

TRAINING FORM



Section I

This form has been issued to Mr. Jashanpreet Singh Regd. No. 88782 son of Sh. Randhir Singh residing at Patti Rahike, Sangrur State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date. 2/01/2021

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, BARNALA

Section II

I Jashanpreet Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

[Signature]
Student

Section III

I Dr. Partap Singh accept Jashanpreet Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

[Signature]
(Apprentice Master)

Name and address of Institution

Section IV

I certify that Jashanpreet Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

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

Date. 2/01/21

[Signature]
Nodal Officer
B Voc (NHCST)


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



Section I

This form has been issued to Ms. Neha Chauhan Regd. No. 88773 daughter of Sh. Ashok Kumar Chauhan residing at Barnala State Punjab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...21/12/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

I Neha Chauhan accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.


Student

Section III

I Dr. Partap Singh accept Neha Chauhan as a trainee and I agree to give her training facilities in my organization so that during her training she may acquire:-


1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


(Apprentice Master)
Name and address of Institution
Regd. No. 19004
Partap Nursing Home,
Barnala, BARNALA

Section IV


I certify that Neha Chauhan has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Head of the Training Institution
Dr. Partap Singh
M.D. (N) 1984
Regd. No. 19004
Partap Nursing Home,
Barnala, BARNALA

Section V

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

Date...21/12/21.....


Nodal Officer
B Voc (NHCST)


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

S.D.COLLEGE, BARNALA


TRAINING FORM




Section I

This form has been issued to Mr. Dheeraj Kumar Regd. No. 88775 son of Sh. Ashok Kumar residing at Patti Road, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...2/1/2021.....


Nodal Officer
B Voc (NHCST)


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

Section II

I Dheeraj Kumar accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.


Dheeraj Kumar
Student

Section III

I Dr. Partap Singh accept Dheeraj Kumar as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-


1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handiaya Bazar BARNALA

Section IV

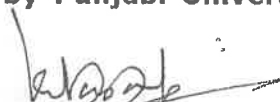
I certify that Dheeraj Kumar has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III



Head of the Training Institution
Regd. No. 19904
Partap Nursing Home
Handiaya Bazar BARNALA

Section V

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

Date...12/01/21.....


Nodal Officer
B Voc (NHCST)


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

S.D.COLLEGE, BARNALA

TRAINING FORM




Section I

This form has been issued to Mr. Gaurav Kumar Regd. No. 88776 son of Sh. Ram Jattan residing at Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date. 2/1/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

I Gaurav Kumar accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.



Student

Section III

I Dr. Partap Singh accept Gaurav Kumar as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-


1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handiava Bazar BARNALA

Section IV

I certify that Gaurav Kumar has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Head of the Training Institution
Partap Nursing Home
Handiava Bazar BARNALA

Section V

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

Date. 12/01/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

S.D.COLLEGE, BARNALA


TRAINING FORM



Section I

This form has been issued to Mr. Gaurav Rathor Regd. No. 88777 son of Sh. Ajay Rathor residing at Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...2/1/2021.....


Nodal Officer
B Voc (NHCST)


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

Section II

I Gaurav Rathor accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.


Student

Section III

I Dr. Partap Singh accept Gaurav Rathor as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


(Apprentice Master)
Name and address of Institution

Section IV


I certify that Gaurav Rathor has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Head of the Training Institution

Section V

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

Date...14/01/21.....


Nodal Officer
B Voc (NHCST)



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



Section I

This form has been issued to Mr. Gurpreet Singh Sidhu Regd. No. 88778 son of Sh. Bhura Singh residing at Handiaya, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...2/1/2021.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

I Gurpreet Singh Sidhu accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.



Student

Section III

I Dr. Partap Singh accept Gurpreet Singh Sidhu as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


Name and address of Institution

Section IV

I certify that Gurpreet Singh Sidhu has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Head of the Training Institution

Section V

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

Date...14/1/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala



Section I

This form has been issued to Mr. Gursharandeep Singh Regd. No. 88779 son of Sh. Balwinder Singh residing at Pharwahi, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....8/1/2021.....

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, Barnala

Section II

I Gursharandeep Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

[Signature]
Gursharandeep Singh
Student

Section III

I Dr. Partap Singh accept Gursharandeep Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

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

Section IV

I certify that Gursharandeep Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III

[Signature]
Dr. Partap Singh
(M.D.)
1990
Head of the Training Institution

Section V

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

Date.....12/1/21.....

[Signature]
Nodal Officer
B Voc (NHCST)


[Signature]
Principal
S.D. College, Barnala



Section I

This form has been issued to Mr. Jashanpreet Singh Regd. No. 88781 son of Sh. Bharpur Singh residing at Kalabula, Sangrur State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

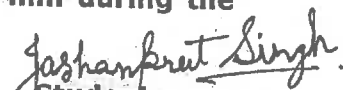
Date...9/1/2021.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

I Jashanpreet Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.


Student

Section III

I Dr. Partap Singh accept Jashanpreet Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


(Apprentice Master)
Name and address of Institution

Section IV


I certify that Jashanpreet Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Head of the Training Institution

Section V

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

Date...12/1/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala



Section I

This form has been issued to Mr. Lovepreet Singh Regd. No. 88785 son of Sh. Baljeet Singh residing at Tibba, Sangrur State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....2/1/2021.....


Nodal Officer
B Voc (NHCST)


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

Section II

I Lovepreet Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.



Student

Section III

I Dr. Partap Singh accept Lovepreet Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handa - Barnala

Section IV

I certify that Lovepreet Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Head of the Training Institution
Partap Nursing Home
Handa - Barnala

Section V

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

Date.....2/1/21.....


Nodal Officer
B Voc (NHCST)


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

S.D.COLLEGE, BARNALA
TRAINING FORM



Section I

This form has been issued to Mr. Parwinder Singh Regd. No. 88787 son of Sh. Sukhpal Singh residing at Kanbarwal, Sangrur State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....2/1/2021.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

I Parwinder Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.


Student

Section III

I Dr. Partap Singh accept Parwinder Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


(Apprentice Master)

Name and address of Institution

Section IV

I certify that Parwinder Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Head of the Training Institution

Section V

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

Date.....12/1/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala


S.D.COLLEGE, BARNALA
TRAINING FORM



Section I

This form has been issued to Mr. Lovepreet Singh Regd. No. 88784 son of Sh. Avtar Singh residing at Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...2/1/2021.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, BARNALA

Section II

I Lovepreet Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.


Student

Section III

I Dr. Partap Singh accept Lovepreet Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-


1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


(Apprentice Master)
Name and address of Institution

Section IV

I certify that Lovepreet Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III



Head of the Training Institution

Section V

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

Date...14/1/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, BARNALA

S.D.COLLEGE, BARNALA

TRAINING FORM




Section I

This form has been issued to Mr. Jaspreet Singh Regd. No. 88783 son of Sh. Dawinder Singh residing at Sehna, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 2/1/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

I Jaspreet Singh accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.



Student

Section III

I Dr. Partap Singh accept Jaspreet Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handwritten: Barnala

Section IV

I certify that Jaspreet Singh has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Head of the Training Institution
Partap Nursing Home
Handwritten: Barnala

Section V

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

Date 12/1/21


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala



Section I

This form has been issued to Ms. Jaspreet Kaur Regd. No. 88772 daughter of Sh. Mahinder Singh residing at Barnala State Punjab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 2/1/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

I Jaspreet Kaur accept Dr. Partap Singh of Partap Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.


Student

Section III

I Dr. Partap Singh accept Jaspreet Kaur as a trainee and I agree to give her training facilities in my organization so that during her training she may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.
2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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


(Apprentice Master)
Name and address of Institution

Section IV


I certify that Jaspreet Kaur has undergone 03 hours training spread over 01 weeks in accordance with details enumerated in section III


Head of the Training Institution

Section V

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

Date: 12/1/21.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala