lab
Head of the Training Institution
Prop.

Section V

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

Date... 14.8.23

Vandana
HOD
B Voc (MLMDT)

Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Manpreet Singh
Regd.No. 114-2022-911 Son of /daughter of Sh. Baldev Singh
residing at Barnala State Punjab

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: 15.7.23

Vandana
HOD
B Voc (MLMDT)

Principal [Signature]
S.D.College, Barnala
S.D. College, BARNALA

Section II

I, Manpreet Singh accept Baldev Singh of Barnala Hi-tech Lab
(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.

Manpreet Singh
Student

Section III

I, Baldev Singh accept Manpreet Singh 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.

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

Baldev Singh
BARNALA
Head of the Training Institution
HI-TECH LABS

Section IV

I certify that Manpreet Singh has undergone 100 hours training spread over one months in accordance with details enumerated in section III

Baldev Singh
Head of the Training Institution
BARNALA
HI-TECH LABS

Section V

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

Date: 14.8.23

Vandana
HOD
B Voc (MLMDT)

Principal [Signature]
S.D.College, Barnala
Principal
S.D. College, BARNALA

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Lovdeep Singh
Regd. No. 114-2022-874 Son of / daughter of Sh. Jagbir Singh
residing at Bihla State Punjab

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 1.7.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I LOVEDEEP SINGH accept KULDEEP SINGH of FRIENDS COMPUTERISE
(Name of Student) (Name of Trainer)
LABORATORY (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.

Lovdeep Singh
Student

Section III

I KULDEEP SINGH accept LOVEDEEP SINGH 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.

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

Kuldeep Singh
Friends Computerised Laboratory
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Lovdeep Singh has undergone 180 hours training spread over 06 months in accordance with details enumerated in section III

Kuldeep Singh
Friends Computerised Laboratory
Head of the Training Institute
Near Civil Hospital Barnala

Section V

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

Date 31.7.23

Vandana
HOD
B Voc (MLMDT)

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

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



SECTION I

S.D. College

This form has been issued to Mr./Ms. Gurwinder Singh
Regd.No. 114-2022-882 Son of / daughter of Sh. Jasmindee singh
residing at Dhanuata State Punjab

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 19.6.23

Vander
HOD
B Voc (MLMDT)

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

Section II

I, Gurwinder Singh accept Manjinder Singh of Mohak Computerised Lab
(Name of Student) (Name of Trainer)
Dhanuata (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.

Gurwinder Singh
Student

Section III

I, Manjinder Singh accept Gurwinder Singh 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.

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

Manjinder Singh
Technologist

(Apprentice Master)
Name and address of Institution
Mohak Computerised
Laboratory

Section IV

I certify that Gurwinder Singh has undergone 180 hours training spread over 06 months in accordance with details enumerated in section III

Manjinder Singh
Technologist
Head of the Training Institution
Mohak Computerised
Laboratory

Section V

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

Date 20.7.23

Vander
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Iqbal Singh
Regd. No. 114-2022-1016 Son of / daughter of Sh. Jaswant Singh
residing at Karamgarh, Barnala State Punjab

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: 19.6.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

Section II

I Iqbal Singh accept Gurpreet Singh of LIFE CARE laboratory (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.

Iqbal Singh
Student

Section III

I Gurpreet Singh accept Iqbal Singh 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.

Gurpreet Singh
Life Care Laboratory
Gurpreet Singh
B.Sc. MLT (PTU)
Partap Nursing Home,
Barnala-148101 (Pb.)

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 Iqbal Singh has undergone 180 hours training spread over 6 months in accordance with details enumerated in section III

Life Care Laboratory
Head of the Training Institution
Gurpreet Singh
B.Sc. MLT (PTU)

Section V

I certify that Iqbal Singh has completed in all branches practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 20.7.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

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



SECTION I

S.D. College,

This form has been issued to Mr./Ms. Raj Kumari
Regd. No. 114 2021-814 Son of /daughter of Sh. Sushil Kumar
residing at Barnala State Punjab
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 1.7.23

Nandor
HOD
B Voc (MLMDT)

Principal
S.D. College, BARNALA

Section II

I Raj Kumar accept Gurpreet Singh of City Health Centre
(Name of Student) (Name of Trainer)
Barnala (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.

Raj Kumar
Student

Section III

I Gurpreet Singh accept Raj Kumar 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.

For CITY HEALTH CENTRE:

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

Gurpreet Singh
Prop.

(Apprentice Master)

Name and address of Institution

Section IV

I certify that Raj Kumari has undergone Six hours training (total 180hr)
spread over ONE months in accordance with details enumerated in section III

For CITY HEALTH CENTRE

Head of the Training Institution

Section V

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

Gurpreet Singh
Prop.

Date 31.7.23

Nandor
HOD
B Voc (MLMDT)

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

S.D. COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Shakshi S.D. College, BARNALA

Regd.No. 114-2021-816 Son of /daughter of Sh. Hernant Singh

residing at Barnala State Punjab

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: 1.7.23

Nandan
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

I, Shakshi accept Rowinder Shama of City Health Center
(Name of Student) (Name of Trainer)

B.Voc (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.

Shakshi
Student

Section III

I, Rowinder Shama accept Shakshi 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.

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

[Signature]
Rowinder Shama
Name and address of Institution
Prop.

Section IV

I certify that Shakshi has undergone 180 hours training spread over 1.5 months in accordance with details enumerated in section III

[Signature]
Rowinder Shama
Head of the Training Institution

Section V

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

Date: 31.7.23

Nandan
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

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



S.D. College

SECTION I

This form has been issued to Mr./Ms. Resham Singh

Regd.No. 114-18-975 Son of /daughter of Sh. Kala Singh

residing at Dhanaulta State Punjab

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 22.7.23

Nanda
HOD
B Voc (MLMDT)

Principal
S.D. College

P.S.
Principal
BARNALA

Section II

I, Resham Singh accept Vijay Kumar of Vijay Computerized
(Name of Student) (Name of Trainer)

Laboratory (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.

Resham Singh
Student

Section III

I, Vijay Kumar accept Resham Singh 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.

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

Vijay Kumar Singla
(Apprentice Master) Technologist
Name and address of Institution:
Vijay Computerized
Dhanaulta (Pb.)

Section IV

I certify that Resham Singh has undergone 180 hours training spread over 06 months in accordance with details enumerated in section III

Vijay Kumar Singla
Head of the Training Institution
Vijay Computerized Lab.
Dhanaulta (Pb.)

Section V

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

Date 21.8.23

Nanda
HOD
B Voc (MLMDT)

P.S.
Principal
S.D. College, Barnala

Principal
BARNALA

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



SECTION I

S.D. College, L

This form has been issued to Mr./Ms. Dildeep Singh

Regd. No. 114-2021-1019 Son of / daughter of Sh. Amandeep S.

residing at Barnala State Punjab

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 1.7.23

Vandana
HOD

B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

Section II

I, Dildeep Singh accept Ravinder Sharma of City Health Center
(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.

Student

Section III

I, Ravinder Sharma accept Dildeep Singh 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.

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

[Signature]
Prop.
Name and address of Institution
For CITY HEALTH CENTRE

Section IV

I certify that Dildeep Singh has undergone 180 hours training spread over 12 months in accordance with details enumerated in section III

[Signature]
Prop.
Head of the Training Institution
For CITY HEALTH CENTRE

Section V

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

Date 31.7.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
Principal
S.D. College, BARNALA

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Yuvraj Singh
 Regd. No. 114-2021-831 Son of / daughter of Sh. Talsem Singh
 residing at Barnala state Punjab

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 1.7.23

Vander
 HOD
 B Voc (MLMDT)

Principal
 S.D. College, BARNALA

Section II

I Yuvraj Singh Jandu accept Shiv Kumar of Janta Computerised Lab
 (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.

Yuvraj Singh
 Student

Section III

I Shiv Kumar accept Yuvraj Singh Jandu 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.

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

Janta Computerised Lab
 Van Bagh Road, Shanti Hall
 Shop No. 2
 BARNALA
 PIN 141001 (Punjab)
 MO 96572-48875
 (Apprentice Master)
 Name and address of Institution

Section IV

I certify that YUVAJ SINGH JANDU has undergone 150 hours training spread over 03 months in accordance with details enumerated in section III

Janta Computerised Lab
 Van Bagh Road, Shanti Hall
 Shop No. 2
 BARNALA
 PIN 141001 (Punjab)
 MO 96572-48875
 Head of the Training Institution

Section V

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

Date 31.7.23

Vander
 HOD
 B Voc (MLMDT)

Principal
 S.D. College, BARNALA

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



SECTION I

S.D. College,

This form has been issued to Mr./Ms. Jaya Sharma

Regd. No. 114-2021-832 Son of / daughter of Sh. Manohar Lal

residing at Bhikki State Punjab

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 1.8.23

Nandor
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

Section II

I, Jaya Sharma accept Rakesh Kumar of Eishu Computerised Lab,
(Name of Student) (Name of Trainer)
Barnala (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.

Student

Section III

I, Rakesh Kumar accept Jaya Sharma 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.

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

EISHU COMPUTERTISED LABORATORY,
Name and address of Institution

Section IV

I certify that Jaya Sharma has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

EISHU COMPUTERTISED LABORATORY
Head of the Training Institution

Section V

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

Date 31.8.23

Nandor
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala
S.D. College, BARNALA

S.D. COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

S.D. College, Barnala

This form has been issued to Mr./Ms. Jai Pratap Singh Visk

Regd. No. 114-2021-821 son of / daughter of Sh. Sewa Singh

residing at Barnala state Punjab

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 1.7.23

HOD

B Voc (MLMDT)

Principal

S.D. College, Barnala

Section II

I Jai Pratap accept Rakesh Kumar of Eishu Computerised Lab
(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.

Jai Pratap Singh Visk
Student

Section III

I Rakesh Kumar accept Jai Pratap 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.

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

Rakesh Kumar
(Apprentice Master)

Name and address of Institution
**EISHU COMPUTERTISED
LABORATORY**

Section IV

I certify that Jai Pratap has undergone 160 hours training
spread over 1 months in accordance with details enumerated in section III

Rakesh Kumar
Head of the Training Institution

Section V

**EISHU COMPUTERTISED
LABORATORY**

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

Date 31.7.23

HOD

B Voc (MLMDT)

Principal

S.D. College, Barnala

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Jony Kumar
Regd. No. 114-2021-8 Son of / daughter of Sh. Lakhpati
residing at fazilka State Punjab

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 1.7.23

Vandav
HOD
B Voc (MLMDT)

Principal
S.D. College, Barnala

Section II

Jony Kumar accept Dr. Ashok Sidana of J. Sidana Diagnostic Laboratory
Sri Ganganagar (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.

Jony Kumar
Student

Section III

Dr. Ashok Sidana accept Jony Kumar 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.

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

Dr. Ashok Sidana
M.D. (Pathology)
RMC/11434

Name and address of Training Institute
J. Sidana, Sri Ganganagar Diagnostic Laboratory
4-E, 3 Jawahar Nagar, Near Housing Board Chowk
SRI GANGANAGAR-335001

Section IV

I certify that Jony Kumar has undergone 180 hours training
spread over 180 months in accordance with details enumerated in section III

Dr. Ashok Sidana
M.D. (Pathology)
RMC/11434

Head of the Training Institution
J. Sidana, Sri Ganganagar Diagnostic Laboratory
4-E, 3 Jawahar Nagar, Near Housing Board Chowk
SRI GANGANAGAR-335001

Section V

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

Date 8.7.23

Vandav
HOD
B Voc (MLMDT)

Principal
S.D. College, Barnala

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



SECTION I
This form has been issued to Mr./Ms. Manpreet Kaur S.D. College, BARNALA
Regd. No. 114-2021-811 Son of / daughter of Sh. Ranjit Singh
residing at Joga, Mansa State Punjab
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 22.7.23
HOD Nandur Principal S.D. College, BARNALA
B Voc (MLMDT)

Section II
I, Manpreet Kaur (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital (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.
Manpreet Kaur
Student

Section III
I, Dr. Harjinder Kaur (Name of Trainer) accept Manpreet Kaur (Name of Student) as a trainee and I agree to give 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.

Manpreet Kaur
(Apprentice Master)
Name and address of Institution

Section IV
I certify that Manpreet Kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V
I certify that Manpreet 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.

Date 21.8.23
HOD Nandur Principal S.D. College, Barnala
B Voc (MLMDT)

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

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



This form has been issued to Mr./Ms. Manpreet Kaur S.D. College

Regd. No. 114-2021-985 Son of /daughter of Sh. Jagvir Singh

residing at V.P.O Kalike State Punjab

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 22.7.23

Vandor
HOD
B Voc (MLMDT)

Principal
Principal
S.D. College, BARNALA

Section II

I, Manpreet Kaur (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital (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

Dr. Harjinder (Name of Trainer) accept Manpreet Kaur (Name of Student) as a trainee and I agree to give 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.

Manpreet Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Manpreet Kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Manpreet Kaur
Head of the Training Institution

Section V

I certify that Manpreet 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.

Date 21.8.23

Vandor
HOD
B Voc (MLMDT)

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

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



SECTION I

S.D. College, Barnala

This form has been issued to Mr./Ms. Sapna

Regd. No. 114-2021-815 Son of / daughter of Sh. Ram Niwas

residing at Rampura Phul State Punjab

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 22.7.23

Vandor
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

Section II

I, Sapna (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital Barnala (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.

Sapna
Student

Section III

I, Dr. Harjinder Kaur (Name of Trainer) accept Sapna (Name of Student) as a trainee and I agree to give 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.

[Signature]
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Sapna has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

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

Date 21.8.23

Vandor
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Suneh Kaur S.D. Coll.
Regd. No. 114-2021-817 Son of / daughter of Sh. Gurmeet Singh
residing at Barnala State Punjab
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 22.7.23
HOD [Signature]
B Voc (MLMDT)
Principal [Signature]
S.D. College, Barnala

Section II

I, Suneh Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Suneh Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Suneh Kaur 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.

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

[Signature]
Name and address of Institution

Section IV

I certify that Suneh Kaur has undergone 130 hours training spread over 1 months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

I certify that Suneh 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.

Date 21.8.23
HOD [Signature]
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala

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



SECTION I

S.D. College, Barnala

This form has been issued to Mr./Ms. Ramandeep Sharma
Regd. No. 114-2020-850 Son of / daughter of Sh. Ashok Kumar Sharma
residing at Barnala State Punjab

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 22.7.23

Nandan
HOD
B Voc (MLMDT)

Principal
Principal
S.D. College, Barnala

Section II

Ramandeep Sharma accept Dr. Harjinder Kaur of Civil 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.

Ramandeep
Student

Section III

Dr. Harjinder Kaur accept Ramandeep Sharma 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.

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

Apprentice Master
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Ramandeep Sharma has undergone 30 hours training spread over 2 months in accordance with details enumerated in section III

Head of the Training Institution

Section V

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

Date 21.8.23

Nandan
HOD
B Voc (MLMDT)

Principal
Principal
S.D. College, Barnala

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Asshpreet Kaur
Regd. No. 114-2011-807 Son of / daughter of Sh. Manpreet Singh
residing at Sangrur State Punjab
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 22.7.23

Vandana
HOD
B Voc (MLMDT)

Sh
Principal
S.D. College, BARNALA

Section II

I, Asshpreet Kaur (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital Barnala (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.

Asshpreet Kaur
Student

Section III

I, Dr. Harjinder Kaur (Name of Trainer) accept Asshpreet Kaur (Name of Student) as a trainee and I agree to give 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.

Manpreet Singh
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Asshpreet Kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Manpreet Singh
Head of the Training Institution

Section V

I certify that Asshpreet 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.

Date 21.8.23

Vandana
HOD
B Voc (MLMDT)

Sh
Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Jagdeep Singh S.D. College, BARNALA
Regd.No. 114-2021-986 Son of / daughter of Sh. Harinder Singh
residing at Dhanaulta State Punjab
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 19.6.23

Harinder
HOD
B Voc (MLMDT)

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

Section II

I, Jagdeep Singh accept Dr. Harinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Jagdeep Singh
Student

Section III

I, Dr. Harinder Kaur accept Jagdeep Singh 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.

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

Harinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Jagdeep Singh has undergone 180 hours training spread over 12 months in accordance with details enumerated in section III

Harinder Kaur
Head of the Training Institution

Section V

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

Date 20.7.23

Harinder
HOD
B Voc (MLMDT)

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

S.D. COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. College

BARNALA

SECTION I

This form has been issued to Mr./Ms. Eishu

Regd.No. SD(B)2006-21 Son of /daughter of Sh. Rakesh Kumar

residing at Barnala State Punjab

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 1.7.23

HOD

B Voc (MLMDT)

Principal

S.D. College, BARNALA

Section II

I, EISHU (Name of Student) accept Rakesh Kumar (Name of Trainer) of Eishu Computerised Laboratory (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.

Eishu
Student

Section III

I, Rakesh Kumar (Name of Trainer) accept EISHU (Name of Student) as a trainee and I agree to give 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.

Rakesh Kumar Jindal
(Apprentice Master)

Name and address of Institution

Section IV

**EISHU COMPUTERISED
LABORATORY**

I certify that Eishu has undergone 1 month training spread over 1 months in accordance with details enumerated in section III

Rakesh Kumar Jindal

Head of the Training Institution

Section V

**EISHU COMPUTERISED
LABORATORY**

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

Date 21.7.23

HOD

B Voc (MLMDT)

Principal

S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Harmanpreet Kaur College S.D. College, Barnala
Regd. No. 114-2020-835 Son of / daughter of Sh. Jagseer Singh
residing at Rudoke Kalan State Punjab
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 1.8.23

Nandor
HOD
B Voc (MLMDT)

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

Section II

I, Harmanpreet Kaur accept Rakesh Kumar of Eishu Computerized
(Name of Student) (Name of Trainer)
Laboratory (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.

Harman
Student

Section III

I, Rakesh Kumar accept Harmanpreet Kaur 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.

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

**EISHU COMPUTERTISED
LABORATORY**
(Apprentice Master)

Name and address of Institution

Section IV

I certify that Harmanpreet Kaur has undergone 150 hours training spread over one months in accordance with details enumerated in section III

**EISHU COMPUTERTISED
LABORATORY**

Head of Training Institution

Section V

I certify that Harmanpreet 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.

Date 31.8.23

Nandor
HOD
B Voc (MLMDT)

Principal
S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Amritpreet Kaur

Regd.No. 114-2021-806 Son of / daughter of Sh. Ranjit Singh

residing at Barnala State Punjab

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 22.7.23

Vandor
HOD
B Voc (MLMDT)

Bh
Principal
S.D. College, BARNALA

Section II

I, Amritpreet Kaur (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital (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.

Amritpreet Kaur
Student

Section III

I, Dr. Harjinder Kaur (Name of Trainer) accept Amritpreet Kaur (Name of Student) as a trainee and I agree to give 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.

Harjinder Kaur
Dr. Harjinder Kaur
(Head of the Institution)
10/11/23
Name and address of Institution

Section IV

I certify that Amritpreet Kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder Kaur
Dr. Harjinder Kaur
12/11/23
Head of the Training Institution

Section V

I certify that Amritpreet 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.

Date 21.8.23

Vandor
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Navjot Kaur S.D. College, BARNALA
Regd. No. 114-2021-812 son of / daughter of Sh. Harpal Singh
residing at Barnala state Punjab

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 12.7.23

[Signature]
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

I Navjot Kaur accept Ms. Makhan Singh of Patiala Clinical Laboratory
(Name of Student) (Name of Trainer)
Pakhs Kalans (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.

Navjot Kaur
Student

Section III

I Makhan Singh accept Navjot Kaur 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.

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

(Apprentice Master)
Name and address of Institution: Patiala Clinical Laboratory
Pakhs Kalans

Section IV

I certify that Navjot Kaur has undergone 150 hours training spread over one months in accordance with details enumerated in section III

Section V

I certify that Navjot 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.

Date 13.8.23

[Signature]
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Vishal Kumar
Regd.No. 114-2020-871 Son of /daughter of Sh. Sabindra Pandit
residing at Handiaya State Punjab
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 16.1.23

Vandor
HOD
B Voc (MLMDT)

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

Section II

I Vishal Kumar accept Dr. Hayinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer) of
Barnala (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.

Vishal Kumar
Student

Section III

I Dr. Hayinder Kaur accept Vishal Kumar 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.

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

Hayinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Vishal Kumar has undergone 180 hours training
spread over 12 months in accordance with details enumerated in section III

Hayinder Kaur
Head of the Training Institution

Section V

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

Date 20.3.23

Vandor
HOD
B Voc (MLMDT)

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

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



S.D. College,

Principal
BARNALA

SECTION I

This form has been issued to Mr./Ms. Santosh Kumar
Regd. No. 114-2020-867 Son of / daughter of Sh. Prabhakar K. Yadav
residing at Barnala State Punjab
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 16.1.23

Kundan
HOD
B Voc (MLMDT)

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

Section II

I, Santosh Kumar accept Dr. Hayinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Santosh Kumar
Student

Section III

Dr. Hayinder Kaur accept Santosh Kumar 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.

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

Hayinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Santosh Kumar has undergone 1906 hours training spread over Two months in accordance with details enumerated in section III

Hayinder Kaur
Head of the Training Institution
Mr. Dr. Barnala

Section V

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

Date 20.3.23

Kundan
HOD
B Voc (MLMDT)

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

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



S.D. College

SECTION I

This form has been issued to Mr./Ms. Ramandeep Singh

Regd. No. 114-2020-863 Son of / daughter of Sh. Buta Singh

residing at Barnala State Punjab

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 6/July/2023

Vandev
HOD
B Voc (MLMDT)

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

Section II

I, Ramandeep Singh accept Kamaldeep Singh of Kamaldeep Clinical
(Name of Student) (Name of Trainer)
Laboratory (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.

Ramandeep Singh
Student

Section III

I, Kamaldeep Singh accept Ramandeep Singh 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.

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

Kamaldeep Clinical Laboratory
(Apprentice Master)
Opp. Civil Hospital, BARNALA

Section IV

I certify that Kamaldeep Singh has undergone 180 hours training
spread over 6 months in accordance with details enumerated in section III

Kamaldeep Clinical Laboratory
Head of the Training Institution
Opp. Civil Hospital, BARNALA

Section V

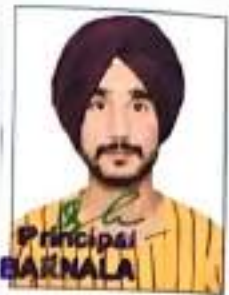
I certify that Ramandeep Singh has completed in all respect his/her
practical training as per ordinances framed by Punjabi University, Patiala, under the rules
from UGC New Delhi.

Date 8/April/2023

HOD Vandev
B Voc (MLMDT)

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

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Vachiter Singh
Regd. No. 114-2020-868 Son of /daughter of Sh. Sukhdev Singh
residing at Bihla State Punjab
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 16.1.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

Vachiter Singh accept Dr. Hayinder Kaur at Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Vachiter Singh
Student

Section III

Dr. Hayinder Kaur accept Vachiter Singh 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.

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

Hayinder Kaur
(Apprentice Master)
Name and address of Institution
Dr. Hayinder Kaur
Dr. Hayinder Kaur

Section IV

I certify that Vachiter Singh has undergone 1500 hours training spread over 15 months in accordance with details enumerated in section III

Hayinder Kaur
Head of the Training Institution
Dr. Hayinder Kaur
Dr. Hayinder Kaur

Section V

I certify that Vachiter Singh has completed 1500 hours in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 20.3.23

Vandana
HOD
B Voc (MLMDT)

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

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Prem Singh
Regd. No. 114-2020-1025 Son of / daughter of Sh. Ram Bahadur Singh
residing at Barnala State Punjab
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 16-1-23

Vandh
HOD
B Voc (MLMDT)

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

Section II

I, Prem Singh accept Sahiloyal Sahil Computerised of Sahil Computerised Laboratory (Name of Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Prem Singh
Student

Section III

I, Sahiloyal accept Prem Singh as a trainee and I agree to give 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.

Sahiloyal
Sahil Computerised
Name and address of Institution

Section IV

I certify that Prem Singh has undergone 180 hours training spread over 2 Month months in accordance with details enumerated in section III

Sahiloyal
Sahil Computerised
Head of the Training Institution

Section V

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

Date 20-3-23

Vandh
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Sahil Goyal
Regd. No. 114-2020-864 Son / daughter of Sh. Bhajraj **S.D. College**
residing at Barnala State Punjab

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 16.1.23

Hooda
HOD
B Voc (MLMDT)

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

Section II

I Sahil Goyal accept Sahil Goyal of Sahil Computerised Laboratory
(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.

Sahil Goyal
Student

Section III

I Sahil Goyal accept Sahil Goyal 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.

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

Sahil Goyal
Sahil Computerised Lab
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Sahil Goyal has undergone 180 hours training spread over 1.00 months in accordance with details enumerated in section III

Sahil Goyal
Sahil Computerised Lab
Head of the Training Institution

Section V

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

Date 20.3.23

Hooda
HOD
B Voc (MLMDT)

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

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



SECTION I
This form has been issued to Mr./Ms. Mukesh Jindal S.D. College, BARNALA
Regd. No. 114-2020-862 Son of / daughter of Sh. Bipen Kumar
residing at Barnhala State Punjab
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 16.1.23
HOD
B Voc (MLMDT)

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

SECTION II
I, Mukesh Jindal accept Sahil Goyal of Sahil Computerised
(Name of Student) (Name of Trainer)
Laboratory (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.
Mukesh Jindal
Student

SECTION III
I, Sahil Goyal accept Mukesh Jindal 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.

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

Sahil Goyal
Sahil Computerised Lab
Name and address of Institution

SECTION IV
I certify that Mukesh Jindal has undergone 180 hours training
spread over 3 months in accordance with details enumerated in section III
Sahil Goyal
Sahil Computerised Lab
Head of the Training Institution

SECTION V
I certify that Mukesh Jindal has completed in all respect his/her
practical training as per ordinances framed by Punjabi University, Patiala, under the rules
from UGC New Delhi.
Date 20.3.23
HOD
B Voc (MLMDT)

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

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



SECTION I

S.D. College

This form has been issued to Mr./Ms. Arshpreet Kaur
Regd. No. 114-2020-828 Son of / daughter of Sh. Amrik Singh
residing at Dhanaula, Barnala State Punjab
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 16.1.23

Handan
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala
S.D. College, BARNALA

Section II

I, Arshpreet Kaur accept Dr. Harjinder Kaur Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Student

Section III

Dr. Harjinder Kaur accept Arshpreet Kaur 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Arshpreet Kaur has undergone 180h hours training spread over Two months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Arshpreet 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.

Date 20.3.23

Handan
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala
S.D. College, BARNALA

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Navpreet kaur
Regd. No. 114-2020-848 Son of / daughter of Sh. Pavramjeet Singh
residing at Mullewal, Barnala State Punjab
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 16.1.23

Haudar
HOD
B Voc (MLMDT)

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

Section II

I, Navpreet Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Navpreet Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Navpreet Kaur 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Navpreet Kaur has undergone 180 hours training spread over two months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Navpreet 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.

Date 20.3.23

Haudar
HOD
B Voc (MLMDT)

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

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



R.D. Chahal, B.A., A

SECTION I

This form has been issued to Mr./Ms. Jaspreet Kaur
Regd. No. 1114-2020-840 Son of / daughter of Sh. Gurmeet Singh
residing at Sangrur State Punjab
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 16.1.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I, Jaspreet Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Jaspreet Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Jaspreet Kaur 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution
Dr. Harjinder Kaur

Section IV

I certify that Jaspreet Kaur has undergone 156 hours training spread over two months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Jaspreet 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.

Date 20.3.23

Vandana
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Gurjot Kaur **S.D. College,**
 Regd.No. 114-2020-832 Son of / daughter of Sh. Santokh Singh
 residing at Barnala State Punjab
 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: 16.1.23

Vandana
 HOD
 B Voc (MLMDT)

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

Section II

Gurjot Kaur accept Dr. Harjinder Kaur of Civil Hospital
 (Name of Student) (Name of Trainer)
Barnala (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.

Gurjot Kaur
 Student

Section III

Dr. Harjinder Kaur accept Gurjot Kaur 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.

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

Harjinder Kaur
 (Apprentice Master)
 Name and address of Institution

Section IV

I certify that Gurjot Kaur has undergone 180h hours training spread over 12 months in accordance with details enumerated in section III

Harjinder Kaur
 Head of the Training Institution
 Dr. Harjinder Kaur
 Head of the Training Institution

Section V

I certify that Gurjot 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.

Date: 20.3.23

Vandana
 HOD
 B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Ritika S.D. College, BARNALA
Regd. No. 114-2020-851 Son of / daughter of Sh. Anil Kumar
residing at Barnala State Punjab
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 16.1.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I, Ritika accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Ritika
Student

Section III

I, Dr. Harjinder Kaur accept Ritika 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Ritika has undergone 180h hours training spread over 1.5 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

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

Date 20.3.23

Vandana
HOD
B Voc (MLMDT)

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

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



S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Lakhveer Kaur
Regd. No. 114-2020-845 Son of / daughter of Sh. Bevomeet Singh
residing at Dhuskot, Barnala, State Punjab
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 16.1.23

Nandan
HOD
B Voc (MLMDT)

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

Section II

I Lakhveer Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Lakhveer Kaur
Student

Section III

Dr. Harjinder Kaur accept Lakhveer Kaur 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Lakhveer Kaur has undergone 150 hours training spread over 15 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Lakhveer Kaur has completed 150 hours respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 20.3.2023

Nandan
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Induopal Kaur **S.D. College,**
Regd. No. 114-2020-936 Son of /daughter of Sh. Ipbal Singh
residing at Mansa State Punjab
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 16.1.23

Vandana
HOD
B Voc (MLMDT)

Principal
S.D. College, Barnala [Signature]
S.D. College, BARNALA

Section II

I, Induopal Kaur accept Dr. Harjinder Kaur Civil Hospital
(Name of Student) (Name of Trainer)
Karnala (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.

Induopal Kaur
Student

Section III

Dr. Harjinder Kaur accept Induopal Kaur 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Induopal Kaur has undergone 150 hours training spread over 12 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Induopal 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.

Date 20.3.23

Vandana
HOD
B Voc (MLMDT)

Principal
S.D. College, Barnala [Signature]
S.D. College, BARNALA

S.D. COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

S.D. College,

This form has been issued to Mr./Ms. Mandeep Kaur

Regd. No. 114-2020-846 Son of / daughter of Sh. Gurtej Singh

residing at Jodhpur, Barnala State Punjab

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 16.1.23

Vandor
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala
S.D. College, BARNALA

Section II

I Mandeep Kaur accept Rajdeep Singh of A one lab

(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.

Mandeep Kaur
Student

Section III

I Rajdeep Singh accept Mandeep Kaur as a trainee and I agree to give

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.

A-One Lab

I also agree that a trained technologist shall be assigned for his/her training at Tarksheel Chowk, Opp. Avtar Hospital, Janghara Road, Barnala (Apprentice Master) Name and address of Institution

Section IV

I certify that Mandeep Kaur has undergone 180 hours training spread over two months in accordance with details enumerated in section III

A-One Lab
Tarksheel Chowk,
Opp. Avtar Hospital,
Janghara Road, Barnala
Head of the Training Institution

Section V

I certify that Mandeep 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.

Date 20.3.23

Vandor
HOD
B Voc (MLMDT)

Principal [Signature]
S.D. College, Barnala
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Harleen Kaur **S.D. College**

Regd.No. 114-2020-833 Son of / daughter of Sh. Jagvir Singh

residing at Barnala State Punjab

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 16.3.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I, Harleen Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

H. Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Harleen Kaur 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Harleen Kaur has undergone 180 hours training spread over 12 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Harleen 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.

Date 20.3.23

Vandana
HOD
B Voc (MLMDT)

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

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



SECTION I

S.D. College,

This form has been issued to Mr./Ms. Asshpreet Kaur
Regd. No. 114-2020-827 Son of /daughter of Sh. Amarjeet Singh
residing at Naiwala, Barnala State Punjab
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 16.1.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I, Aushpreet Kaur accept Dr. Harjinder Kaur of Livil Hospital
(Name of Student) (Name of Trainer)
Barnala (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.

Aushpreet Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Aushpreet Kaur 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.

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution
S.D. College, Barnala
Dist. of Barnala

Section IV

I certify that Aushpreet Kaur has undergone 180h hours training spread over 12 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution
S.D. College, Barnala
Dist. of Barnala

Section V

I certify that Asshpreet 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.

Date 20.3.23

Vandana
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Jashanjot Kaur S.D. College, BARNALA
Regd. No. 114-2020-838 Son of / daughter of Sh. Ravinder Singh
residing at Barnala State Punjab
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 16.1.23
HOD [Signature]
B Voc (MLMDT)
Principal [Signature]
S.D. College, Barnala
S.D. College, BARNALA

Section II

Jashanjot Kaur accept Rakesh Kumar of Samaj Seva Laboratory
(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.

Jashanjot Kaur
Student

Section III

Rakesh Kumar accept Jashanjot Kaur 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.

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

[Signature]
(Associate Master)
Name and address of Institution

Section IV

I certify that Jashanjot K has undergone 180h hours training spread over 2 months in accordance with details enumerated in section III

SAMAJ SEVA CONDENSED LAB
HEAD OF INSTITUTION
Near Post Stand, Patiala Road
MEHA, KALAN M. 85580-20715

Section V

I certify that Jashanjot 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.

Date 20.3.23
HOD [Signature]
B Voc (MLMDT)
Principal [Signature]
S.D. College, Barnala
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Savandeep Kaur S.D. College, BARNALA
Regd. No. 114-2020-853 Son of /daughter of Sh. Jagtar Singh
residing at Rajia (Barnala) State Punjab
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 16.1.23

Vander
HOD
B Voc (MLMDT)

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

Section II

I, Savandeep Kaur accept Mr. Ravinder Sharma of City Health
(Name of Student) (Name of Trainer)
Center (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.

Savandeep Kaur
Student

Section III

I, Ravinder Sharma accept Savandeep Kaur 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.

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

For CITY HEALTH CENTRE
Ravinder
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Savandeep Kaur has undergone 420 hours training spread over Two months in accordance with details enumerated in section III

For CITY HEALTH CENTRE
Head of the Training Institution

Section V

I certify that Savandeep 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.

Date 20.3.23

Vander
HOD
B Voc (MLMDT)

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