

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

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

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



Principal
S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Harman Preet Kaur

Regd.No. 114-2020-835 Son of /daughter of Sh. Jagseer Singh

residing at Ruweke Kalan State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...3/8/2021.....

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

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

Harmanpreet Kaur
Student

Section III

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

Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

Dr. Harjinder Kaur
Head of the Training Institution

Section V

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

Date...9/7/21.....

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Mukesh Jindal S.D. C
 Regd.No. 114-2020-862 Son of / daughter of Sh. Bipin Kumar Jindal
 residing at Barnala State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....13/7/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

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

Section II

I, Mukesh Jindal accept Dr. Harjinder Kaur of CIVIL HOSPITAL
 (Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Mukesh Jindal
 Student

Section III

I, Mukesh Jindal accept Mukesh Jindal as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

[Signature]
 Head of the Training Institution

Section V

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

Date.....20/8/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Jashanjot kaur
Regd.No. 114-2020-838 Son of /daughter of Sh. Ravinder Singh
residing at Mehal kalan State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 28/7/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

I, Jashanjot Kaur accept Rakesh Kumar of Eislu Computers Ltd
(Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Jashanjot kaur
Student

Section III

I, Rakesh Kumar accept Jashanjot kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

Rakesh Kumar
EISLU Computerised Lab
(Apprentice Master)
Name and address of Institution

Section IV

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

Rakesh Kumar
EISLU Computerised Lab
Head of the Training Institution

Section V

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

Date 30/8/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

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



SECTION I

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

Regd.No. 114-2020-861 Son of /daughter of Sh. Krishan Kumar

residing at Mandi kalan State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 2/8/21

Nodal Officer
B Voc (MLMDT)

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

Section II

I, Mohit (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Mohit
Student

Section III

I, Dr. Harjinder Kaur (Name of Trainer) accept Mohit (Name of Student) as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

(Apprentice Master)
Name and address of Institution

Section IV

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

Head of the Training Institution

Section V

I certify that Mohit 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 6/9/21

Nodal Officer
B Voc (MLMDT)

Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Indeepal Kaur S.D. College, Barnala

Regd.No. 114-2020-836 Son of /daughter of Sh. Ikbal Singh

residing at Manisa State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 13-7-21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Indeepal Kaur..... accept Dr. Harjinder Kaur of..... Civil hospital
(Name of Student) (Name of Trainer)
Barnala..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Indeepal Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Indeepal Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

[Signature]
ਮੇਮ. ਡੀ. ਪੈਕਲੋਨੀ
(Apprentice Master)
Name and address of Institution

Section IV

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

[Signature]
ਮੇਮ. ਡੀ. ਪੈਕਲੋਨੀ
Head of the Training Institution

Section V

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

Date 20-8-21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

Regd.No. 114-16-901 Son of /daughter of Sh. Baljit Singh

residing at Sanghera State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 28/7/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

[Signature]
 Principal
 S.D. College, BARNALA

Section II

I. Preet Kaur accept Balwinder Singh Deep Hebraty of [Signature]

(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.

Preet Kaur
 Student

Section III

I. Balwinder Singh accept Preet Kaur as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-

(Name of Trainer) (Name of Student)

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.

Deep Computerised Lab.
[Signature]
 Name and address of Institution

Section IV

I certify that Preet Kaur has undergone 170 hours training spread over one months in accordance with details enumerated in section III

Deep Computerised Lab.
[Signature]
 Head of the Training Institution

Section V

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

Date 30/8/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

[Signature]
 Principal
 S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Aashpreet Kaur S.D. College, Barnala
Regd.No. 114-2020-828 Son of /daughter of Sh. Amsik Singh,
residing at Dhanaula State Punjab.

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from 1960 New Delhi.

Date 28/7/21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Aashpreet Kaur accept Balwinder Singh as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.
(Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory)

Aashpreet Kaur
Student

Section III

Balwinder Singh accept Aashpreet Kaur as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-
(Name of Trainer) (Name of Student)

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.

Deep Computerised Lab.
Approving Master
Name and address of Institution

Section IV

I certify that Aashpreet Kaur has undergone 170 hours spread over one months in accordance with details enumerated in Section III.

Deep Computerised Lab.
[Signature]
Head of the Training Institution

Section V

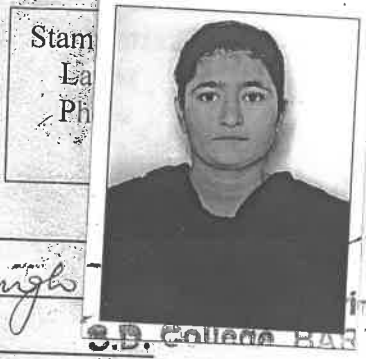
I certify that Aashpreet Kaur has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 30/8/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Jaspreet Kaur
 Regd.No. 114-2020-842 Son of / daughter of Sh. Pargat Singh
 residing at Pharwahi State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 12/7/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

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

Section II

I, Jaspreet Kaur (Name of Student) accept Balwinder Singh (Name of Trainer) of Deep Laboratory (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
 Student

Section III

I, Balwinder Singh (Name of Trainer) accept Jaspreet Kaur (Name of Student) as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

I certify that Jaspreet Kaur has undergone 170 hours training spread over one months in accordance with details enumerated in section I.

[Signature]
 Head of the Training Institution

Section V

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

Date 20/8/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

[Signature]
 Principal
 S.D. College, BARNALA

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



Principal
S.D. COLLEGE, BARNALA

SECTION I

This form has been issued to Mr./Ms. Navajampreet Kaur
Regd.No. 114-16-1209 Son of /daughter of Sh. Yadwinder Singh
residing at Bhanaula State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 28/7/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

I, Navajampreet Kaur accept Balwinder Singh of Deep Computerised Lab
(Name of Student) (Name of Trainer)
..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Navajam
Student

Section III

I, Balwinder Singh accept Navajampreet Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

Deep Computerised Lab.
Bhanaula
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Navajampreet Kaur has undergone 170 hours training spread over one months in accordance with details enumerated in section

Deep Computerised Lab.
Bhanaula
Head of the Training Institution

Section V

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

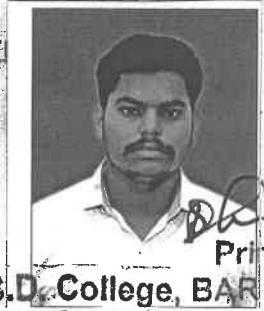
Date 30/8/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB T



SECTION I

This form has been issued to Mr./Ms. Prem Singh S.D. College, BARN
Regd.No. 114-2020-1025 Son of /daughter of Sh. Ram Bahadur Singh

residing at Barnala State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date, 01/07/2021

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I Prem Singh accept SHIV PAL of JANTA LABORATORY
(Name of Student) (Name of Trainer)
BARNALA (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Prem Singh
Student

Section III

I SHIV PAL accept Prem Singh as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

I also agree that a trained technologist shall be assigned for his/her guidance
Name and address of Institution
Janta Computerised barnala
Ram Bagh Road, Shanti Hall Gate
Shop No. 2, Shivam Swe
BARNALA-148 01 (P.H.)
mob 96576-98878 94635
(Apprentice Master) [Signature]
02/7/20

Section IV

I certify that Prem Singh has undergone 100 hours training
spread over one months in accordance with details enumerated in section III
[Signature]
Head of the Training Institution
Janta Computerised barnala
Ram Bagh Road, Shanti Hall Gate
Shop No. 2, Shivam Swe
BARNALA-148 01 (P.H.)
mob 96576-98878 94635

Section V

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

Date, 2/July/21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

S.D. COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECH



SECTION I

This form has been issued to Mr./Ms. Vachitar Singh S.D. College, BARNALA
Regd.No. 114-2020-868 Son of / daughter of Sh. Lukhdev Singh
residing at Bihla State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 13-7-21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I Vachitar Singh accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
(Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Vachitar Singh
Student

Section III

I Dr. Harjinder Kaur accept Vachitar Singh as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date 20-8-21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Sandish Mittal S.D. College, Barnala

Regd.No. 114-2020-866 Son of /daughter of Sh. Prem chand

residing at Barnala State Punjab.

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 26/5/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

I Sandish Mittal accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

I Dr. Harjinder Kaur accept Sandish Mittal as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

[Signature]
(Apprentice Master)

Name and address of Institution

Section IV

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

[Signature]
Head of the Training Institution

Section V

I certify that Sandish Mittal 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 6/7/21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



Princi
BARNAL

SECTION I

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

Regd.No. 114-2020-832 Son of /daughter of Sh. Santokh Singh

residing at Barnala State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 3/6/2021

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Gussimranpreet Kaur accept Dr. Harjinder Kaur of CIVIL HOSPITAL
(Name of Student) (Name of Trainer)

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

Gussimranpreet
Student

Section III

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

Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

[Signature]
Name and address of Institution

Section IV

I certify that Gussimranpreet Kaur has undergone 70 hours training spread over one months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

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

Date 6/7/2021

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Simran Kaur
Regd. No. 114-2020-855 Son of / daughter of Sh. Gursewak Singh
residing at Bhucho Kalan State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Date 3/6/21
Nodal Officer
B Voc (MLMDT)
Principal
S.D. College, BARNALA
S.D. College, Barnala

Section II

I, Simran Kaur accept Rohini Kumar of EISHU Compulsured Lab
(Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Simran Kaur
Student

Section III

I, Rohini Kumar accept Simran Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

Rohini Kumar
(Apprentice Master)

Name and address of Institution
EISHU Compulsured Lab

Section IV

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

Rohini Kumar
Head of the Training Institution

Section V

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

Date 9/7/21

Wade
Nodal Officer
B Voc (MLMDT)

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

S.D. COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECH



SECTION I

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

Regd. No. 114-2020-240 Son of /daughter of Sh. Gurmeet Singh

residing at Sangrur State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from New Delhi.

Date 26/5/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

I, Jaspreet Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Jaspreet Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Jaspreet Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

I certify that Jaspreet Kaur has undergone 100 hours training spread over One months in accordance with details enumerated in section III

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

Section V

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

Date 20/8/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Mandeep Kaur
Regd.No. 114-2020-846 Son of /daughter of Sh. Gurtej Singh
residing at Jodhpur State Punjab.

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 26/5/21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I... Mandeep Kaur... accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
... Barnala... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Mandeep Kaur
Student

Section III

Dr. Harjinder Kaur accept Mandeep Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during h/s/her training: he/she may acquire:-

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date: 7/6/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECH



SECTION I

This form has been issued to Mr./Ms. Vishal Kumar

Regd.No. 114-2020-871 Son of /daughter of Sh. Sabindra Pardit

residing at Handiaya State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...24/5/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

I, VISHAL KUMAR..... accept DR. HARJINDER KAUR of CIVIL HOSPITAL,
(Name of Student) (Name of Trainer)
BARNALA..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

I, Dr. Harjinder Kaur accept Vishal Kumar..... as a trainee and I agree to give
(Name of Trainer) (Name of Student)
him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

I certify that Vishal Kumar.....has undergone 180 hours training spread over 06.....months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

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

Date...24/7/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

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



SECTION I

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

Who has produced evidence before me that He/she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 24/5/21
Nodal Officer: [Signature] B Voc (MLMDT)
Principal: [Signature] S.D. College, BARNALA

Section II

I, Ritika accept Dr. Harjinder Kaur Civil
(Name of Student) (Name of Trainer)
Hospital (Name of the Hospital/ Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Ritika
Student

Section III

I, Dr. Harjinder Kaur accept Ritika as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

I also agree that a trained technologist shall be assigned for his/her guidance.
[Signature]
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Ritika has undergone 180 hours training spread over 06 months in accordance with details enumerated in section III.
[Signature]
Head of the Training Institution

Section V

I certify that Ritika has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Date: 4/7/21
Nodal Officer: [Signature] B Voc (MLMDT)
Principal: [Signature] S.D. College, BARNALA

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



SECTION I
 This form has been issued to Mr./Ms. Ashpreet Kaur S.D. College, Barnala
 Regd.No. 114-2020-827 Son of /daughter of Sh. Amrajjeet Singh
 residing at Nainwala State Punjab
 Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 26/5/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

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

Section II
 I ASHPREET KAUR (Name of Student) accept DR. HARTINDER KAUR (Name of Trainer) of CIVIL HOSPITAL (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
 Ashpreet Kaur
 Student

Section III
 I Dr. Hartinder Kaur (Name of Trainer) accept Ashpreet Kaur (Name of Student) as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

I also agree that a trained technologist shall be assigned for his/her guidance.
[Signature]
 (Apprentice Master)
 Name and address of Institution

Section IV
 I certify that Ashpreet Kaur has undergone 120 hours training spread over 06 months in accordance with details enumerated in section III.
[Signature]
 Head of the Training Institution

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

Date 2/7/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

[Signature]
 Principal
 S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Harmandeep Kaur
Regd.No. 114-2020-834 Son of /daughter of Sh. Kulwant Singh
residing at Kothe Daulat (Hdy) State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical
Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC
New Delhi.

Date... 3/6/21...

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

Section II

Harmandeep Kaur accept Mantosh Jindal of Jindal Computerised
(Name of Student) (Name of Trainer) Laboratory
(Name of the Hospital / Laboratory) as my trainer for the above
training and agree to obey and respect him/her during the entire period of my training.

Harmandeep Kaur
Student

Section III

Mantosh Jindal accept Harmandeep Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/Her training facilities in my organization so that during his/her training he/she may
acquire:-

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

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

[Signature]
(Apprentice Master)
Name and address of the organization
Jindal Computer Laboratory
Handiaya

Section IV

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

[Signature]
Head of the Training
Jindal Computer Laboratory
Handiaya

Section V

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

Date... 6/7/21...

[Signature]
Nodal Officer
B.Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Narpreet Kaur
Regd.No. 114-2020-848 Son of /daughter of Sh. Paramjeet Singh
residing at Thullival State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 24/5/21

[Signature]
Nodal Officer
B-Voc (MLMDT)

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

Section II

I, Narpreet Kaur..... accept DR. Harjinder Kaur..... C.I.W.I. Hospital
(Name of Student) (Name of Trainer)
Barnala..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Narpreet Kaur
Student

Section III

Dr. Harjinder Kaur accept Narpreet Kaur..... as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date: 24/7/21

[Signature]
Nodal Officer
B-Voc (MLMDT)

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

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



SECTION I

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

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 26/5/21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Sahil Goyal (Name of Student) accept Dr. Harjinder Kaur of Civil Hospital (Name of Trainer) Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Sahil Goyal
Student

Section III

Dr. Harjinder Kaur (Name of Trainer) accept Sahil Goyal (Name of Student) as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date: 27/7/21

[Signature]
11/11/21

[Signature]

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



SECTION I

This form has been issued to Mr./Ms. Lakhveer Kaur
Regd.No. 114-2020-845 Son of / daughter of Sh. Gurmeet Singh
residing at Dhankot State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from New Delhi.

Date: 26/5/21

[Signature]
Nodal Officer
B'Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

Section II

I, Lakhveer Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Lakhveer Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Lakhveer Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

Dr. Harjinder Kaur
Head of the Training Institution

Section V

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

Date: 21/7/21

[Signature]
Nodal Officer

[Signature]
Principal
S.D. College, Barnala

S.D. COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECH



SECTION I

This form has been issued to Mr./Ms. Harleen Kaur Taggar
Regd. No. 114-2020-833 Son of /daughter of Sh. Jagsin Singh Taggar
residing at Barnala State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 28/2/21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I Harleen Kaur Taggar accept Dr. Harinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

I Dr. Harinder Kaur accept Harleen K. Taggar as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

I certify that Harleen K. Taggar 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: 30/8/21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Santosh Kumar
Regd.No. 114-2020-867 Son of / daughter of Sh. PRABHAKAR KUMAR YADAV
residing at Handiaya State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 28/7/21

[Signature]
Nodal Officer
B-Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

I Santosh Kumar accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Santosh Kumar
Student

Section III

I Dr. Harjinder Kaur accept Santosh Kumar as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date: 20/8/21

[Signature]
Nodal Officer
B-Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Pinky Singh **S.D. College, BARNALA**

Regd.No. 111-2019-192 Son of /daughter of Sh. Vijay Singh

residing at Barnala State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...13/7/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

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

Section II

I...Pinky Singh..... accept Dr. Harjinder Kaur of Civil hospital
 (Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
 Student

Section III

Dr. Harjinder Kaur accept Pinky Singh as a trainee and I agree to give
 (Name of Trainer) (Name of Student)
 Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

Section V

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

Date...18/8/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

[Signature]
 Head of the Training Institution
 Principal
 S.D.College, Barnala

Principal
 S.D. College, BARNALA

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



SECTION I

This form has been issued to Mr./Ms. Manpreet Kaur
Regd.No. 114-2020-847 Son of /daughter of Sh. Sukhwinder Singh
residing at Handiaya State Punjab.

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 13/7/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

I, Manpreet Kaur accept Dr. Harjinder K. of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Manpreet Kaur
Student

Section III

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date 18/8/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Suman Sharma
Regd.No. 114-2020-856 Son of / daughter of Sh. Bhagirath Sharma
residing at Barnala State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 26/5/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

I Suman Sharma accept Dr Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

I Dr Harjinder Kaur accept Suman Sharma as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date 13/7/21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 28/5/21

Nodal Officer
B Voc (MLMDT)

Principal
S.D.College, Barnala

Section II

I. Ramandeep Sharma accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Student

Section III

I. Dr. Harjinder Kaur accept Ramandeep Sharma as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

(Apprentice Master)
Name and address of Institution

Section IV

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

Head of the Training Institution

Section V

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

Date: 13/7/21

Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Gurjeet Singh
Regd.No. 114-2020-859 Son of /daughter of Sh. Charanjit Singh
residing at Machhike State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 13/7/21

Nodal Officer
B-Voc (MLMDT)

Principal
S.D. College, Barnala

Section II

I, Gurjeet Singh accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Student

Section III

Dr. Harjinder Kaur accept Gurjeet Singh as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

(Apprentice Master)
Name and address of Institution

Section IV

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

Head of the Training Institution

Section V

I certify that Gurjeet Singh has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Date 18/8/21

Nodal Officer
B Voc (MLMDT)

Principal
S.D. College, Barnala

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



SECTION I

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

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 13/7/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, BARNALA

Section II

I Savandeep Kaur accept Rakesh Kumar of Eishu computerised Laboratory
(Name of Student) (Name of Trainer) of (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

I Rakesh Kumar accept Savandeep Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

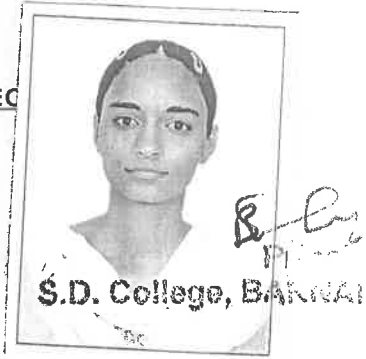
I certify that Savandeep Kaur has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 18/8/21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Shabnam Dhariesar
Regd.No. 114-2020-854 Son of /daughter of Sh. Jasvir Singh
residing at Pakho-Kalan State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 28/7/21

Nodal Officer
B Voc (MLMDT)

Principal
S.D. College, BARNALA

Section II

I, Shabnam Dhariesar accept Rakesh Kumar of Eishu Computerised Laboratory (Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Student

Section III

I, Rakesh Kumar accept Shabnam Dhariesar 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

I certify that Shabnam Dhariesar has undergone hours training spread over months in accordance with details enumerated in section III

Head of the Training Institution

Section V

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

Date: 31/8/21

Nodal Officer
B Voc (MLMDT)

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

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



SECTION I


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

Regd.No. 114-2020-843 Son of / daughter of Sh. Gurtej Singh

residing at Barnala State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

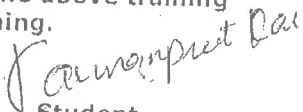
Date. 28/7/21


Nodal Officer
B Voc (MLMDT)


Principal
S.D. College, Barnala

Section II

I, Karmanpreet K (Name of Student) accept Rakesh Kumar (Name of Trainer) of Eishu computerised laboratory (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.


Student

Section III

I, Rakesh Kumar (Name of Trainer) accept Karmanpreet K (Name of Student) as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

Rakesh Kumar
(Apprentice Master)
Name and address of Institution

Section IV

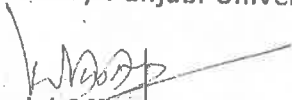
I certify that Karmanpreet K has undergone hours training spread over months in accordance with details enumerated in section III


Rakesh Kumar
Head of the Training Institution

Section V

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

Date. 31/8/21


Nodal Officer
B Voc (MLMDT)


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

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



SECTION I

This form has been issued to Mr./Ms. Shanty
Regd. No. 114-2019-1052 Son of /daughter of Sh. Jagjeer Singh
residing at Rampura Phul State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 19/7/21

[Signature]
Nodal Officer
B. Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

I, Shanty (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Shanty
Student

Section III

Dr. Harjinder Kaur (Name of Trainer) accept Shanty (Name of Student) as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

[Signature]
Apprentice Master
Name and address of Institution
[Address]

Section IV

I certify that Shanty has undergone 06 hours training spread over 01 months in accordance with details enumerated in section III.

[Signature]
Head of the Training Institution

Section V

I certify that Shanty 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: 25/8/21

[Signature]
Nodal Officer
B. Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Lovepreet Singh
 Regd.No. 114-2019-1054 Son of /daughter of Sh. Gurcharan Singh
 residing at Raisar, Barnala State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...19/7/21..

[Signature]
 Nodal Officer
 B Voc (MLMDT)

S.D. College, BARNALA

Principal
 S.D.College, Barnala

Section II

I...Lovepreet Singh accept Dr. Harjinder Kaur of Civil Hospital
 (Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Lovepreet Singh
 Student

Section III

I...Dr Harjinder Kaur accept Lovepreet Singh as a trainee and I agree to give
 (Name of Trainer) (Name of Student)
 Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

Harjinder Kaur
 (Apprentice Master)
 Name and address of Institution
 ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਮਿਡਲ ਹਸਪਤਾਲ, ਬਰਨਾਲਾ

Section IV

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

Dr. Gurjinder Kaur
 Head of Institution
 ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਮਿਡਲ ਹਸਪਤਾਲ, ਬਰਨਾਲਾ

Section V

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

Date...25/8/21..

[Signature]
 Nodal Officer
 B Voc (MLMDT)

[Signature]
 Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Dilpreet Singh
 Regd.No. 114-2019-1053 Son of /daughter of Sh. Sarshan Singh
 residing at Ghanauri Kalan State Punjab
 Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 19/7/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

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

Section II

I, Dilpreet Singh (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Civil Hospital (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
 Student

Section III

I, Dr. Harjinder Kaur (Name of Trainer) accept Mr. Dilpreet Singh (Name of Student) as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

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

Section V

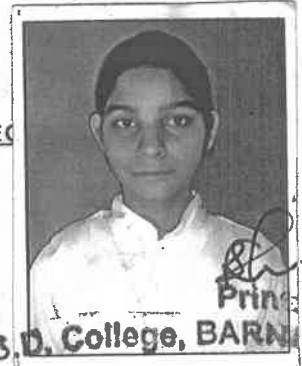
I certify that Dilpreet Singh has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 26/8/21

[Signature]
 Nodal Officer
 B Voc (MLMDT)

[Signature]
 Head of the Institution
ਪ੍ਰੋ. ਸ. ਡੀ. ਪੰਚੋਲੀ
 ਪੰਚੋਲੀ ਸਿਟ ਹਸਪਤਲ, ਬਰਨਾਲਾ
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr./Ms. Jaspreet Kaur
 Regd.No. 114-2016-1031 Son of /daughter of Sh. Davinder Pal Singh
 residing at Barnala State Punjab
 Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from New Delhi.

Date: 2/Aug/21

[Signature]
 Nodal Officer
 B Voc (MEMDT)

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

Section II

I, Jaspreet kaur..... accept Dr. Harjinder kaur of Civil Hospital
 (Name of Student) (Name of Trainer)
Barnala..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Jaspreet Kaur
 Student

Section III

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

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

Section IV

I certify that Jaspreet kaur..... has undergone 180 hours training spread over 06 months in accordance with details enumerated in section III

[Signature]
 Head of the Training Institution

Section V

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

Date: 6/ sept /21

[Signature]
 Nodal Officer
 B Voc (M.I.MDT)

[Signature]
 Principal
S.D. College, BARNALA

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



Principal
S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Hunish Kumar
Regd.No. 114-18-965 Son of /daughter of Sh. Sanjeev Kumar
residing at V.P.O Mehta State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 28.4.21

Nodal Officer
B Voc (MLMDT)

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

Section II

I, Hunish Kumar accept Ramandeep Brar of Mahabir Dal Charitable 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.

Student

Section III

I, Ramandeep Brar accept Hunish Kumar as a trainee and I agree to give (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

S.D. MAHABIR DAL HOSPITAL
(Apprentice Master)
Name and address of Institution
Near Panji Chowk, Bathinda
Ph. 0164-2215280

Section IV

I certify that Hunish Kumar has undergone 300 hours training spread over 2(1/2) months in accordance with details enumerated in section III

Head of the Training Institution
S.D. MAHABIR DAL HOSPITAL
Near Panji Chowk,
Ph. 0164 2215280

Section V

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

Date: 8.7.21

Nodal Officer
B Voc (MLMDT)

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

21/
PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECH



Principal
S.D. College, Barnala

SECTION I

This form has been issued to Mr./Ms. Varinder Singh
Regd.No. 114-18-967 Son of /daughter of Sh. Balveer Singh
residing at Barnala State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 30.1.21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

Section II

I Varinder Singh accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

I Dr. Harjinder Kaur accept Mr. Varinder Singh as a trainee and I agree to give him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

[Signature]
(Apprentice Master)
Name and address of Institution
Civil Hospital, Barnala

Section IV

I certify that Mr. Varinder Singh has undergone 300 hours training spread over 2 months months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution
Civil Hospital, Barnala

Section V

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

Date: 4/4/21

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Sandeep Kumar Tiwari

Regd.No. 114-18-966 ✓ Son of /daughter of Sh. Dharam Raj Tiwari

residing at Barnala State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 2-feb-2021

Nodal Officer
B Voc (MLMDT)

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

Section II

I SANDEEP KUMAR TIWARI accept DR. GEETIKA VERMA of GROVER HI-TECH
(Name of Student) (Name of Trainer)

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

Sandeep Kumar Tiwari
Student

Section III

I DR. GEETIKA VERMA accept SANDEEP KUMAR TIWARI 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

I certify that SANDEEP KUMAR TIWARI has undergone 360 hours training spread over TWO months in accordance with details enumerated in section III
(FROM 1.03.2021 TO 30.04.2021)

Head of the Training Institution

Section V

I certify that Sandeep Kumar Tiwari 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: 3.5.2021

Nodal Officer
B Voc (MLMDT)

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

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TEC



Principal
S.D. College, Barnala

SECTION I

This form has been issued to Mr./Ms. Vishal Srivastava

Regd.No. 114-18-968 Son of /daughter of Sh. Ramesh Kumar Srivastava

residing at Barnala State Punjab

Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 30.1.21

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I Vishal Srivastava accept Gurpreet Singh of Life Care
(Name of Student) (Name of Trainer)

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

Vishal
Student

Section III

I Gurpreet Singh accept Vishal Srivastava as a trainee and I agree to give
(Name of Trainer) (Name of Student)

Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

[Signature]
Life Care
(Apprentice Master)
Name and address of Institution
B.Sc.

Section IV

I certify that Vishal Srivastava has undergone 200 hours training spread over 2 (two) months in accordance with details enumerated in section III

Inside Dr. Partap Nursing Home,
Barnala-148101 (Pb.)
Life Care Laboratory

Head of the Training Institution

Section V

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

Inside Dr. Partap Nursing Home,
Barnala-148101 (Pb.)

Date 4.4.21

[Signature]
Nodal Officer
B Voc (MLMDT)

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