S. No	Name	Place Of Training	Duration	Date
S. INO	1.001110	1 <sup>st</sup> year	•	11.00.22.4-
1.	Yatish Jain	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
		Test year Civil Hospital, Barnala Civil Hospital, Cone Mone Civil Hospital, Barnala	One Month	11.09.23 to
2.	Harprabhleen Kaur	Civil Hospital, Barnala	One Month	12.10.23
		- U. V. L. D	One Month	11.09.23 to
3.	Kulwinder Kaur	Civil Hospital, Barnala	One Month	12.10.23
1	Navjot Kaur	Civil Hospital, Barnala	One Month	11.09.23 to
4.	14avjot izaa.			12.10.23
5.	Armaan Singh	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
		of the test Domolo	One Month	11.09.23 to
6.	Gagandeep Kaur	Civil Hospital, Balliala	One mona	12.10.23
	Gurleen Kaur	Hi Tech Labs Barnala	One Month	01.07.23 to
7.	Gurieen Kaui	TH Teen Zues		31.07. 23
8.	Simranjit Kaur	City Health Centre,	One Month	01/07/23 to
0.	Simulyie			31/07/23
9.	Sandeep Singh	Hi Tech Labs Barnala	One Month	01.07.23 to
9.	Suita ep Suig			31.07. 23
10.	Tarshpreet Kaur	Civil Hospital, Barnala	One Month	11.09.23 to
10.	Turonpress			12.10.23
11.	Rupali	Civil Hospital, Barnala	One Month	11.09.23 to
11.				12.10.23
12.	Rekha Kaur	Civil Hospital, Barnala	One Month	11.09.23 to 12.10.23
12.				AND PROPERTY OF THE PARTY OF TH
13.	Arshdeep Singh	Civil Hospital, Barnala	One Month	19.06.23 to
15.	111011111			20.07.23
14.	Akashdeep Singh	Civil Hospital, Barnala	One Month	19.06.23 to
14.	711111011111111111111111111111111111111			20.07.23
15.	Rajat Singla	New GS Lab	One Month	19.06.23 to 20.07.23
			0 11 1	19.06.23 to
16.	Bhumi Singh	Civil Hospital, Barnala	One Month	20.07.23
			One Month	19.06.23 to
17.	Palak	Civil Hospital, Barnala	One Monut	20.07.23
		Civil Hearital Darnala	One Month	19.06.23 to
18.	Tanvi	Civil Hospital, Barnala	One monen	20.07.23
	0.11-2-1/	Civil Hospital, Barnala	One Month	19.06.23 to
19.	Sukhvir Kaur	Civii Hospitai, Damaia		20.07.23
	V larget V eur	Civil Hospital, Barnala	One Month	19.06.23 to
20.	Komalpreet Kaur	Civil Hospital, Danial		20.07.23
	Managast Vous	Civil Hospital, Barnala	One Month	19.06.23 to
21.	Manpreet Kaur	Civil Hospital, Salimi	EPIGENE II	20.07.23

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
		2 <sup>nd</sup> 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

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
		3 <sup>rd</sup> 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

		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

Nordana Kuluge Broc (MLMDT)

Principal

B.B. College, BARNALA

### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been issued to N		SECTION I		S.D. Colle	S. BARNIAA
Read to 11/1 a 22 C 1	dr./Ms	youtish	Jain		-
Regd.No. 114-2021-863	Son of	daughter of Sh.	Jatin	der Ku	mac
Who has produced evidence Training as per ordinances fra New Delhi.	Kalan	_State_ Pun	las		
Date	HOE Voc (MLM			Principal	PROPERTY BALLINAL
		Section II			
I. Yatish Jaim acce	pt	Haryinder 1	eron Civil	lhospide	el Bannala
training and agree to obey and					
					h jain
0	A. a. C.	Section III		1	
(Name of Trainer) (Name of Trainer) (Name of Training facilities in macquire:-	ne of Stur	Jainas a dent)	trainee and I	agree to give	e 1-6
acquiré:-			minig may ne	training ne	one may
Working knowledge of keeping     Practical Experience in,     Sample collection, processing     Precautions to be taken in collection, processing     Precautions to be taken in collections.     Hematological analysis.     Biochemical analysis of varies.     Microbiological analysis of samples.	ng and pr linical la ous samp amples.	reservation. boratory ples.			
I also agree that a trained techn	ologist s	shall be assigned	roans/hd	guidance.	
I certify that	Jain	Section IV	Name and	rentice Master and I	Institution
I certify that	Jain	Section V	ompleted in	Training to	stitution.
rom UGC New Delhi.	U 74	1	miversity, P	atiala, unde	r the rules
Date 12:10:23	Jando			01	
HOD	(MLMD			S.D. College	e, BarnaPrincipal ege, BARNALA

DE fro

Dat

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

ST BARNALA MANAGEMENT

S.D. Colle SECTION I This form has been issued to Mr./Ms. Harbra Read, No. 1/4-2022 - 903 Son of /daughter of Sh. 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 War HOD Principal B Voc (MLMDT) Přincipal S.D.College, Barnala 8.D. College, BARNALA Section II I Margraphlen Faitcon Dr. Hayinder of Civil bergital (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. Harmalshlum Section III I. Am. Haryinder accept Harphablian Faux 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

Section V

Section IV

I certify that .Hun esophillin Kuun 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

HOD MANDE

S.B.College, Barn Principal
S.D. College, BARNALA

Name productions of Institution

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



Principal

S.D. College, BARNALA

				S.D. Colle	BUARIL
This form has been	ssued to Mr./Ms	Kulmin	der Ko	u	
Regd.No. 14-202	2-891 Son of /6	laughter of En	Queinet	Qial.	
Who has produced Training as per ordin New Delhi.			entitled to Patiala, unde	receive the Pr	ractical m UGC
Date. 1) 9-23	New	Ser!			0/
	B Voc (MLMD	T)		Principal	Frincin
		1070		S.D. Coffage	BARNAL
I. Kulunindon	to	Section II			
1. Kulutinder (Name of Student) training and agree to	Name of the House	24.00		ainer for the	above
			WE IN COMPANY OF THE PARK OF T		irdu kaur
		a magazini na salah		Student	YOU
· Par II. L. Fo	uul a	ection III			
(Name of Trainer) Him/her training facil acquire:-	(Name of Stude lities in my organiza	nt) ition so that du	rainee and I a	gree to give raining he/she	may
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I also agree that a trai	ned technologist sha	III be assigned f	or his/her gui	dance.	
			110 t	tice Master)	£
			Name and ad	dous of Institu	ution
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I certify that Khill spread over date on	winder kar	CXhas ur e with details er	ndergone	hours traisection III	ining
			10	- Le to	LLE
		Н		and Institution	
i i		ction V	लेल. औ.	वेक्डली [6/11	123
I certify that KALL practical training as per from UGC New Delhi.	ordinances framed	LAhas con by Punjabi Uni	pleted in a versity, Patia	Il respect his	/her rules
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#### S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



		Parameters VI VI	S.D. C	
This form has been	issued to Mr./Ms.	SECTION	- Kauc Shamsher	
Regd.No. 114-20	22- 876 Son of	/daughter of 51	Chameler	Ohar
residing at B	amala	A valuatives of Sit.	Li	7
who has produced	evidence between	_StatePur	The second secon	
New Delhi	inances framed by	Punjabi University,	lentitled to receive Patiala, under the re	the Practical
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Date	но	0	Principa	" Retin
	B Voc (ML)	ADT)		Coffege, BARNA
		Section II		
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I also agree that a tra	ined technologist s	shall be assigned for	or hid/her guidance.	
		2 (4	AT DES	-Au France
			(Apprentice Ma	ster)
		200000000	Name and address	Institution
		Section IV	लेक्ट. हारे. येजिने	# 61 Th
I certify that	months in accorda	nce with details en	ndergone	ours training
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		He	ead of the Training I	detitution
		Section V	gr, Saliteur	10/11/25
I certify thatNo practical training as pe from UGC New Delhi.	r ordinances fram	has com ed by Punjabi Uni	pleted in all rest versity, Patiala, uni	pect his/her der the rules
Date	Vande			0
	HOD		Principal	~/
	B Voc (MLMD)	)	S.D.Calle	ge, Barna Frincipal
			5.9. Co	Hege, BARNALA

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



				S.D. College	RRIBILIUM
This form has be	en issued to Mr./Ms 2012-877son of Carnala	ALMAAN	Single	3.0.00.00	
Regd.No. 114 -	2012-877son of	(daughter of 6)	Sullade	en disal	
residing at &	barnala	, usugnter of Sn.	Pinial	7 7	
Who has produc Training as per o New Delhi.	ed evidence before ordinances framed by	me that He/She Punjabi University	is entitled to y, Patiala, und	receive the Profes from	ractical om UGC
Date	./.	div		Principal S.D.College, Ba S.D.Coll	Debarre
		Section II		S.D. Con	lege, BAROWALA
*****************************	(Name of the Ho	(Name of Trainer)		trainer for the od of my trainin	above g.
				Homas	M
	trans.	Section III		Student	
1. Working knowle 2. Practical Experie	on, processing and p	nization so that d	luring his/he	training he/s	le may
e) Microbiological	alysis of various sam analysis of samples. trained technologist				
			(Appr	rentice Master)	
T could show A	S	Section IV		address of the	10/11/2
I certify that	months in accord	ance with details	undergone enumerated	in section III	
I certify that practical training as from UGC New Delhi.	Asmagn Si	Section V	omedatad to	हर उद्योगसङ्ख् लेक्ट, हो. विकि	M 10/11/3
Date 12:10:23	HOD WIND	ν-/ (T)		Principal S.D.College, I	BarrialMicipal
				S.D. College	BARNACA

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



S.D. COURSE SATISTICARNALA

	and the second	AND DESCRIPTION OF THE PERSON	ATTENDED TO STATE OF	THE PERSON NAMED AND
This form has been	issued to Mr./MsCyas 22-872 Son of /daughte	andeep	Kanc	
Regd.No. 114-20	22-872 Son of /dagapte	sees Sh	amches Si	ngh
Constitution of the Consti	i a a c	roran, Coro	M. P. P. Service D.	7
Who has produced	i Cay State	Punjab		-
Training as per ordir New Delhi.	evidence before me that nances framed by Punjabi U	He/She is enti-	tled to receive the	e Practical from UGC
	11. 1.			
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	B Voc (MLMDT)		S D College	, Barrella Principal
	Section	П	8.D. C	oHege, BARNALA
(Name of Student)	(Name of the Hospital /	frainer) Laboratory) a	Civil haspit	al Barnala
and agree to	obey and respect him/her	during the entir	re period of my tra	ining.
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			51.0	enteur
and the second second	Section	III	0.041763	
1. Dr. Haryinder S	ccept Light deep Ka (Name of Student) lities in my organization s	Was a trainer	and I agree to ou	
Him/her training faci	(Name of Student)		,	*
acquire:-	incres in my organization s	o that during h	ds/her training be	/she may
a) Sample collection,     b) Precautions to be     c) Hematological ana	processing and preservation taken in clinical laboratory plysis.  Sis of various samples.	on.	aboratory.	
I also agree that a tra	ined technologist shall be a	resigned for his	l	
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			(Apprentice Maste	er)
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	Section	.v	लेल. जो. धेकियती [*	111/13
pread over	andero kaus months in accordance with	has underg	pone	w tentales
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	B Voc (MLMDT)		S.D.College	Barnalag A DNALA

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



		5.	D. College BARNALA
This form has been issued to Mr./Ms.	Gurlein	kaus 1	Callory
Regd.No. 114-2012-890 earl		44	Oi ala
Who has produced evidence before Training as per ordinances framed by New Delhi.	_statefun	Jas	0
Date	audor.		0
B Voc (ML)			College, Barnala
I. Guller Kauaccept VIS  H (Name of Student)  training and agree to obey and respect	Section II  A Sulveyers  (Name of Trainer)  spital / Laborato him/her during the	of Risvola	S.D. College, BARNAL
A CONTRACTOR DOS	Section III		Student
(Name of Trainer) (Name of Student Him/her training facilities in my organiacquire:-	en Kaunas a tr	ainee and I agre	ee to give Ining he/she may
a) Sample collection, processing and probable to be taken in clinical lab c) Hematological analysis.     d) Biochemical analysis of various sample) Microbiological analysis of samples.	oratory		
I also agree that a trained technologist sh	nall be assigned fo	or his/her guida	nce. OBJUL
		BA	RNIALA
0	ection IV	HI-I	EUH LABS
I certify that	has un	dergone	hours training follow
		BAL	RNALA
I certify that	has completed by Punjabi Univ	pleted in all ersity, Patiala,	CH LABS respect his/her under the rules
Date 31723 Vandor HOD B Voc (MLMDT)		Princ S.D.C	pal principal ollege Barnal A DNALA
		S.I	D. College, BARNALA

## PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



	Carata San Carata		LD. College	BARBALA
This form has been issued to Mr	SECTION I	iit Kan		
Regd.No.114-2022-566	Son of Identity	I Rat dev	ciach	
resisting at Thomas of	on or / daughter of S	M. DREGER	21/4	
who has produced evidence b	different space which have been		0	and the same of th
Training as per ordinances fram New Delhi.	ed by Punjabi Univer	sity, Patiala, unde	receive the l	om UGC
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	e various)	4	S.D. College R	版 BARNALA
00 V	Section II	3		
(Name of training and agree to obey and a	Pine Manufact of Factor	Marian Company		
training and agree to obey and re	espect him/her durin	g the entire period	ainer for the	above
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I also agree that a trained techno	ologist shall be assign	ed for his/her du	idance.	
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		(Appres	ntice Master)	
	120000000000	Name and a	ddress of Inst	titution
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B Voc	(MLHDT)	S	D.College, Ba	ge, BARNALA
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S.D.COLLEGE BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	SECTIONS	S.D. Conege, DANIO	AT-W
This form has been iss	ued to Mr./Ms. Sandleb &	2 in a la	200
Regd.No1115-261	9-321 Sốn of /daughter of Sh.	Supply sinds on al	
Who has produced av	Ralan State Punic	ab a	
New Delhi.	nces framed by Punjabi University,	Patiala, under the rules from UGC	
Date. 1.7.23	Vandor	Œ	2
The state of the s	B Voc (MLMDT)	Principal Principal S.B. Bol Control Principal	ipgl
	Section II	- /	ALA:
I. Sandeep G. (Name of Student) Pro	(Name of Trainer) lame of the Hospital / Laborator bey and respect him/her during the	of. Boskolo	
		Sandeep	
	4 4 4	Student	
- Waled Chimber	Section III		
(Maine of Frainer)	ept Sandeep Surfa as a tr (Name of Student) les in my organization so that dur		
	rocessing and preservation. ken in clinical laboratory rsis. s of various samples.		
I also agree that a train	ed technologist shall be assigned for	or his/her guidance.	of 4
		BARNALA	1
	Section IV	Name pladere CHILDRS	8
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certify that	onths in accordance with details en	ndergone I & O. hours training numerated in section III	outy
	н	BARNAL	A
	Sandeep Single has con	MI-TECH LAB	S
The state of the s	ordinances framed by Punjabi Un	npleted in all respect his/her iversity, Patiala, under the rules	
21 7.23	Vender	00	
att	HOD View	Principal Principal	Inchie
	B Voc (MLMDT)	S.D. College, Barnala S.D. College, BARN	ALA

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

				Principa
	SECTION I to Mr./Ms. Talshi 85 Son of /daughter of		s D. Collag	ARNALA
This form has been issued	to Mr./Ms. Tarshi	reet kame	3.0	
Regd.No. 114-2022-8	85 Son of /daughter of	sh Nihma	e single	
residing at Leha-k	Cheda state P	uniak	0	
time produced evide	ence before me that He/S is framed by Punjabi Unive	he is untitled to	receive the D	exchies
Date 1) 9 23	Nander		MANAGEMENT OF THE PARTY OF THE	ne
	B Voc (MLMDT)		Principal S.D.College, Ba	rnata rincipi
	Section II		S.D. Colles	o, BARNAL
(Name or Student)	(Name of Training of the Hospital / Labo	er) pratory) as my t	rainer for the	ahove
and agree to obe	y and respect him/her durin	ig the entire perio		
	2.0		Student	id fram
St. II. I haw	Section III			
(Name of Trainer)	(Name of Student) in my organization so the			e may
Practical Experience In,     a) Sample collection, pro     b) Precautions to be take     c) Hematological analysis     d) Biochemical analysis o     e) Microbiological analysis	n in clinical laboratory s. of various samples.			
I also agree that a trained	technologist shall be assig	ned for his/her g	uidance.	
	Section IV	Name and	entice Master)	itution
I certify that Tarships	ths in accordance with det	has undergone	7.80 hours to	raining
		Head of the J	Cay de	tar
	Section V	क्षा उद्य	मेर्ड कर ।	18/33
I certify that	hbself Koul ha	s completed in bi University, Pa	all respect i	nis/her e rules
Date 12:10:23	Jander			-17
	HOD B Voc (MLMDT)		Principal S.D.College, Be	Phala -
			S.D. College	BARNALA

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been issued to Mr./Ms	RUPAL		S.D. Colle	BARNALA
Regd.No. 114-2022 -865 son of	Idamaha	0.1	V	
residing at Dig and all	VARIOUS I	0.		
Who has produced evidence before r Training as per ordinances framed by New Delhi.	ne that He/SI Punjabi Univer	ne is entitle sity, Patiala	d to receive the f	Practical om UGC
Date 11 9 2 3 HOI B VOC (MLF	an		Principal	e.C.
P ACC (WE)			S.D. College, B.	arnala Principal
. 0	Section II			
(Name of Student)  (Name of the Hotraining and agree to obey and respect	manufact to be a	Life and the second		
			Ruy	palil
(Name of Trainer) (Name of Stuling facilities in my organizacquire:-	Section III  dent) ization so tha	a trainee a		
Practical Experience in,     Sample collection, processing and p     Precautions to be taken in clinical lac. Hematological analysis.     Biochemical analysis of various same) Microbiological analysis of samples.	boratory ples.	,		
I also agree that a trained technologist	shall be assigr	1 36		
	Section IV	(A Name	pprentice Master) and addressing a design	Kovy
I certify that Rupell spread over Eng. months in accord	ance with deta	is undergor ils enumera	ne180 hours tr	aining
I certify that	Section Vhas	completed	the Training Institute of the state of the s	nis/luter
Date 12:10:23 Hop			Principal (0)	2/
B Voc (MLMD	1)		S.D. College, Bar	

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. College SECTION I This form has been issued to Mr./Ms.\_ Rekha Regd.No. 114-2012-888 Son of /daughter of Sh. Samiher residing at Heuke State Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC Date. 1.9-23 HOD Principal B Voc (MLMDT) S.D.College, Baronia S.D. College, BARNALA Section II I Relation Kaust accept Dr. Harjinder was Livil huspital 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. Rekharkawi Section III I. An. Han inderaccept ... Rehna ... kaun ... as a trainee and I agree to give (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:- Working knowledge of keeping of records related to clinical laboratory. 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. Name and address of mistitution Section IV लेंबर हो ऐकिएली Section V I certify that ...... Re.Kha Kaus 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

B Voc (MLMDT)

Principal

S.D.College, Barnale

S.D. College, BARNALA

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



			Weight and
This form has been issued to Mr./Ms  Regd.No.114-20 22 - 86 / Son or residing at Cheema	SECTION	8.D. C	OHO SHANNALA
Regd.No.[14-26 22 - 861 -	- Manae	ep singer	
residing at Ches	of /daughter of Sh.	Harder Si	ngh
veno has produced	- 31916	DEAL METERS	
Training as per ordinances framed by New Delhi.	y Punjabi University	s entitled to receive	the Practical
Date 19.6.23	Vander		ares from ogc
B Voc (M	LMDT)	Principa	ege, Barnalai Fincina
	The state of the s	s.D.Colle	College Familia Fincipa
I Anshaee & Sinsh accept On	wideeb Smelt	net or a	VINITION DATES ALL
training and agree to obey and respec	(Name of Trainer)	or	lal
training and agree to obey and respec	t him/her during the	ry) as my trainer for	or the above
	1		Aruhdeep singh
	Section 177	Si	Hrighall paint
(Name of Trainer) (Name of St	ep Surph		
(Name of Trainer) (Name of St Him/her training facilities in my orms	adent)	ainee and I agree to s	jive
Him/her training facilities in my orga acquire:-	nization so that dur	ing his/her training	he/stre may
Working knowledge of keeping of re     Practical Experience in,	cords related to clin	ical laboratory	
a) Sample collection, processing and	ANDRESS	and along.	
c) Hematological analysis	aboratory		
<ul> <li>d) Biochemical analysis of various san</li> <li>e) Microbiological analysis of samples.</li> </ul>	iples.		
analysis of samples			
I also agree that a trained technologist	shall be assigned for	or his/har quidance	
		filler de	kaus
		(Apprentice Masi	ter)
	Section IV	Name and address of	Institution
I certify that ASLACE Supread over months in accordance	1 has un	dergone 180 hou	
spread overmonths in accorda	once with details en	umerated in section I	Ш
	220	May du loa ad of the Training Ins	cc.
	Section V	ad of the Training In:	stitution
I certify that Ashdeep Si practical training as per ordinances fram	ish has come	oleted in all asset	
practical training as per ordinances fram from UGC New Delhi.	ied by Punjabi Univ	ersity, Patiala, unde	r the rules
Date 20.7.23 Nandar			00
нор		Principal	Betromal
B Voc (MLMD)	()	5.0.DolCott	egen BARIVALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

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p	dia	4	1	PN
, EA	RMA	AL		8

Principal Principal
S.B.D. Golfeger BARNALA

					Pittela	Contract of the same
				S.D. Colle	ge, LARNAL	KT
This form has	been issued to Mr./M	AKASI	deep.			
Regd. No. 114-	2022-861 son		Wasa	Vird	07-01	
Who has prod	Bashala	State	runjas	1	U	
New Delhi. Date. 19:6:2	B Voc (8	(OD (LMDT)	ersity, Patiala,	Principa S.D.Colle	les from UGC	Incipal RNALA
	(Name of the ree to obey and respe	Manufact of trail	mer)	4		
				de de	1 KOSH disch	Singh
	and the same of	Section III		- 50	www.mc	
Him/her trainin acquire;-  1. Working know 2. Practical Expe a) Sample colli b) Precautions c) Hematologic d) Biochemical e) Microbiologi	ection, processing and to be taken in clinical cal analysis. analysis of various sa cal analysis of sample	ecords related preservation. I laboratory	nat during bis/	her training u		
I also agree tha	t a trained technologis	st shall be assi	gned for his/he	r guidance.		
		Section IV	1.778	prentice Mas	CHERT 2	
I certify that	Akashdeep (	dance with de	has undergone tails enumerate	d in section	ers training	
		Section V	Head of th	e Training In	taustitution	
I certify that . practical training from UGC New De	Akash deep as per ordinances from	Singh ha	s completed abi University,	in all respe Patiala, unde	ect his/her or the rules	
Date 20 .7.23	Vanda	V			0/	2

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# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S. S.D. Conege, BARNALA

Regd.No. 114-2022-969 residing at Scan as N.	Ms. Raigh	Sounda	8.D. Cc"	
Regd.No. 114-2022-969	Son of (days)	00 1	1	
who has produced evidence by	e 0.	sh. raxdee	skumar	
Who has produced evidence be Training as per ordinances fram New Delhi.	efore me that He/S	he is entitled to re	eceive the Practical	
10 04 02	1. 1.	sity, Patiala, under	the rules from UGC	
Date.A.I. Opings	HOD HOD	p	ninetest 600	124
		S.	D.College, Barnala Pri	naloc1
· Raiet Single	Section II	- 70. 1215	8.D. College, BAR	NALA
Lasare of Student)  Lasare of Student)  (Name of training and agree to obey and re	(Name of Trains	u or New GIS	Computerized	
training and agree to obey and r	the Hospital / Labo espect him/her during	pratory) as my tra	iner for the above	
	0 = 0.000,000	a the cittle bertod	or my craming.	
			Rejat Sigla.	
6 1.1 4 0	Section III		W. Perticipation	
(Name of Trainer) (Name of Trainer) (Name of Trainer)	at Single	s a trainee and I am	rea to alve	
Him/her training facilities in my acquire:-	of Student)		CC to give	
acquire:-	- Samention SO the	it during his/her tr	aining he/she may	
Working knowledge of keeping     Practical Experience in	of records related to	o clinical laboratory		
Practical Experience in,     a) Sample collection, processing		- connect rappratory		
b) Precautions to be taken in cli	inical laboratory			
<ul> <li>d) Hematological analysis.</li> <li>d) Biochemical analysis of vario</li> </ul>	and the second second			
e) Microbiological analysis of sa	imples.			
	authorization and a second			
I also agree that a trained techni-	ologist shall be assig	ned for his/her qui	dance.	
		Parolo	p Kumar	
I also agree that a trained technology		MIS NOW GS. F	mouterised Laboratory dice Master) diNBBANGTHEYITUTION	
	Section IV		ABONE (Ph.)	
I certify that Rayat ofing	vla.	18	0	
spread overmonths in	accordance with det	ails enumerated in	section III	
			And the second s	,
	. Section V		w.GS.Gorouterised Laborator) nai Mandi,DIRBA (Sangrur)	
I certify that Rajat	Single		II respect Physher	
practical training as per ordinance	es framed by Punja	bi University, Patia	ila, under the rules	
Date 20.7.23	undar		0	P
HOD.	Viene	D.	incipal Afin	emal .
B Voc	/MI MDT3	PI	incipal page	200000

# FRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



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Principal

5.6.D. College BARNALA

			a a a
This form has been issued to Mr./Ms.	SECTION 1		8.D. C-1
Toris has been issued to Mr./Ms.	Chumi	Senah	The state of the s
Regd.No. 114-2022-893 Son of	/daysaban at an	11. heel	Jan
Who has produced evidence before Training as per ordinances framed by New Delhi.	_State Cur	Inh	
Date 19:6-23	1	Y, Patiala, under	the rules from UGC
no no	D		01
B Voc (ML	MDT)	9	rincipal Principal
	Castles as		8.D. College, Barnala 8.D. College, BATTLE
In Bham Kend a	Section II		SECONOMIC TO DESCRIPTION
(Name of Student)	Har juder Kai	Not Cwell	Hospital
I Blume Students accept to Students (Name of the Hotraining and agree to obey and respect	(Mame of Trainer) pspital / Laborat him/her during t	lory) as my tra he entire period	iner for the above of my training.
	Section III		Student
(Name of Trainer) (Name of Stume Ham/Appr training facilities in my organ	Sinch		
(Name of Trainer) (Name of Sto	ident)	trainee and I ag	ree to give
acquire-	ization so that d	luring his/her to	minima at at
		and the same of the same	aming the base may
Working knowledge of keeping of rec     Practical Experience in,     Sample collection, processing and p     Precautions to be taken in clinical tach     Hematological analysis.     Biochemical analysis of various same     Microbiological analysis of samples.	reservation. boratory	inical laboratory	
I also agree that a trained technologist	shall be assigned	for his/his guid	dance.
			Lukau
			ice Master)
	MARKET LO	Name and ad-	dress of Institution
	Section IV		
certify that Bhume Singh	- Bree	187	hours training
presed over months in accorda			
	Section V	Head of the Tra	ining Institution
certify that Bhurui Shi	4		
actical training as per ordinances fram om UGC New Delhi.	has co	ompleted in al	ining Institution  If respect his/her ita, under the rules
to 20.7.23 Vi har			The state of the s
Vendor			00
HOD			Delection of the control of the cont

B Voc (MLMDT)

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# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been issued to Mr./Ms	SECTION 1	S.C. C-4000.
Regd.No.//4-2022 -900 Son of		1. 1
residing at Bouhala. Who has produced evidence before me Training as per ordinances framed by Pu New Delhi.	State Kunjal	
Date19:6:23 B Voc (MLM)	DT) Section II	Principal Principal
I	Name of Trainer)	of Curcle He spatel  y) as my trainer for the above entire period of my training.  Palak
(Name of Trainer) (Name of Student) (Name of Stu	Section IIIas a tracellent) zation so that dur	Student ainee and I agree to give
Working knowledge of keeping of reco     Practical Experience in,     Sample collection, processing and pr     Precautions to be taken in clinical lat     Hematological analysis.     Biochemical analysis of various samples.  Microbiological analysis of samples.	eservation. boratory	ical laboratory.
I also agree that a trained technologist s	half be assigned f	or hik/her nuidance
	Section IV	(Apprentice Master) Name and address of Institution
I certify that Palak spread over months in accorda	has unce with details e	ndergone J.SO hours training numerated in section III
	Section V	Hay it fail
from UGC New Delhi.	ned by Punjabi Ur	mpleted in all respect his/her niversity, Patiala, under the rules
Date 20 - 7 - 23 HOD B Voc (MLMD	OT)	Principal Principal

#### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



ingi LA

Principal

S.B.D. CHICANADO BARRELLA

					Principal
This form has been is	sued to Mr./Ms	Janvi		B.D. College	BARNALA
Regd.No.//4-2022			Abshou	kuma	
who has produced in Training as per ordinal New Delhi.	tallal evidence before	_State _ Runio	entitled to re	ceive the Pr	actical
Date 19-6-23	HO B Voc (ML		Pr S.F	incipal College, Ba	rl.
		AND AND ADDRESS OF THE AND ADDRESS OF THE ADDRESS O		8.D. Colleg	
I Tania	A.	Section II			
(Name of Student)	(Name of the H	ospital / Laborator	y) as my train	ner for the of my training	above
		Section III		Student	
Name of Trainer)  Hm/her training fact acquire:  1. Working knowledge 2. Practical Experience a) Sample collection b) Precautions to be c) Hematological and d) Biochemical analye) Microbiological and	(Name of Striction of the control of	udent) nization so that dur cords related to clin preservation. aboratory nples.	ring has/her tra	nining hd/she	· may
I also agree that a tra	ined technologist	shall be assigned f	or his/her guid	lance.	W
			HEM	ice Master)	
		Section IV			
I certify that	months in accord	dance with details e	numerated in s	section 111	
		Section V	Hartra	ining Institut	tion
	Tanvi	has co	ministed in al	I respect h	is/her
I certify that practical training as p from UGC New Delhi.	er ordinances fra	med by Punjabi Ur	niversity, Patia	ia, under the	rules
Date 20 . 7.23	Vanda				Ches
Date	4100		Del.	neimal	Principal

HOD

# FRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



		1000
This form has been issued to	Mr./Ms. Sukhulis A	S.D. College
Regd.No. 114-2022-88U	Son of /daughter of Sh. C.	urmel Konal
Training as per ordinances fr New Delhi.	Son of /daughter of Sh. Cy Banhalastate Purja a before me that He/She is e ramed by Punjabi University, Pa	ntitled to receive the Practical stials, under the rules from UGC
Date 19.6.23	HOD Voc (MLMDT)	S.D. College, Barnala Tincipa S.D. College, EARNAL
- autilia	Section II	
INDEED AND S. INDEED	(Name of Trainer) of the Hospital / Laboratory) id respect him/her during the e	
	Castley VV	Subhuir leaus.
(Name of Trainer) (Na Him/hbr training facilities in acquire:-	Sukhvu kaun as a train	nee and I agree to give
Working knowledge of keep     Practical Experience in,     Sample collection, process     Precautions to be taken in     Hematological analysis.     Biochemical analysis of va     Microbiological analysis of	sing and preservation. clinical laboratory	al laboratory.
I also agree that a trained tec	hnologist shall be assigned for	his/her guidance.
	Section IV	(Apprentice Master)
I certify that Sukh VIA		
		Hay Le kav
I certify that Sukhi practical training as per ordina from UGC New Delhi.	A Kaus has companies framed by Punjabi Univ	pleted in all respect his/her versity, Patiala, under the rules
Date 20 7-23	Vanda	sel.
1777	oc (MLMDT)	SIDE College: BARNALA

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



Principa!

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

		8.7 0.0	rincipal
This form has been	SECTION I	8.D. College, B.	ARNALA
This form has been issued to Mr./Ms	Komalpseet	kaus.	
Regd.No. 114-2022-906 Son of	/daughter of Sh. JO	Eller Rings	
Who has produced evidence before in Training as per ordinances framed by New Delhi.	state Punjab	U	
Date 19.6.23	refer	- 0	2
B Voc (ML	D	Principal Ch	/
2.400 (1110	mb1)	S.D.College, Barnala	Principal
handowl to	Section II	8.D. College, B	- Charles
1. Komal Oteef Kaur accept 1. H	(Name of Trainer)	Civil Hospital	
training and agree to obey and respect	ospital / Laboratory) him/her during the en	as my trainer for the above tire period of my training.  Kamal Preed Y Student	laws
		Komalphe	
	Section III	Student	
(Name of Trainer) (Name of Str Him/her training facilities in my organ acquire:-	eet Kaw as a train	ee and I agree to give	
1. Working knowledge of keeping of red 2. Practical Experience in, a) Sample collection, processing and position of the processing and processing analysis of various samples of the processing analysis of the processing and processing and processing and processing analysis of the processing analysis of th	preservation. laboratory	l laboratory.	
I also agree that a trained technologist	shall be assigned for	his/her guidance	
		chan intan	
		(Apprentice Master)	
	N	ame and address of Institution	V.
	Section IV		
I certify that Kimal pleet K	aul has und	ergone .1.82 hours training merated in section III	
	Hea	Han du tau	
1. 1.	Section V	And the state of the	
1 certify that	med by Punjabi Unive	leted in all respect his/he ersity, Patiala, under the rule	r s
Date 20.7.23 Navda			Defocion
HOD		Principal	same des

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



This form has been issued	SECTION I		Colle pe, BARNALA
Regd.No. 114-2022-	369 san of the	Kauc	
who has produced audit		445	U
and the second	ince before me that He/She is framed by Punjabi Universit	y, Patiala, under the ru	les from UGC
Date. 19.6.23	HOD B Voc (MLMDT)	Principa S.D.Colle	ge, Barosla principal
a succession of the con-	Section II	0.0	College BARNALA
(Nan	(Name of Trainer) ne of the Hospital / Laborat y and respect him/her during t	tory) as my trainer for the entire period of my	fital or the above training
	Section III	H	anpheat Kaul
1. Phy. Ho. Minder accept (Name of Trainer) Him/her training facilities acquire:-	Manpaged bour	trainee and I agree to during his/her training	give ht/she may
Practical Experience in,     a) Sample collection, pro     b) Precautions to be take     c) Hematological analysis     d) Biochemical analysis o     e) Microbiological analysis	cessing and preservation. in in clinical laboratory s. of various samples.		
I also agree that a trained	technologist shall be assigne	d for h/s/her guidance.	All the second second
	Section IV	(Apprentice Manne and address	ester)
certify that Many	ths in accordance with detail	s enumerated in section	du fau
	Section V	Head of the Training	
I certify that	dinances framed by Punjabi	completed in all res University, Patiala, ur	spect his/her nder the rules
Date 20 -7-23	Venter		08
	HOD B Voc (MLMDT)	Principa S.D.Coll	ege Barnsta BARNALA

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

			en c	ollego,	RIBALA
This form has been issued to Mr./Ms	Shive	hazan		ollogo	
Regd.No. 1[4-2022-87] son of				Single	
who has produced evidence before in Training as per ordinances framed by New Delhi.	_State	Punjab.		0	cal GC
Date 19 -6 - 23  B Voc (ML			45	llege, Barnal	Principal
I Shive Wolfer Sing Accept gut (Name of the Hitraining and agree to obey and respect	ospital / Lat	poratory) as	my trainer	for the abo	
(Name of Trainer) (Name of St Him/her training facilities in my orga acquire:-	Section III Traw Sup- udent) inization so t	Las a trainee i	and I agree	to give	nay
1. Working knowledge of keeping of re 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical c) Hematological analysis. d) Biochemical analysis of various sa e) Microbiological analysis of samples	preservation laboratory mples.		boratory.		
I also agree that a trained technologis		Nam	Apprentice	tu kav	tion
I certify that ShriCharen Justine Spread over months in account	Section IV	has underg	one (80)	. hours train	ning
	Section V	Head o	Hot Hain	ing Institution	n.
I pertify that	Suigh amed by Pur	has complet njabi Univers	ed in all ity, Patiala	respect his , under the r	/her rules
Date 20.7.23 Noud	or		Prin	cipal	Principal A
B Voc (ML	MDT)		5.0	D. Conege,	BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS SECTION I This form has been issued to Mr./Ms.\_ Shinal Regd.No. 114-2022-870 son of /daughter of Sh. \_ who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC Date. 19.6.23 HOD Principal B Voc (MLMDT) S. S. DI CON SERONA RNA Section II mal Saifi accept on Hax finder Kaus of Civil Hospiles (Name of Trainer) training and agree to obey and respect him/her during the entire period of my training. Section III In Hargander Kaur accept Shamel Calfi 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 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 Section IV has undergone ......... hours training spread over............months in accordance with details enumerated in section III detau Head of the Training Institution Section V I certify that ..... practical training as per ordinances framed by Punjabi University, Patiala, under the rules

from UGC New Delhi.

HOD Principal Principal S.D.C. (MLMDT) S.D.C. (MLMDT)

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	1/200		
This form has been issued to Mr./Ms	A2.8800		C OPTINGOS
Regd.No. 114-2027 - 889 Son of	13 cm	Mari S.D. Col	lego BAINALA
who has produced evidence before	/ daugnter of Sh	MENLOOD	
Who has produced evidence before	State Punj	9.5	
Who has produced evidence before r Training as per ordinances framed by I New Delhi.	Punjabi University,	entitled to receive the Patiala, under the rules	e Practical
Date. 19.6.23	Vandor		5/2
77.00	D.	Principal	Ser-
B Voc (ML)	ADT)		ege BARNALA
	Section II		
Round C (Name of the Ma	aximder kom	Civil Hosel	d.
Roy mo (C	(Name of Trainer)	of the pust	
training and agree to obey and respect	spital / Laborator	y) as my trainer for	the above
	mm/ner during the	entire period of my tra	ining.
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	Section III	Shud	ent
(Name of Trainer) (Name of Stu	2000011244		
(Name of Trainer) (Name of Stu	revious as a tr	ainee and I agree to giv	0
Him/how training facilities in my organ	ization so that du	ring his/her training he	resta mon
acquiret-		ma mar maning ne	y sue may
Practical Experience In,     Sample collection, processing and p     Precautions to be taken in clinical la     Hematological analysis.     Biochemical analysis of various same) Microbiological analysis of samples.	ples.		
I also agree that a trained technologist	shall be assigned f	or his/her guidance.	
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		(Apprentice Maste	(C)
	Section IV	Name and address of 1	nstitution
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		Sec. sty	2014
	H	ead of the Training Ins	titution
	Section V		
certify that Aziem		noleted in all respec	t his/har
actical training as per ordinances fran om UGC New Delhi.	ned by Punjabi Un	iversity, Patiala, under	the rules
ne 20.7.23			00
Hoolings		Delevieral	Bringhal
B Voc (MLMD	(T)	Principal S.Octolleus	BALDONEARWALA
		8.0.00	lede, pylany

### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. College, BARNALA This form has been issued to Mr./Ms. Harshdeep Kame Regd. No. 114-2022-875son of /daughter of sh. Hardev Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. Date. 19-6-23 HOD S.D.College, Barnala inclpal B Voc (MLMDT) 3.D. College, BARNALA Section II I Harshdoop Kaur accept An Harforder Kauros Curil Hospitel (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. Harshdey Kaur Section III 101 Hayunder kaus accept Haushdeep kaus 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 Section IV ......has undergone ...... hours training ......months in accordance with details enumerated in section III Section V Hayshdeep Kaun has completed in all respect his/her I certify that ......

from UGC New Delhi.

B Voc (MLMDT)

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

Principal S.D.College, Barnaja D. College.

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been to	SECTION	1	S.D. College,	Principal BARNALA
This form has been issued t	to Mr./Ms. LOCKYIA	Kaur		
Regd.No. 114-2022 - 8	79 Son of /daughter o	rsh. Ray	singh	
residing at <u>Pak hat ga</u> Who has produced eviden Training as per ordinances New Delhi.	State	Barnala	. 4	Practical from UGC
Date 19.6.23	hudow			61
Datel.Linimin	B Voc (MLMDT)		Principal 5 D College	Principal
			S.D. Cok	Barnala ego, BARNALA
a label de la	Section I)			
1	Of the Hospital / La	iner) boratory) as ring the entire	my trainer for the period of my train	ne above ning.
(Name of Trainer) (1) Him/her training facilities is acquire:-	Lakhvir kaur	as a trainee a		
1. Working knowledge of kee 2. Practical Experience in, a) Sample collection, proce b) Precautions to be taken c) Hematological analysis of v e) Microbiological analysis  e) Microbiological analysis	ssing and preservation in clinical laboratory various samples.		oratory.	
I also agree that a trained to	echnologist shall be as:	1/	Apprentice Maste	e)merer
	Section IV		and address of I	nstitution
I certify that Lakhvil	Kaur	has undergo	ated in section II	tan !
	Section V	1	The state of the s	The state of the s
I certify that Lack practical training as per ordin	hvu kau	nas complete njabi Universit	d in all respec ty, Patiala, under	t his/her the rules

Date 20.7.23

HOD B Voc (MLMDT) Principal
S.O.ColleggeBarane ARNALA

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



		Please
This form has been to	SECTION	S.D. Coll In EARNAL
This form has been issued to M	r./Mr. Khushpriet	Kang
Regd.No. 114-2012 -868	Son of /daughter of sh. N	Manjet Single
who has produced evidence be training as per ordinances frances frances Delhi.	State VUNIC	AP 1
Date. 19-6-23	Vander	
	oc (MLMDT)	Principal S.D.College, Barnata rincipal
that a sh	Section II	S.D. College, SARMALA
Edunala (Name of training and agree to obey and r	the Hospital / Laboratory) is espect high/her during the ent	civil Hospital  as my trainer for the above fre period of my training.  thumpeut box  Student
Harris L. Fr	Section III	Student
(Name of Trainer) (Name of Training facilities in my acquire:-	ushpheet Kauras a traine	e and I agree to give
Working knowledge of keeping     Practical Experience in,     Sample collection, processing     Precautions to be taken in clic     Hematological analysis of vario     Microbiological analysis of same	g and preservation. inical laboratory ous samples.	laboratory.
I also agree that a trained technic	ologist shall be assigned for hi	s/her guidance.
	Nar Section IV	(Apprentice Master) ne and address of Institution
pread over months in	kaur has under accordance with details enum	gone 180 hours training erated in section III
	Section V Head	May du faus of the Training Institution
certify that khushpice ractical training as per ordinanc om UGC New Delhi.	et kaur has comple	ted in all respect his/her sity, Patiala, under the rules
ato 20 7 23 Van	do	QL.
HOD	Charles Ampril	Principal Principal
B Voc	(MLMDT)	S.D. Conego, Barana

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5.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI SD Co

	This form has been invested as a SECTION I
	This form has been issued to Mr./Ms. Amandeep kaur
	Regd. No. 14-2022 - 878 son of /daughter of Sh. Jug ject Singh
	residing at Balhenda, state Puriah
	Who has produced evidence before me that He/SheJis entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC
	11/
	Date1.7.23 HOD Principal R
	B Voc (MLMDT) S. S. (D) CON Bagnala, 1000
	Section II
5	1. Armanded Name accept DH. Bhaskas jain of DM. Jain Ashirwad Paths (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.
	Amander Ka
	Section III Student
	1De Bhaskan Jain accept Amanduh Kawy 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.
	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.
	anias .
	(Apprentice Master)
	Name and address of Institution

Section IV

I certify that Amondech Kows has undergone Sou hours training spread over...ONA.....months in accordance with details enumerated in section III

Head of the Train in thitution

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

Ja

HOD B Voc (MLMDT) Principal

## PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

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ace.	PARNALA BARNALA	

		Principal
	SECTION I	S.D. College, BARNALA
This form has been issue	ed to Mr./Ms. Blauy & Jage	ri
	895 Son of /daughter of Sh.	Ranvis Singh
Who has produced evid	State Punjah dence before me that He/She is e ces framed by Punjabi University, P	entitled to receive the Practical
Date. J. 8. 23	Vander	6,0
DateJQ	HOD B Voc (MLMDT)	Principal Company
	Section II	S.D.College, Barnala Princip J.
A CONTRACTOR OF THE PARTY OF TH	(Name of Trainer) ime of the Hospital / Laboratory ey and respect him/her during the	Boundle HT-
4 = 2	Section III	
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I also agree that a traine	ed technologist shall be assigned fo	(Appre BARNALA
	Section IV	<b>自</b> 能-選擇關係以認
I certify that	onths in accordance with details en	dergone .S.R hours training umerated in section III and of BARNALA
	Section V	and of the land and and the section of the section
I certify that	Shavy Taggi has compordinances framed by Punjabi Unit	pleted for all respect his halfs to versity, Patiala, under the rules
Date. 5/	HOD	Principal Principal
	B Voc (MLMDT)	S.D. College, Barnala BARNALA

## PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

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	SECTION I		Principal
This form has been issu	ed to Mr. /Ms. Anmalhu	ut Singh 8.D. C	colle 10, BARRALA
Regd.No.114-2012-	898 Son of /daughter of s	sh. Surfit Sing	1.
Who has produced evi	dence before me that He/S ces framed by Punjabi Univer	njab 1	
Date 21.7.23	Vender		-0
wate. and and a feet a	HOD B Voc (MLMDT)	Principa	II FORMALIA
	2 voc (nembry	S.D.Colle	College, BARNALA
	Section II		and the second second
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		//5	Student
Bu A	Section III		
(Name of Trainer)	(Name of Student) ies in my organization so th		
<ol> <li>Practical Experience i</li> <li>Sample collection, p</li> </ol>	rocessing and preservation. ken in clinical laboratory sis. s of various samples.	to clinical laboratory.	
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	Section V	The state of the s	A CONTRACTOR OF THE PARTY OF TH
I certify thatA7)m practical training as per from UGC New Delhi.	ordinances framed by Punj	as completed in all re abi University, Patiala, u	espect his/her under the rules
Date 21-8-23	\ ander		- 0
	нор	name of the same o	a Ch
	B Voc (MLMDT)	Princip S.D.Col S.D.	llege, Barnata rincipal College, BARNALA

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



Principal

S.D.College, Barnala Phincipal

S.D.College, Barnala Phincipal

S.D.College, Barnala Phincipal

S.D.College, Barnala Phincipal

			Bringigal
This form has been issued to Mr./Ms_	K II CON I	S.D. Col's	ge, BARNALA
Kego.No. 117- 4012-367	· · · · · · · · · · · · · · · · · · ·		
who has produced evidence before training as per ordinances framed by New Delhi.	_state INFIGE		
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	Section II	S.D. Colle	ge, BARNALA
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I also agree that a trained technologist s		BARNA	LA
	Section IV Na	HI-TECH L	ARC
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		BARN	ΔΙΔ
, , , , ,	Section V Head	of the Aiding hate	I H PO CO
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m UGC New Delhi.	-		9
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### S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



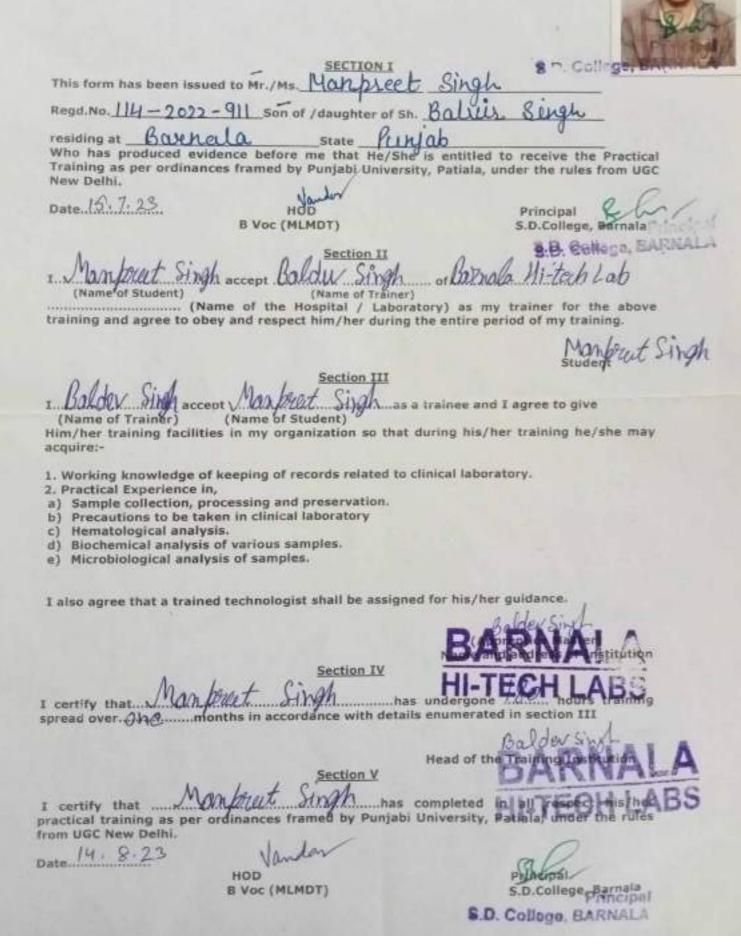
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Regd.No. 114-2022-8	144 Son of /daughter	orsh. Guryan	t Single
Who has produced evide Training as per ordinance New Delhi.	alan State	Punjab	0
Date 1.7.23	HOD		Principal Principal
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training and agree to obey	and respect him/her d	uring the entire peri	trainer for the above od of my training.
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	Section I		areasin.
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I also agree that a trained	technologist shall be a Section 1	EISHU (App	COMPUTERTSED ABORATORY Saddress of Institution
I certify that Raiper spread over Mr. Raiper	the in accordance with	Head of All	In section III OMPUTERTSED CRATORY Ashring Distillution As Kun-un n all respect his/her
Date 31.7.23	HOD Noudan		
Date	HOD WILLIAM		Principal
	B Voc (MI MDT)		S.D. College, Barnals

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

		6 D C
This form has been issued to Mr	SECTION I	S.D. CoHege, D. Harris
Regd.No. 114-2022-968	Son of Ida	y areg
Who has produced evidence by	State Pur	
Date15:7.22	HOD DC (MLMDT)	Principal Principal
		S.D. College, BARNALI
I. Bhaskan Gous accept (Name of Student) (Name of the training and agree to obey and re	(Name of Trainer) the Hospital / Laboratespect him/her during to	tory) as my trainer for the above
		Student Ciarg
	Section III	Student
		trainee and I agree to give
Working knowledge of keeping     Practical Experience in,     Sample collection, processing     Precautions to be taken in clinic) Hematological analysis.     Biochemical analysis of various	and preservation, nical laboratory us samples.	inical laboratory.
		Page 1
I also agree that a trained techno	logist shall be assigned	for his/her guidance
		(Apprentice Master)
	Section IV	Name and address of Institution
certify that Rhankan pread over Brit months in a	Gang has accordance with details	enumerated in section III
		Head of the Training Institution
	Section V	Prop.
ractical training as per ordinance rom UGC New Delhi.	es framed by Punjabi U	ompleted in all respect his/her Iniversity, Patiala, under the rules
ate 14 8 23 NI	melan	
HOD	many 1	Principal

S.D.College, Barnala

B Voc (MLMDT)





This form has been	SECTION I	a	S.D. Colle	90. BARNALA
This form has been issued to Mr./Ms	Lovedeet	Single		
Regd.No. 114-2022-874 Son of	/daughter of sh	Jacki.	11-1	
Testoring at DLVID.	47	*		-
Who has produced outdoors			U	-
Training as per ordinances framed by New Delhi.	Punjabi University	y, Patiala, unde	receive the	Practical from UGC
Date 1 - 7 - 23	J-			-0
B Voc (ML)			Principal	ah.
- For (AL)	101)	5	D.College,	Barnala Principal
/ DUEDE TO D	Section II			
LOVEDEEP SYNK Haccept KVLD	GEP SINGH	LOFFRIENDS	CONDUCE	DITE
LETISODIA INDA (Name of the	Francisco de Complifica )			
training and agree to obey and respect	him/her during th	ory) as my tr	or my train	ing.
			LOV	edael Singh
	Section III		Stude	nt
IKYLDEER SINGH LOVENECE	Carre			
(Name of Trainer) (Name of Stu	dent)	trainee and I a	gree to give	
Him/her training facilities in my organ acquire:-	ization so that di	uring his/her t	raining he/	sha mau
acquiret-			anning ites	rine may
Working knowledge of keeping of reci     Practical Experience in	ords related to cit	nical laborator		
Practical Experience in,     Sample collection, processing and processing an			00	
b) Precautions to be taken in clinical la	boratory			
<ul> <li>d) Biochemical analysis of various sample</li> </ul>				
e) Microbiological analysis of samples.	oles.			
I also agree that a trained technologist s	hall be assigned	for his/her nui	dance	
	The state of the s	rot may ner gui	uance.	La constant
		Friends (40)	deap sing	BBOURTORY
		Name and ac	dress of In	ARNALA
	Section IV			
I certify that Lovedown Single spread over work months in accordance	har i	indersons 18	0	And Salar
spread over	nce with details e	municiaren III	section iii	
		- Kinder	Applicated L Hospital B	aboratory
		tead OFTHE YP	ining Any B	MRNALA
1-4-1-0 0	Section V	Near Civil	Поор	
certify that LOVEDOR SIV gractical training as per ordinances fram- rom UGC New Delhi.		mpleted in a liversity, Patie	ll respect ila, under t	his/her he rules
ata 31.7.23 Va.de			-0	
HOD VILLE		De-	Solar	
B Voc (MLMD)	)	5.1	College, B	
		The same of the same of	Princ	ipal
		S.D. Colley	O, BARNA	LA



Principal

8.D. College, BARNALA

	SECTION I	S.D. Collect
This form has been issued to Mr./Ms.	Gjurwinder	Single
Regd.No. 114-2022-882 Son of residing at Phantiala	/daughter of Sh. Jas	minter singly
residing at Phanauala	state Punjas	0
Who has produced evidence before Training as per ordinances framed by New Delhi.	TILLE TILLE TILLY TO A TO	TIME TO EMPHISION THE PROPERTY.
Date 19:6:23	and my	of
Date.I.7.6.45 B Voc (M	DD LMDT)	Principal 5.D.College, Barnala
	Section II	S.D. College, DATE
- Com - le cil N	Section 11	1-1-b1 1 1
(Name of Student) (Name of Student) (Name of the Italining and agree to obey and respect	tospital / Laboratory) :	is my frainer for the above
# 40	Section III	Student
(Name of Trainer) (Name of S Him/her training facilities in my org	rader Sur las a traine student) anization so that during	e and I agree to give
acquire:-	Anna Company and Com-	
1. Working knowledge of keeping of r 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical c) Hematological analysis. d) Biochemical analysis of various s e) Microbiological analysis of sample.	d preservation. I laboratory amples.	laboratory.
I also agree that a trained technolog		(Apprentice Master)
	Section IV	ame and address of Institution
I certify that Gunnal des	Sinch me und	abornes
	Section V Hea	Inchnologist and of the Tosining Visitiation
I certify that Gunwinder practical training as per ordinances from UGC New Delhi.	Surph has comp framed by Punjabi Univ	pleted in all respect his/her ersity, Patiala, under the rules
Date 20 7-23	who	60
HOD		Principal
B Voc (M	LMDT)	E D College Bassala

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



R.M. College, BARNALA

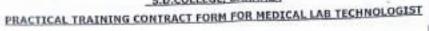
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		SECTION I		S.D. Colie to BARN	A THE
	This form has been issued to Mr./Ms	TOBOO.	Single	BELLEVINE	DIST.
	Regd.No. 114-2022-1016 son of	/daughter of Sh	Tarway	+ sival	
	who has produced evidence before Training as per ordinances framed by New Delhi.	astate Kun	jab	0	
	Date. 19.6.23 HO B Voc (ML	Janton		Principal 6	Delevatori
		AND DESCRIPTION OF THE PARTY OF		S.D. College, Barnala S.D. College, E	Principal
	Takel and a	Section II	10000		
Mus	1 Tubul Sinsh accept Sil	(Name of Trainer)	or LIFE CI	AKE labosedasy C	yery as
	training and agree to obey and respect	him/her during	the entire period	of my training.	
				Tebyl smon	
	. 0	Section III		Student	
	(Name of Trainer) (Name of St. Him/her training facilities in my organicularity				
	Working knowledge of keeping of re     Practical Experience in,     Sample collection, processing and     Precautions to be taken in clinical in     Hematological analysis.     Biochemical analysis of various same) Microbiological analysis of samples	preservation, laboratory inples.	L	ife Care Laboratory Gurpreet Singh B.Sc. MLT (PTU)	
	I also agree that a trained technologis	t shall be assign	ed for his/her ge	Barnala-148101 (Pb.)	
			(Appre	ntice Master)	
		Section IV	Name and a	ddress of Institution	
	I certify that I abal Single spread over With months in accord		s undergone Is enumerated in	Care Laboratory	uset Sid
			Life	Care Laboratory	
		Section V	Head of the Ti	B.Sc. MLT (PTU)	
	I certify that I good Civ practical training as per ordinances fra from UGC New Delhi.	wh me	complete Inside I	or, Partap Nursing Home.	7
	Date 20 - 7.23	nn /			
	HOD	ev	72	PL	
	B Voc (MLN	IDT)		D.College, Barnala	elpsi

Principal S.D.College, Barnale Andipol S.D. College, BARNALA

		*,	Tol
	SECTION I	S.D. Cuttege.	4
This form has been issued to Mr./Ms		40	
		1 19 11 11	
Regd.No. 114-2021-814 Son of	/daughter of Sh	ushil kumai	
who has produced evidence before Training as per ordinances framed by	State Pun me that Hu/She is en Punjabi University, Pat	titled to receive the Proc	tical UGC
New Delhi.	. Lev		01
Date 1.7.23	ND.	Principal	Mittelpal
B Voc (MI	A CONTRACTOR OF THE PARTY OF TH	sible of the germ	BARNALA
(Name of Student) (Name of the Itraining and agree to obey and respect	(Name of Trainer) Hospital / Laboratory)	as my trainer for the a	bove
training and agree to obey and respe-	te many mes passing this e	- 1 31-50	
*.		Student	
0'	Section III	- State City	
(Name of Trainer) (Name of Him/her training facilities in my organize:	(4MSY) as a trai	nee and I agree to give	may
1. Working knowledge of keeping of	records related to clinic	al laboratory.	
Practical Experience in,     a) Sample collection, processing an     b) Precautions to be taken in clinic     c) Hematological analysis.	d preservation. al laboratory		
d) Biochemical analysis of various:	samples.		
e) Microbiological analysis of samp	les.		marine.
		For CITY HEALTH	ONTHE
I also agree that a trained technolo	gist shall be assigned fo	or his/her guidance.	-8-
		(Apprentice Master)	Et alto
		Name and address of Insti	itution
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I certify that KAJ Kymy	√/ has ∪	ndernana DIN hours to	raining Itohr
spread overON.Cmonths in ac	cordance with details e	numerated in section III	
		For CITY HEALT Head of the Training Institu	H CENTRE
2	Section V	( -let	
I certify that Kaj k	uvnavi has co	impleted in all respect	his/her
from UGC New Delhi.	a transfer of campan o	and the second second second	
	Ja/		00
Date 31.7.23	MANA	Principal	at
	(MLMDT)	S.D.College, B	arnala rincipo!
	0. (5.)	S.D. Collec	in DADITEL A.



This form has been issued to Mr.	ims Shakshi	S.D. College, BARRA	T. Miller
Hegd.No. 114-2021-816	Son of /daughter of Sh. /	Irmant Singly	
who has produced evidence be training as per ordinances fram New Delhi.	State Fun jo	16	al C
Date. 1:7:23	HOD OC (MLMDT)	S.D. College, BARNA.	
E Name of Student) (Name of training and agree to obey and r	the Hospital / Laborate 4	City Heath Cent	lea
(Name of Trainer) (Name of Training facilities in macquire;	Section III Shake La: as a trait of Student) y organization so that durin	Student nee and I agree to give ng hts/her training he/she may	v
Working knowledge of keepin     Practical Experience in,     Sample collection, processir     Precautions to be taken in c     Hematological analysis of vari     Microbiological analysis of s	ig and preservation. linical laboratory	al laboratory.	
I also agree that a trained tech	(,	(Apprentice Master) Name and address of Institution	ITRE
I certify that Shar Innonths in	n accordance with details en	dergone ./8.0. hours training umbated in section III	
I certify that	hes com	plated to the	Prop.
Date 31-7-2-3.	D Vandar DE (MLMDT)	Principal S.D.College, Barnillal S.D. College, Barnillal	





	CECTTON T	S.D. College	
The face of the face of the first	Recham	Singly	
114 10 COL	V	cala d ringh	
Regd.No. 114-18- 115 Son of	daughter of Sh	Card O Stray	
This form has been issued to Mr./MsRegd.No114-18-975_Son of residing at Bhanauls. Who has produced evidence before a Training as per ordinances framed by New Delhi.	State Punjone that He/She is	entitled to receive the Practical Patiala, under the rules from UGC	0
New Delhi.	wdow	F	ncipat
Date22:7.23 HO B Voc (ML	D	5.D.CBIDg Colloges BAR	
	Section II	1.1	1
1 Rasham Singh accept Vi 1 (Name of Student) 1 about the first (Name of the H	(Name of Trainer)	or Usay Computerus	ec]
training and agree to obey and respec	t him/her during the	Reyhan Singh	
¥:		Student	
Vijay/cyme Resha	Section III		
(Name of Trainer) (Name of S Him/her training facilities in my org acquire:-  1. Working knowledge of keeping of s 2. Prartical Experience in.	anization so that du	uring his/her training he/sho may	
a) Sample collection, processing an     b) Precautions to be taken in clinical	a preservation. at laboratory		
<ul> <li>c) Hematological analysis.</li> <li>d) Biochemical analysis of various s</li> </ul>	amples.		
e) Microbiological analysis of samp	les. \$	N	
	La at all he and annu	d for his /her guidance	
I also agree that a trained technolo	gist shall be assigned	Vijay Kumar Singla	
		(Apprentice Master) hnologist	
		Name and address of Institution	9
	Section IV	Dinanaula (Ph.	A
I certify that Rosham Shape	cordance with detail	s undergone 1.80 hours training is enumerated in section III	
		Vijay Kuma Magis	
		Head of the Training Institution	
0 1	Section V	Vijay Computerised Lab Onanoula (Ph	30
	s framed by Punjabi	completed in all respect his/her i University, Patiala, under the rules	
Date. 21.8.23	1. les	Calc	
Date	Vanne	Principal Pinn	cipal
	(MLMDT)	Sin College Gernala	IALA



	SECTION	S.D. College, L	Ameipai TRNALA
This form has been issued to Mr./Ms	Dildeep	Singly	
Regd.No.[14-202]-[019 Son of	/daughter of Sh. #	mandeed S.	
This form has been issued to Mr./Ms  Regd.No.[14-202]-[0]9 Son of residing at <u>Basaala</u> Who has produced evidence before Training as per ordinances framed by New Delhi.		a.5 titled to receive th iala, under the rule	e Practical s from UGC
Date. 1.7.23 HO B Voc (ML	8152F		Barnala Principa ollege, BARNAL
(Name of Student) (Name of the H training and agree to obey and respect	ospital / Laboratory)	as my trainer for	the above
		Stud	lent
(Name of Trainer) (Name of St Him/her training facilities in my organical-	udenti 🔾	ee and I agree to giv	re.
Working knowledge of keeping of re     Practical Experience in,     Sample collection, processing and     Precautions to be taken in clinical     Hematological analysis.     Biochemical analysis of various sai     Microbiological analysis of samples	preservation. laboratory	laboratory.	
I also agree that a trained technologis	(,	Avi Apprentice Maste	r) Penn
I certify that Drides Stranger Spread over Intend Comonths in according	ng h has unde	For NITY HEALTH	ENTRE
I certify that Oilduf St practical training as per ordinances fr from UGC New Delhi.		eted in all respectively, Patiala, under	Prop.
Date 31-7-23 Na	dor		00
HOD B Voc (ML)		Principal 5.D.College	Barnata Principal
Western Below	24/050		lege, BARNALA

		With Dal
This form has been issued	SECTION I	S.D. College,
Regd.No. 114-2021- &	31 Son of Adalastic of St.	Talam wish
	SECTION I  I to Mr./Ms. YUVAA/  Son of /daughter of Sh.  State Purence before me that He/She is	
New Deint.	as framed by Punjabi University	Patiala, under the rules from UGC
Date 1.7.23	HOD B Voc (MLMDT)	Principal s.o <b>S.D. College, BARNALA</b>
	Section II	
(Name of Student)	accept Shiu Kawaa (Name of Trainer)	or Jouta Confutenized lab
manner (Na	me of the Hospital / Laborato by and respect him/her during th	ery) as my trainer for the above e entire period of my training.
		Youga Sile
	Section III	
freezen or reminery	pt /w.PAF Sing H. JanDJ.as a (Name of Student) es in my organization so that d	traince and I agree to give uring his/her training he/she may
1. Working knowledge o	f keeping of records related to cl	inical laboratory.
<ul> <li>b) Precautions to be to</li> <li>c) Hematological analy</li> </ul>	rocessing and preservation. ken in clinical laboratory sis.	
<ul> <li>d) Biochemical analysis</li> <li>e) Microbiological analysis</li> </ul>		Jan' Computerised ' 50
	Para di Salingiasi	Sam Bagh Road, Sharel No.
I also agree that a train	ed technologist shall be assigned	Jan Bagh Road, Shainti Hall Gard Shoo No. 1987 Shank Con I Page 1987 Share Share
		(Apprentice Master)
	Section IV	Name and address of Institution
I certify that YVYRA)		undergone ISD hours training anumegated to section III  Van Bugh Road, Sname Hend of Westerlining Institution  842.04
I certify that	Section V AS SingH JANDU has r ordinances framed by Punjabi	BARNALA 18 11 page 100 per 1 page 100 per 100
Date 31: 723	do low	-0
	нор	Principal PASCIPAL
	B Voc (MLMDT)	S.D.Collogo, Samelin BARNALA

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been	SECTION I	S.D. College,
This form has been issued to Mr./Ms.	The second secon	Shaima
Regd.No. 114-2021-832 son of	/daughter of Sh. /	Janohas 1st
who has produced evidence before Training as per ordinances framed by New Delhi.	_State _ Pun	196
Date. 1: 8:2.3. B Voc (MI	CONTON	Principal Principal BARN
70 01	Section II	2
BUND A gree to obey and respect	demain of the bearing	or Eiskur Computerised Latery) as my trainer for the above entire period of my training.
		Student
- Reduct to me	Section III	
(Name of Trainer) (Name of S		
Him/her training facilities in my org acquire:-	anization so that do	uring his/her training he/she may
1. Working knowledge of keeping of r 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical c) Hematological analysis. d) Biochemical analysis of various si e) Microbiological analysis of sample.	d preservation. I laboratory	nical laboratory.
I also agree that a trained technolog		for his/her guidance. EISHU COMPUTERTSED LABORATORY) Name and address of Institution
2	Section IV	Rakesh Kamer
I certify that Joya Shar	IMIL has	18n
		Head MAR Training Institution
dev. 01.	Section V	Rakosh Kimiar
I certify that	framed by Punjabi U	ompleted in all respect his/her Iniversity, Patiala, under the rules
Date 31:8:23 Non	lar	- 0
HOD HOD	2005-s	Principal
B Voc (MI	LMOT)	S.D. College, Barnalamores, S.D. College, BARNALA
		S.O. College

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SECTION ! S.D. COHEGO, DATE	
This form has been invested as the Section 1	
This form has been issued to Mr./Ms. Jai portap 11-jb VISK  Regd. No. 1/4-2021-821 Son of /daughter of Sh. Sewa Single	
Regd.No. 1/4-2021-821 Son of /daughter of Sh	
Who has produced evidence before me that He/Shy is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.	
B Voc (MLMDT)  Principal Principal  B Voc (MLMDT)  S.D. College, BATTERIA	
(Name of Students)  (Name of Students)  (Name of the Hospital / Laboratory) as my trainer for the above	d do
training and agree to obey and respect him/her during the entire period of my training.  Joseph Vid	k
(Name of Trainer) (Name of Student)  Him/her training facilities in my organization so that during his/her training he/she may acquirer-	
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.	
Certify that Sai Party has undergone 1 certify that Sai P	
Relicable Kamare Head of the Training Institution Section Y EISHU COMPUTERTSEED  I contify that Jaipanep Ligh has completed ORATORY and his/her	
practical training as per ordinances framed by Punjabi University, Patiala, under the rules	
Date 31.7.23 HOD B Voc (MLMDT)  Principal Principal Principal B Voc (MLMDT)	

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## PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	5 5 600
	S.D. Coll MA BARDIALA
SECTION I	5.0.
This form has been issued to Mr./Ms. Jony	cumac
Read No. 1/4-2021-8 Son of /daughter of Sh.	lakhpati
Regd.No. 1/4-2021-8 Son of /daughter of Sh. residing at $\frac{fa \ge i   ka }{R}$ State R	inter 6
Training as per ordinances framed by Punjabi Universit	y, Patiala, under the rules from UGC
11A 83Y	Principal
Date, 1.7.23 HOD B Voc (MLMDT)	s.cccli.ge/lege,BARNALA
B VOC (MEMDI)	
Section II	15 L. L. Janes
1 Jony Kumas accept On Ashek Sidana	or I Sdama Diagnastic Laboratory
(Name of Student) (Name of Trainer)	
training and agree to obey and respect him/her during	the entire period of my training.
	Joney Kirmal
f Parties VVV	Student
Section III	A Section Constitute Asset ( ) As to the constitute PAN
(Name of Trainer) (Name of Student)	a trainee and I agree to give
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that	during his/ber training he/she may
acquire:-	
1. Working knowledge of keeping of records related to	clinical laboratory.
Practical Experience In,     Sample collection, processing and preservation.	
<ul> <li>b) Precautions to be taken in clinical laboratory</li> </ul>	
Hematological analysis.     Biochemical analysis of various samples.	
e) Microbiological analysis of samples.	0.1
.3	Rida
I also agree that a trained technologist shall be assign	- Ashak Cidana
	M D (Pathatogy)
	(Apprentice Master) RMC/11434 Name and address of Trible But Laboratory
Section IV	4-E,3 Jawahar Ragar Arcar Houseng board or own
I certify that Jony Kumar	as undergone 18 o SRICANGANAGAR-335001 hours training
spread overmonths in accordance with deta	or Ashok Sidaha
	M.D.(Pathalogy)
AND	Head of the Training Institution RMC/11434 1. Sidena's Degrostic Laboratory
Section V	LE 3 Tank North Mark 1860 Page 1900 Day of the Care
I certify that Jony Kumar has	completed in all respect his/her
practical training as per ordinances framed by Punja from UGC New Delbl.	or University, Patiena, under the rules
Date. 31.7.23 Undar	a K
HOD	Principal Principal
B Voc (MLMDT)	SS.Doffellegardarnala

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This form has been issued to Mr./Ms	MANAGEST	Ko 3.D. Co	Principal
Regd.No. 114-2021-811 Son of	Idameter - Co	2. 114 0	1
Regd.No. 114-2021-811 Son of residing at Joga, Manda. Who has produced evidence before raining as per ordinances framed by New Delhi.	State State State Punjabi University	entitled to receive the rule	the Practical
Date. 22.7-23	Luday D	Principal	26
1. Mankaged Kauh accept D1 H (Name of Student) (Name of the Ho training and agree to obey and respect	Section II harding to Kallah ( (Name of Yrainer) aspital / Laboratory him/her during the	or Civil Hospit	z.L the above
			represent have
(Name of Training facilities in my organ	Section III COL Kawk as a tra ident) nization so that duri	since and I agree to o	ive
Working knowledge of keeping of rec     Practical Experience in,     Sample collection, processing and p     Precautions to be taken in clinical la     Hematological analysis.     Biochemical analysis of various same) Microbiological analysis of samples.	reservation, aboratory	cal laboratory.	
I also agree that a trained technologist	shall be assigned to	- November	
	Section IV	(Apprentice Mast Name and address of	Institution
I certify that Hambiel Kau	and when details this	omerated in section I	II
	Section V	ad of the Training Ins	face
rom UGC New Delhi.	Kauw has comp ned by Punjabi Univ	pleted in all respectorsity, Patiala, under	t his/her
Date 21.8.23 Nauber			
HOD B Voc (MLMD	т)	Principal S.D.College, S.D. Colle	Poncipal Barnala ege, Barnala



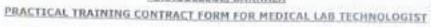
This form has been issued to Mr./Me	Magnitet	S.D. Colley MARNAL
Regd.No. 114-2021-985	- Infect	Tune .
This form has been issued to Mr./Ms  Regd.No. 114-2021-985 Son- residing at V-PD Kalikt  Who has produced evidence before  Training as per ordinances framed b  New Delhi.	State Punj me that He/She is/o by Punjabi University, P	entitled to receive the Practical atiala, under the rules from UGC
Date 22.7.23	Minday	S.D. College; BARNALA
1. Manufacel Kauss accept by: (Name of Student) (Name of the training and agree to obey and respe	Section II  Half Jin de Fautor  (Name of Trainer)  Hospital / Leboratory  ct him/ber during the e	Civil Hospital
	Section III	Student
(Name of Trainer) (Name of Strainer) (Name of Strai	panization so that during records related to clinic d preservation. Il laboratory	ng h/s/Her training h/she may
I also agree that a trained technolog		(Apprehtice Master)
I certify that	Kaul has und	intersted in section III
No. Wat - Area	SCHOOL STORY	Hay see have
From HGC New Delby		pleted in all respect his/her ersity, Patiala, under the rules
Date. 21-8-23	hen	00
B Voc (ML	MDT)	S.D. College, Barriala

	SECTION I	S.D. College, ElARM
This form has been issued to Mr./Ms.		
Regd.No. 114-2021-815 Son 6	f /daughter of Sh. K.	in Niwas
who has produced evidence before Training as per ordinances framed by New Delhi.	Me that He/She is so	titled to receive the Practical
Date 22.7.23 H	OD LMDT	Principal Principal
	576754.11	S.D. Coffego, BARNALA
· Sabra No.	Section II	el 10 to 11 to 0
1. 5apna accept In hame of the straining and agree to obey and respe	Hospital / Laboratory)	as my trainer for the above tire period of my training.
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A DESCRIPTION OF THE PROPERTY	Section III	
(Name of Trainer) (Name of S Him/her training facilities in my org acquire:-	onaas a train Student) anization so that during	this/her training he/she may
Working knowledge of keeping of a 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical Hematological analysis of various s e) Microbiological analysis of sample.	d preservation. I laboratory amples.	laboratory.
I also agree that a trained technolog		(Apprentice Master)
I certify that Sabna months in accommonths in accommonths in accommonths in accommonths in accommonths in accommonths in accommon	ordance with details enur	regone
	Section V	frequentam
from UGC New Delhi.	The state of the s	eted in all respect his/her rsity, Patiala, under the rules
Date 21 8 23	Je /	60
HOD W		Principal Principal S.D.College, Barnasmala



	SECTION I		-n - 3
This form has been issued to Mr./Ms	Sunth b	Aug. S.D. Com.	WATER-
Regd.No. 114-1021-817 son	of taxonbe	almeet circl.	
residing at Barnala Who has produced evidence before Training as per ordinances framed to New Delhi.			cal GC
note 22.7.23	NLUDEN HOD MLMDT)	S.D. College BAR	ncipal NALA
	Section II		
I SUMP KQUI accept N BOLT NO.LO. (Name of the training and agree to obey and respo	(Name of Trainer)	or many trademy for the observation	ve
	Section III	Student	Kaus
Name of Trainer) (Name of Him/her training facilities in my or acquire:	h Kaup as a traine		ay
Working knowledge of keeping of     Practical Experience in,     Sample collection, processing as     Precautions to be taken in clinic     Hematological analysis.     Biochemical analysis of various     Microbiological analysis of samp	nd preservation. cal laboratory	aboratory.	
I also agree that a trained technolo	gist shall be assigned for h	S/her quidance	
		Houseptice Master)	on
I certify that Sumeh X spread over I months in ac	CLL-97has unde cordance with details enum	rgone .1.8.9. hours training serated in section III	ng
	Section V Head	of the-Training Institution	
I certify that	kaur	rted in all respect his/h sity, Patiala, under the rul	er es
Date 21.8.23	who !	6	0
нор		Principal Pr	incipal
B Voc (I	MLMDT)	S.D.S.D. College li	

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SECTION I	S.D. Cotteau, HA.
This form has been issued to Mr./Ms. Ramande	2 Shains
Regd.No. 1/4-2020-850 son of /daughter of Sh.	Ashok Kumar Sharms
who has produced evidence before me that He/She is Training as per ordinances framed by Punjabi University, New Delhi.	s entitled to receive the Practical
Date 22.7.23 HOD B Voc (MLMDT)	S.D. CBfeller BARNILA
Section II	
1 Rannander & Mahma accept Dr. Harf inder Kou). (Name of Student) (Name of Trainer)	or Civil Hospital
training and agree to obey and respect him/her-during the	ry) as my trainer for the above e entire period of my training.
	Student
O Section III	5466411
(Name & Trainer) (Name of Student)	rainee and I agree to give
Him/hbs-training facilities in my organization so that du acquire:-	uring his/her training he/she may
1. Working knowledge of keeping of records related to clir 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.	nical laboratory.
I also agree that a trained technologist shall be assigned	
a also agree that a trained technologist shall be assigned	
Section IV	(Apprentice Master) Name and address of Institution
I certify that Ramandelf sharma has spread over months in accordance with details	undergone 100 hours training enumerated in section III
	Head of the Training Institution
Section V	read of the Hamiley Englished
I certify that Laman Leep Shaws has convertical training as per ordinances framed by Punjabi U from UGC New Delhi.	ompleted in all respect his/her niversity, Patiala, under the rules
Date 21.8.23	60
HOD VIEW B Voc (MLMDT)	Principal Principal





This form has been issued to Mr./Ms	SECTION I	sent los	3.D. Colley	-, -translat A
	The second second	M.	preet	2:1
Regd. No. 114-2011-807 son of residing at Sangeur		Punjas	preet	Drager
Who has produced/evidence before Training as per ordinances framed by New Delhi.	State me that He/5 Punjabi Univer		to receive to under the rule	he Practical is from UGC
Date 2.2. 7.23 HO B Voc (ML)		s	Principal I.D. Colleges	Principal BARNALA
\$1. W	Section II			
1. ANALONOL ROWN accept .DM: (Name of Student) (Name of the Hitraining and agree to obey and respect	(Name of Trains	ir)	and the same	CARLES SANCES
			A	markerest parti
	Section III			
(Name of Training facilities in my organ	udent) nization so tha	s a trainee an	d I agree to gi	ve le/she may
Working knowledge of keeping of re-     Practical Experience in,     Sample collection, processing and processing analysis.     Biochemical analysis of various same processing analysis of samples.	preservation, aboratory	o clinical labo	ratory.	
I also agree that a trained technologist	shall be assig	(A	Codice Signature of the state o	ark-w
Quebo A Source	ESTABLIST .	1.		
spread over	fance with det	as undergon alls enumerat	a 1.80. hour ad in section I	rs training
	Section V	Head of th	transfer by	ECC stitution
I certify that A MA proof practical training as per ordinances fra from UGC New Delhi.	kaur has	completed bi University,	in all respe Patiala, unde	ct his/her r the rules
Date, 21:8:23			Principal S.D.College	Principal Basnala
			S.D. Colleg	



				<b>1</b>
This form has a	SECTION I	0-1	S.D. College	PENCIPA
this form has been	issued to Mr./Ms. Tagelsey  21 - 986 Son of /daughter of	o singh	S.D. Comily	- MINISTERS
Regd.No. 1/9-26	121 - 186 Son of /daughter of	Sh. Daward	er Single	
residing at Dha	raula see	Punias	-	
Who has produced	evidence before me that He/S nances framed by Puniabi Unive	the is entitled to	receive the D	enetlant
New Delhi.	nances framed by Punjabi Unive	rsity, Patiala, uni	der the rules fro	m UGC
Date. 19.6.23	hender			00
- acquirigeness transcript	B Voc (MLMDT)		Principal	molnet
	a roc (MEMDI)		S.B. SPIESHORA	PHARNALA
- Toodora C	Section II			
[Name of Students	ing haccept for Hayunder	Causer Civi	1 HOSpila	0
······································	(Name of the II	er)	A CONTRACTOR OF THE PARTY OF TH	
training and agree to	obey and respect him/her duri	g the entire perio	rainer for the	above
			- Gade	elp alengh
			200	1 0
8 11 1 1/ leve	Section III		acudent	
Teche Marylander Kar	Section III Accept Tandrap Start a (Name of Student)	s a trainee and T	norma to al	
Him/her training fac	(Name of Student)	- mannes and i	agree to give	
acquire:-	ilities in my organization so tha	it during his/hef	training he/she	may
1. Working knowledge	e of keeping of records related to			
2. Practical Experience	e in,	clinical laborato	ry.	
- / recountions to be	, processing and preservation. taken in clinical laboratory			
" mematological and	alveie			
e) Microbiological an	rsis of various samples.			
	Transition of Sumples.			
I also agree that a tra	nined technologist shall be assign			
	single shall be assign	and the second s		
		Hay	- un kai	L,
		(Apprel	ntice Master) ddress of Institu	
	Section IV			C400=000
I certify that	gdeep Sureh ha	se und (5	211	
spread over	months in accordance with deta	ils enumerated in	section III	ining
		TO EARLY SOURCE TO BE A PARTY OF		
		Head of the Tr	Linka	
	Section V		dining Institution	5.55
I certify that	Jag deep Cinh has ar ordinances framed by Punjab	completed in		Acceptant Control
from UGC New Delhi.	er ordinances framed by Punjab	University, Pati	ala, under the	/her
Date 20 7. 23	W L		, and the	200
Date	Vandar			00
	B Voc (MLMDT)	P	gingipal	Bring!
		5.5	Brongo Helbarul	ARMA
				The second second

#### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. Č This form has been issued to Mr./Ms. Regd.No. SD ( B) 2006 -21 Son of /daughter of Sh. residing at State Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. HOD Principal B Voc (MLMDT) S.D.Cogene Correcto, BARNALA accept Ratecat Jicolal of (Name of Trainer)
(Name of Trainer) Section III .....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 Section IV EISHU COMPUTERTSED Eichu has undergone LABORA Rekest Head of the Training Institution Section V **EISHU COMP** I certify that ..... Lishu his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Principal

S.D. B. DICO OF THE BARLE

Date 31.7.23

B Voc (MLMDT)



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	SECTION		Dela-
This form has been iss		inbrut KARP, Callege	Principal BARNALA
		sh Jagseer singh	
Who has produced en	KAIOH State Pu	She is entitled to receive the ersity, Patiala, under the rules f	
Date 1.8.23	Nanday		0
Date	HOD	Principal	Set
	B Voc (MLMDT)	S.D. College, E S.D. Calle	Jarnala
11.36	Section II		The second secon
Lander A. S. Letter	Name of the Hamiltol / 1-5	man of Clishe Compute per) oratory) as my trainer for the ng the entire period of my traini	
		Hoo	man
	Section III	Studen	
I. Rakeshkumanaco (Name of Trainer) Him/her training facilit acquire:-	ept Harman preet kan	is a traince and I agree to give at during his/her training he/s	he may
a) Sample collection,	processing and preservation.  sken in clinical laboratory  ysis.	o clinical laboratory.	
I also agree that a train	ed technologist shall be assig	and for his these sold-	
	7	EISHU COMPUTERT	4
	Section IV	Name and address of Inst	
certify that Has	monneet kom.	Rekette Kenney	)
pread over	onths in accordance with det	as undergone Labon hours to ails enumerated in section III	aining
		EISHU COMPUTERTS	ED
	Section V	Head of the Pauling Institut	tton
certify that He	armanator than	Rateush Kumo completed in all respect h bi University, Patiala, under the	
ate 31 8 23	Vandor	, raciala, under the	rules
	нор	236	OP
	B Voc (MLMDT)	Principal S.D. @ Degle Blan	Phacipat

#### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION 1 S.D. College, BARNALA This form has been issued to Mr./Ms. Amsi Regd.No. 114-2021-806 Son of /daughter of Sh. residing at State Who has produced evidence before me that He/She is/entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. Date... 22-7-23 HOD B Voc (MLMDT) S.D. College, BARNALIA Section II 1. Amouthred Jaw accept Dr. Haylinder 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. Section III IDr. Houjingles, Kautaccept ... Amtilfyred ..... Louth ... as a trainee and I agree to give (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:- Working knowledge of keeping of records related to clinical laboratory. 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 (Apprintationaster Name and address of Institution Section IV Round has undergone 180 hours training months in accordance with details enumerated in section III Head of the Manning Institution Section V Selffanz from 0 breek Kouldings completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules Date 21:8:23 Principal B Voc (MLMDT) S.D. Conege, Barnathala S.D. Conege, BARNALA



This form has been issued to Mr./Ms	Naviot	Kane	S.D. Coll	Principal age, BARNALA
Regd. No. 114-2021-812-5on of	daughter of Sh	Hastal	C'all	
residing at Barnale. Who has produced evidence before in Training as per ordinances framed by P. New Delhi.	State fun for its state	entitled to re	ceive the i	Practical
New Delhi. Date 12:7.23 HOT B Voc (MLN	1	Pr	incipal	Francis
I. Navjet Kaur accept M. P. P. (Name of the Hotraining and agree to obey and respect	amital I Labourtee	or Patiala	Llinica ner for the	l Laboratory
	Managara anno		Name	t knus
(Name of Trainer) (Name of Stu Him/her training facilities in my organ acquire:-	Section III of kawas a tr dent) ization so that dur	ainee and I agr	ee to give	
Working knowledge of keeping of rec     Practical Experience in,     Sample collection, processing and p     Precautions to be taken in clinical is     Hematological analysis.     Biochemical analysis of various same     Microbiological analysis of samples.	reservation. aboratory	ical laboratory.		
I also agree that a trained technologist	shall be assigned f	or his/her guid	ance.	
No with the	Section IV	Name and add	ress of Inst	iala Clinical
I certify that Navjot Kausspread over Rest. months in accord	ance with details o	ndergone 160 numerated in s	on hours trection III	aining
	Section V	ead of the Trail	White and a second	inical da
I certify that Naviet keepractical training as per ordinances frantiem UGC New Delhi.	med by Punjabi Un	npleted in all iversity, Patial	respect h	is/her rules
Date 13.8.23 Namedon		Prin	DE	
B Voc (MLMI	01)	5 D	College, BR	rincipal RNALA
		8.0.0	Ollege, D.	



		-0/12
	SECTION	S.D. College, BARNALA
This form has been issued to Mr./I	45 VISHAL KL	unax D I't
Regd.No. 114-2020 - 871 so	n of /daughter of Sh	Sahindra Pandel
Who has produced evidence before Training as per ordinances framed New Delhi.	state //CUC	s entitled to receive the Practical Patiala, under the rules from UGC
Date 16 1-23	HOD	Principal Principal
Control of the contro	(MLMDT)	S.D. College, BARNALA
	Section II	ACTIVITIES AND ASSESSMENT OF THE PARTY OF TH
(Name of Student)	(Name of Trainer) ne Hospital / Laborate	or Civil Hospital  ory) as my trainer for the above he entire period of my training.  With the student
	Section III	4 /
(Name of Trainer) (Name	of Student)	trainee and I agree to give juring bis/lyer training he/she may
Working knowledge of keeping     Practical Experience in,     Sample collection, processing     Precautions to be taken in clir     Hematological analysis.     Microbiological analysis of various	and preservation. nical laboratory is samples.	
I also agree that a trained techno	desist shall be assigned	a too be take quidance
I also agree that a trained techno	logist shall be assigned	
	Section IV	(Apprentice Master) Name and address of Institution
I certify that Vishal Kun spread over TGIS months in	NA.71has	undergone So hours training senumerated in section III
		Head of the Taining Institution
I certify that	Section V  Kunac has es framed by Punjabi	completed in all respect his/her University, Patiala, under the rules
Pate 20 3 23	ander	29 200
HOD	(MLMDT)	Principal S.D.College, Bargala
B 400		S.D. Carry
		S.D. College, BARNALA



S.D. College, BAR

		0.0.
	SECTION I	lities at
This form has been issued t	o Mr./Ms. Sanlash	Rumas
	1 son of /daughter of Sh.	Esabhakas k. yadar
Regd.No.114-1010-86	1. State Ru	inh
Production and the second of the second		Vis entitled to receive the Practical ty, Patiala, under the rules from UGC
pate 16-1-23	Ne HOD	Principal
Date: Alb., human	B Voc (MLMDT)	S.D. College, Barnal Principa S.D. College, BARNAL
	Section II	a.b. College, BARNAL
a	O the State K	CSD Howaital
(Mame or assurem)	accept Dr. Howrder Kon (Name of Trainer se of the Hospital / Labor and respect him/her during	atory) as my trainer for the above the entire period of my training.
	Section III	
(Nante of Trainer)  Asim/her training facilities  acquire:-	(Name of Student) s in my organization so tha	s a trainee and I agree to give at during MS/her training Me/she may
<ol> <li>Practical Experience ID.</li> </ol>	ocessing and preservation. en in clinical laboratory iis. of various samples.	
that a tening	d technologist shall be assi	oned for his/her guidance.
I also agree that a count		(Apprentice Master) Name and address of Institution
	Section IV	State of the state
I certify that	teth Kuwass	has undergone 150 hours training etails enumerated in section III
		Head of the Training Institution
0	Section V	नेतर औ. विकेशनी
from UGC New Delhi.	entosh Kumar,	has completed in all respect his/her njabi University, Patiala, under the rules
Date 20 3:23	Vandar	@ L.
Jack	HOD	Principal Principa
	B Voc (MLMDT)	College Barnala

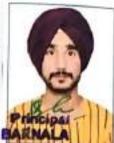
# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. Colleg This form has been issued to Mr./Ms. Son of /daughter of Sh. residing at Barchala State Punab
Who has produced evidence before me that He/Shi is entitled to receive the Practical Training as per ordinances framed by Punjebi University, Patiala, under the rules from UGC Vandon S.D.College, Sarnata include HOD S.D. College, BARNALA B Voc (MLMDT) Section II I famoundeep Singly accept Kamaldeep Singh or Kamaldeep Clinical (Name of Trainer) Kubshallang...... (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. amardo Student Section III I Kamaldeep surf accept Ramandeep Singh as a trainer and I agree to give (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may (Name of Trainer) 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 Con Civil Hospital SakuaLA Section IV Sungh has undergone 180 hours training spread over.....months in accordance with details enumerated in section III Kamaldeep Clip Section V 1 certify that Ramandsteb. Augu has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. Principal HOD D. College, BARNALA

B Voc (MLMDT

## PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. College, BARNAL SECTION I This form has been issued to Mr./Ms. VOCLUTE Regd.No.114-2020 - 868 Son of /daughter of 5h. who has produced evidence before me that He/She % entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. Principal HOD S.D.College, Barn Principal B Voc (MLMDT) S.D. College, BARNALA Section II Parchite Singh accept Dr Hayeride Laws Civil Hospital
(Name of Student) (Name of Trainer)

Parchite Singh accept Dr Hayeride Laws Civil Hospital
(Name of Trainer)

(Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training. Section III (Name of Student) (Name of Trainer) Jifm/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. 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. lay de lan (Apprentice Master) Name and address of Institution Section IV रों, विश्वतंत्री I certify that hehrer durch has undergone hours training spread over the months in accordance with details enumerated in section III Head of the Training Institution Section V gr. cuffery du I certify that Vachital 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. HOD and any Date 20:3:23 Principal S.D.College, Barn Brinch B Voc (MLMDT) S.D. College, BARNALA



	SECTION I .	S.D. College, BARNALA
This form has been issued to Mr.	.m. Ben Ben	gh
Rend No. 114-2020-1025	Son of /daughter of Sh.	Ram Bohadur senger
Training as per ordinances fram	ed by Punjabi University, P	Ram Bahadur Single  Sintitled to receive the Practical atiala, under the rules from UGC
Date 16-1-23	HOD oc (MLMDT)	S.D. College, Barnal Princips S.D. College, BARNALA
Laboratory (Name of training and agree to obey and	Section III  Section III  Section III  Linu Shult as a tri me of Student) my organization so that dur ing of records related to clini ing and preservation. clinical laboratory rious samples.	Solid Computation  ) as my trainer for the above entire period of my training.  Suprat  since and I agree to give  ing his/her training he/she may
I also agree that a trained tec	Section IV has in accordance with details	Name and address of Institution
P	Singh has co	NAMES (STORT OF A PART ) TO SERVICE STREET
I certify that	hances ramed by Punjabi U	ompleted in all respect his/her iniversity, Patiala, under the rules
Date 20-3-23	Vander	26.1
PATROACON MANAGEMENT CONTRACTOR	IOD Voc (MLMDT)	8.D. College Barnal A

	SECTIONAL	1.1
This form has been issued to	omr./Ms. Sahel go	ydl.
Regd. No. 114-2020-861	Son of /daughter of Sh.	Bhotse
residing atDava at	State 100	entitled to receive the Practical Patiala, under the rules from UGC
Date 16-1-2-3	HOD	Principal Samula
300	B Voc (MLMDT)	S.D. College, Barnal BarnaLA
Laberatory (Name of Studget) Laberatory (Name training and Agree to obey	(Manua officions)	of Sahil Confuterised
acquire:-		ring his/her training he/she may
2 Ovactical Experience in.	ecessing and preservation. en in clinical laboratory is. of various samples.	nical laboratory.
I also agree that a traine	d technologist shall be assigned	for his/her guidance. Cali Gost
		Sahil Computerised I ah (Apprentice Master) Name and address of Institution
	Section IV	
I certify that	onthe infaccordance with detail	undergone 189 hours training senumerated in section III Goyal
		Head bill Computerised Lah
	Section V	22
I certify that SO practical training as per from UGC New Delhi.	hil your has ordinandes (amed by Punjabi	completed in all respect his/her University, Patiala, under the rules
Date 20:3:23	Vandor	DL/
4.010	B Voc (MLMDT)	S.D. College, Barringipal



- CONTROL OF AN OWN TO COME A SECURITY OF A	SECTION I	linda Rumar
This form has been issued t		
Regd.No. 114-2010-36	5on of /daughter of Sh.	1
Who has produced eviden Training as per ordinances	ce before me that He/She is framed by Punjabi University,	entitled to receive the Practical Patiala, under the rules from UGC
Mew Deltit.	HOD	principal
oate 16-1-23	B Voc (MLMDT)	S.D. College, BARNALA
Mubul Tindal Laftinatory (Nam training and agree to obey	(Name of Tohiner)	or Sahil Conduters sed  ory) as my trainer for the above se entire period of my training from  Under Street.
	Section III	Stladent
acquire:-	s in my organization so that	trainee and I agree to give Juring his/her training he/she may
Practical Experience in     Sample collection, pr     Precautions to be tak     Hematological analysis     Microbiological analysis	ocessing and property len in clinical laboratory is. of various samples. sis of samples.	
I also agree that a train	ed technologist shall be assign	ed for his/her guidance.
		Name and address of Institution
	Section IV	
I certify that Mul	lesh Timdal honorths in accordance with deta	ns undergone 180.4. hours training
		Sahil Computarised Lah
	Section V	
I certify that	r ordinances frames by a more	s completed in all respect his/her bi University, Patiala, under the rules
Date. 20.3:23	Vandor	6/
Date. A.M. J. Au	HOD B Voc (MLMDT)	S.D. College, Barrerthctpal S.D. College, BARNAL



	Pulling
SEC	TION I S.D. College BARNALA
This form has been issued to Mr./Ms.	the cot Valle
This form has been issued to Mr., Ms.	Amerik Sonal
Regd.No. 114-2016 - 828 Son of /daus	ghter of Sh. LATTICE CET GET
residing at Dhanaula, Partnalastal Who has produced evidence before me the Training as per ordinances framed by Punja New Delhi.	hat He/She is entitled to receive the Practical bi University, Patiala, under the rules from UGC
Date 16 1 23 HOD B Voc (MLMDT)	Principal S.D.College Carn Princip
	S.D. College, BARNALA
A 44 4-44 M M	il to a circle than hital
the state of the Hespit	mider Kawor Civil Hospital he of Trainer) al / Laboratory) as my trainer for the above /her during the entire period of my training.
	Physical Control of the Control of t
5.0	ction III
On Harpinder sceeps Arthhee	4. 60
	A. Latilas a trained and I agree to give  it)  tion so that during his/her training his/she may
acquire:-	, , , , , , , , , , , , , , , , , , ,
Working knowledge of keeping of record     Practical Experience in,     Sample collection, processing and pres     Precautions to be taken in clinical labo     Hematological analysis.	ervation.
d) Biochemical analysis of various sample     e) Microbiological analysis of samples.	19.
I also agree that a trained technologist sh	all be assigned for his/her guidance.
I also agree that a trained technologist an	
	(Apprentice Master) Name and address of Institution
	ection IV
spread over for months in accordan	nce with details enumerated in section III
	Head of the Thining Institution
Acid mond to	Section V
practical training as per ordinances fram from UGC New Delhi.	ed by Punjabi University, Patiala, under the rules
Dat 20:3.23	20
ной	Principal Principal
B Voc (MLMD	S.D. College, Barna Princip



SECTION I S.D. College, BARNALA	
May be at balls	
Regd. No. 114-2020-848 son of /daughter of Sh. Prienmject bengh	
residing at Inutural Box nalastate Punjah 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 Delbi.	
Date 16 1 23 Vandor Hop Principal	
B Voc (MLMDT)  S.D. College, Barnala Princip	L
Section II	0
1. Market Kawoccope Dr. Hayunder Karor Civil Hospital	
training and agree to obey and respect him/her during the entire period of my training.	
Section III	
(Name of Trainer) (Name of Student)  Him/her training facilities in my organization so that during his/her training he/she may acquire:-	
1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.	
I also agree that a trained technologist shall be assigned for his/her guidance.	
(Apprentice Master) Name and address of Institution	
I certify that Northwest Kours has undergone IRD hours training spread over 1992 months in accordance with details enumerated in section III	
Head of the Training Institution	
At Section V	
I certify that Novpuet 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.	
pate 20.3.23 Jandon	
Deline is 100	
B Voc (MLMDT) S.D.College, Barnala Principal	
S.D. College, BARNALA	



		Principal
	ererrow F	R.D. C-HAGO, BART 'A
total university of the same	to Mr./Ms. Juspicet K	alls
This form has been issued	to Mr./ms. Juappie	vemant sinch
Regd.No. 111-2010-8	10 Son of daughter of Sh. Gl	builded
residing at	nce before me that He/She der s framed by Punjabi University, Pa	willed to receive the Practical
Date 16-1-23	Vandery	Principal QC
Date. 10	HOD B VOC (MLMDT)	Principal S.D.College, Barnala, Cipal
	040 020 AND STATE	S.D. College, BARNALA
e 1 10 1	Section II	CSSO Howard
(mame or student)	accept Dr. Hovingter Kall f of (Mame of Trainer) ne of the Hospital / Laboratory) y and respect him/her during the e	as my trainer for the above
	Section III	
(Name of Trainer) Him/Her training facilitie acquire:-  1. Working knowledge of	(Name of Student) s in my organization so that during the second	ng his/her training he/she may
a) Sample collection, pr     b) Precautions to be tak     c) Hematological analys     d) Biochemical analysis     e) Microbiological analys	ocessing and preservation. ten in clinical laboratory iis. of various samples.	
Talso agree that a traine	ed technologist shall be assigned fo	or his/her guldance.
	Section IV	(Apprentice Master) Name and address of Institution
I certify that	boths in accordance with details e	ndergone 1804 hours training
Spicou every		Hay de face lead of the Training Institution
practical training as per from UGC New Delhi.	preet K has co	mpleted in all respect his/her niversity, Panala, under the rules
Date 20:3:22	HOD B Voc (MLMDT)	Principle S.D.College, BP/ABO POL

## PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



TO THE SECOND PROPERTY OF THE SECOND PROPERTY

		ncipal
	SECTION I	S.D. College,
This form has been issued	to Mr./Ms. GIWESIM YOUNG	breet Rour
Regd.No. 114-2020-8	to Mr./Ms. JULAIN LONG	Santokh singh
residing at Bauha	once before me that He/She <sup>Mis</sup> framed by Punjabi University,	entitled to receive the Practical Patiala, under the rules from UGC
	HOD	Principal Office
Date 16:123	HOD B Voc (MLMDT)	S.D.College, Barnala Principal
		S.D. College, BARNALA
	Section II	
Lunchmeanfluct (Name of Student) (Name of Student) (Natraining and agree to ob-	Interest A. Haupirder Cam. (Name of Trainer) ime of the Hospital / Laborator ey and respect him/her during the	ry) as my trainer for the above e entire period of my training.  Guestine period of my training.  Guestine period of Student
		laurinan hill
	Section III	Student
n- Un de Kaw	- I + Ka	u.L.
(Name of Trainer) Him/her training faciliti acquire:-	(Name of Student)) les in my organization so that di	uring his/her training he/she may
2. Practical Experience i	processing and preservation. sken in clinical laboratory ysis. is of various samples.	nical laboratory.
I also agree that a train	ned technologist shall be assigned	d for his/her guidance.
I diso og os	-	day de lan
		(Apprentice Master)
		Name and address of Institution
	Section IV	* 00mm
I certify that Juliah	months in accordance with detail	s undergone LFo hours training senumerated in section III
The control of the co		garpedy kan
		Head of the Training Institution
	Section V	क्षा- श्वासरशास व्यव
I certify that	rimanpreet Ki has er ordinances/framed by Punjabi	completed in all respect his/her University, Patiala, under the rules
	N. dow	- 0
Date 20-3-23	VOLUME	Bringin Dh
	HOD B Voc (MLMDT)	S.D.College, Barnela
		S.D. College, BARNALA



SECTION I	S.D. College, BARNALA
This form has been issued to Mr./Ms. Ritika	To a transport of
Regd.No. 114-2020-851 Son of /daughter of Sh. Anil	Kumax_
who has produced evidence before me that He/She is entitled training as per ordinances framed by Punjabi University, Patiala,	to receive the Practical
Date 6: 1.23 HOD B Voc (MLMDT)	S.D. College, Barnala Principal S.D. College, BARNALA
Section II  Ritika accept Mr. thryinder Kaurol C  (Name of Student) (Name of the Hospital / Laboratory) as teraining and agree to obey and respect him/her during the entire	vil Hospital my trainer for the above period of my training.
	Riti ba Student
Section III	
(Name of Frainer) (Name of Student) Him/her training facilities in my organization so that during his acquire:	/her training he/she may
1. Working knowledge of keeping of records related to clinical lab 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.	oratory.
I also agree that a trained technologist shall be assigned for his/	her guidance.
-	Apprentice Master)
Section IV	Heles E
I certify that Ribe	one 180 by hours training rated in section III
	offay 16 Pau
Øt.	क के वेकानी
I cortify that Litika has complete practical training as per ordinances framed by Punjabi University	ed in all respect his/her ity, Patiala, under the rules
	0
Date 20 3 23	
HOD SO (MLMDT)	S.D.College, Barna Parincipal
E vor (urus)	S.D. College, BARNALA



		Principal
	SECTION I	S.D. College, BARN
This form has been issued to	o Mr./Ms. Lakhveer	Kours 1 -0 1
Read No. 114-2020-845	o Mr./Ms. LOKHVELA Son of /daughter of Sh. L Pann alassase Runi	n wineet singer
Who has produced evident Training as per ordinances	The state of the s	entitled to receive the Practical Patiela, under the rules from UGC
New Delhi.	HOD	principal of
Date All Lines	B Voc (MLMDT)	S.D.College, Barna Principa
	Section II	S.D. College, BARNALA
(Name of Student)	(Noble of Trainer) of the Hospital / Laborate and respect him/her during th	ory) as my trainer for the above se entire period of my training.
		Student
727 47	Section III Lakhwa Kaulas a	
(Name of Trainer) Him/her training facilities acquire:  1. Working knowledge of It 2. Practical Experience in, a) Sample collection, pro b) Precautions to be take c) Hematological analysis d) Blochemical analysis e) Microbiological analysis	(Name of Student) In my organization so that decepting of records related to clucessing and preservation. In in clinical laboratory Is of various samples. Its of samples.	uring his/her training he/she may
I also agree that a traine	d technologist shall be assigne	(Apprentice Master) Name and address of Institution
	Section IV	Sic. at. District
I certify that Lablu	onths in accordance with detail	s undergone 1 Solchours training s enumerated in section III
		Head of the Training Institution
Lal	Section V	
I certify that practical training as per from UGC New Delhi.	oromances trained by Punjabl	completed day after respect his/her University, Patinia, under the rules
Date 20 3 2023	HOD	Principal Principal S.D. College, BARNALA
	B Voc (MLMDT)	S.D. College, BARNALA



		The state of the s
	SECTION I	S.D. College, Markett
This form has been issued to	omr./Ms. Indupal kau	1 1 11
Read No. 114 - 2020 - 93	6 Son of /daughter of Sh. 1	bal serge
residing at Hartsa	state Punjab	the Practical
Who has produced eviden- Training as per ordinances	ce before me that He/She's er framed by Punjabi University, Pa	tiala, under the rules from UGC
New Delhi.	Under	Principal 6
Date 16 1 23	B Voc (MLMDT)	5.D.College, Barnala Principa
	Section II	S.D. College, BARNAL
	accept Dr. Haryander Loubs	Civil Hospital
. (Name of Student)	(Name of Trainer) e of the Hospital / Laboratory and respect him/her during the	as my trainer for the above
	Section III	
(Name of Trainer)  Hm/her training facilities acquire:-  1. Working knowledge of I 2. Practical Experience in,	ceeping of records related to clinic	ng his/her training te/she may
b) Precautions to be take     c) Hematological analysi     d) Biochemical analysis o     e) Microbiological analysis	s. of various samples. sis of samples.	
I also agree that a trainer	d technologist shall be assigned f	or his/her guidance.
		(Apprentice Master) Name and address of Institution
	Section IV	केर हो विकास
I certify that Janda	ngol Kourt has unthis in accordance with details	indergone ICO hours training
		Head of the Training Institution
	Section V	अं , दर्शनाग्य मेंब
I certify that Ind. practical training as per from UGC New Delhi.	ordinances framed by Punjabi U	ompleted in all respect his/her niversity, Patiala, under the rules
20.3.23	Vandar	QL.
Date	HOD B Voc (MLMDT)	Principal Principal

#### S,D,COLLEGE, BARNALA



SECTION I S.D. College, RANAL
Mandoch Valla
Regd No. 114-2.02.0 - 846 son of /daughter of Sh. Glustej Singh residing at 10 dhpur Bou halastate Punjab Who has produced evidence before me that He/She is entitled to receive the Practical
residence to the bur Bay relative Publish
Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC
New Delbi.
Date 6 1:23 HOD Principal & Concincional
B Voc (MLMDT) S.D. College, Barristincipal S.D. College, BARNALA
Section II
1 Handeek Kaur accept Rasdeek Singh of A are lab
(Name of training and agree to obey and respect him/her during the entire period of my training.
Handey Kaus
Section III
1 Raydelf South accept Handelf 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 knowing of seconds related to alleged by the least to be a second or a second
Working knowledge of keeping of records related to clinical laboratory.     Practical Experience in,
a) Sample collection, processing and preservation.     b) Precautions to be taken in clinical laboratory
c) Hematological analysis.
d) Biochemical analysis of various samples.
e) Microbiological analysis of samples.  A-One Lab
[12] 전경 [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]
I also agree that a trained technologist shall be assigned for his/her guidales Chowk, Opp. Aviar Hospital,
(Apprentice Master)
Section IV Name and address of/Institution
- Mandoch Kom
I certify that Mandelf Kaus has undergone Colyhours training spread over 12.00 months in accordance with details enumerated To let the tri
Opp. Avtar Hospital
Head of the Training Histitution
I certify that Mandeep Karry has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules
non ode new benn.
Date 20:3:23 Vandor
HOD Principal Principal
S.D.College, Barralactical
S.D. College, BARNALA



This form has been issued to Mr./Ms. HOLLON KAUS S.D. College
111-1000 822 constant Tablis single
Regd.No. 114 2010 - 0.53 Son of /daughter of Sh. July 201
Regd.No. 114-2020-833 Son of /daughter of Sh. Jagsir Single residing at Baynala State Panjab Who has produced evidence before me that He/She w 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 Principal QL
B Voc (MLMDT) S.D. College, Barnell Time (2) all S.D. College, BARNALA
Section II
1 Haylen Kaux occept Dr. Hayi'rder Kaux of Civil Hayatal
(Name of Student) (Name of Trainer)  Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.
+ Koull
Section III
(Name of Trainer) (Name of Student)  Him/her training facilities in my organization so that during his/her training he/she may acquire:-
1. Working knowledge of keeping of records related to clinical laboratory.
Practical Experience in,     Sample collection, processing and preservation.
b) Precautions to be taken in clinical laboratory
c) Hematological analysis. d) Biochemical analysis of various samples.
e) Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance.
(Apprentice Master)
Section IV
I certify that Haileen Kaus has undergone 18.0 h hours training spread over TLXR months in accordance with details enumerated in section III
Head of the Fraining Institution
Section V
I certify that Hasteen Kaus 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. Vaula
HOD B Voc (MLMDT)  S.D.College, Barnat Frincipal S.D. College, BARNALA



	C.D. Callege
This form has been issued to Mr./Ms Ashpeet Ka	S.D. College,
This form has been issued to Mr./Ms. ABSTUDELL REE	A divat
Regd No. 114-2020 - 827 Son of /daughter of Sh. Amar	year einger
residing at Naiwala, Barnala state Rinjah Who has produced evidence before me that He/She is entitled Training as per ordinances framed by Punjabi University, Patiala,	d to receive the Practical
New Delhi.	Olan
Date 16-1-2-3 AHOD	Principal Principal
B Voc (MLMDT)	S.D. College, Barnal BARNALA
Section II	
1. Aushpuset Kaun accept Dr. Hayfirder Kaur of Lis	vil Hospital
(Name of Student) (Name of the Hospital / Laboratory) as training and agree to obey and respect him/her during the entire	my trainer for the above period of my training.
	Aushpreet Kaur
Section III	
1 Dv. Hayinder Kowaccept Aushpreet Kour as a trainee at (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his acquire:-	s/her training he/she may
1. Working knowledge of keeping of records related to clinical lat 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.	beratory.
I also agree that a trained technologist shall be assigned for his	/Hef guidance.
	Hay de Carly (Apprentice Master) te and address of Institution
Section IV	at Contrib
I certify that Aushpucet Kaun has undergo spread over Tive Comonths in accordance with details enume	gone AD hours training crated in section III
Head	and the Training Institution
A . I I Suri	ted in all respect his/her
from UGC New Delhi.	
Date 20.3.23 Vandar	60
Date	Principal Principal
B Vac (MLMDT)	S.D. College, Barna Brincipal



Regd. No. 114-2026-838 son of daughter of Sh. Ravinder Singh
This form has been issued to Mr./Ms. Janan and Committee Court
Regd. No. 14-26) 6-838 Son of /daughter of Sh. Kavinder Olyce
residing at Bruehala state Runjah
Who has produced evidence before me that He/She's entitled to receive the Practical
Training as per ordinances framed by Punjabi University, Patiala, under the rules from out
New Delhi.
Date 16:1:2-3. HOD Principal
B Voc (MLMDT)  S.D. College, Barnera S.D. College, BARNAL
Section II
Washanjot Kaun accept Rakesh Kuman or Samaj Senia
(Name of Trainer)
Labora tony (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 kaun
Section III
Rukesh Kumunccept Jashonjat Kaluns 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,
Sample collection, processing and preservation.     Precautions to be taken in clinical laboratory
c) Hematological analysis.
d) Biochemical analysis of various samples. e) Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance.
V 0 1 6 1
(Alpha hibb Moster)
Name and address of Institution
Section IV
I certify that Jashanjof K has undergone (80% hours training spread over 2 months in accordance with details enumerated in section III
spread over
nead of the tradetic the Daution
Section V MBM KALAN M 8580-20713
I certify that Jashanje f Kann has completed in all respect his/her
practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
20.3.23 Vandy
Date Principal & C
8 Voc (MLMDT) S.D.College, BariPylincipal
S.D. College, BARNALA



	SECTIONA	S.D. College, SARMALA
This form has been issued to Mr./Ms	savandeep	caus
This form has been issued to Mr./Ms Regd No. 114-2020-853 Son	of /daughter of Sh(C	egtar singh
who has produced evidence before Training as per ordinances framed to New Delhi.	a) State NUMBED	tled to receive the Practical
(Name of Student) (Name of the training and agree to obey and resp	(Name of Trainer) Hospital / Laboratory) a sect him/her during the ent	s my trainer for the above
		Sovardup Fay
	Section III	The state of the s
(Name of Trainer) (Name o Him/her training facilities in my o acquire:-		his/her training he/she may
Working knowledge of keeping of 2. Practical Experience in,     Sample collection, processing a b) Precautions to be taken in clinic; Hematological analysis.     Biochemical analysis of various b) Microbiological analysis of same	and preservation. ical laboratory s samples.	laboratory.
I also agree that a trained technol	1 2	(Apprentice Master)
	Section IV	- Colo
I certify that	dub Koux has und	ergone .120. hours training
	Section V	of the Training Institution
I certify thatSavande practical training as per ordinanc from UGC New Delhi.	ep Kaur has come	Prop.   pleted in all respect his/her persity, Patiala, under the rules
Date 20:3:23	ander	26/
HOD B Voc	(MLMDT)	S.D. College, BarRelecipal S.D. College, BARNALA