Training Of Library & Information Science Dept. (session2021-2022)

10.1-6	No. Of Students Enrolled	Name Of Students
E.line Info. Science	02	1.Simranjit kaur 2.Tarsem Singh

(Det. of Lib & Tinf. Sc.)

Attested

Principal S.B. Coilege Barnala

14





सनातन धर्म कालेज, बरनाला

EGE, BARNALA

(Affiliated to Punjabi University, Patiala) Phone: 01679-230005 (O) Fax: 241505

Website: sdcollegeinstitutions.org

Email: sdcbnl@yahoo.com

1314 | P a g a

No. SDC(B)/2022/ (625)

Dated: 02.06.2022

To Whom It May Concern

It is certified that Simranjit Kaur D/o Sh. Naranjan Singh has attended three months (from 25.09.2021 to 24.12.2021) library training without any perks and allowances. During training his work and conduct was satisfactory.

ਕਾਲਜ, ਬਰਨਾਲਾ



सनातन धर्म कालेज, बरनाला

S.D. COLLEGE, BARNALA

(Affiliated to Punjabi University, Patiala)
Phone: 01679-230005 (O) Fax: 241505

Email sdcbnl@yahoo.com

Website :sdcollegeinstitutions.org

ISDC(B)/2022/ 16227

Dated: 23.05.2022

To Whom It May Concern

It is certified that Tarsem Singh S/o Sh. Jagroop Singh has attended three months (from 28.09.2021 to 27.12.2021) library training without any perks and allowances. During training his work and conduct was satisfactory.

S.No.	ROLL NO	Candidate Name
		PARNEET KAUR BHATHAL
1	19101	
2	19102	KARAN KUMAR
3	19103	ASHIMA AGGARWAL
4	19104	SIMRAN GROVER
5	19105	JASPREET SINGH
6	19106	EKAMJOT SINGH
7	19107	ASHIR SHARMA
8	19108	GURINDER SINGH
9	19109	HARMANPREET KAUR
10	19110	ISHU SHARMA
11	19111	KARAMJEET SINGH
12	19112	HARSHDEEP SINGH VIRE
13	19113	RAMINDERVEER SINGH
14	19114	SAMANPREET SINGH
15	19115	ROBINPREET KAUR
16	19116	NAVDEEP SINGH
17	19117	RAJKAMAL SINGH
18	19118	RISHAV GOYAL
19	19119	SHERRAL SHANDILYA
20	19120	GITANSHU DUTTA
21	19121	ARSHDEEP SINGH
22	19122	AMANDEEP KAUR
23	19123	HARLEEN KAUR

Incharge Nutrition and Health care

Principal S.D. College Barnala



SECTION I

This form has been issued to <u>Ms. Parneet Kaur Bhathal</u> Reg.No. <u>859104</u> D/o of <u>Sh. Jagseer Singh</u> residing at <u>Vikas Nagar Street no. 1. Barnaia</u> State <u>Puniab</u> 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 22 09/2021

Nedal Officer B Voc (NHCST) Principal S.D.College, Barnala

Section II

I Ms. Parnaet Kaur Bhathal 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.

Section III

I<u>Dr. Partap Singh</u> accept <u>Ms. Parneet Kaur Bhathal</u> as a trainee and I agree to give her training facilities in my organization so that during her 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 Ms. Parneet Kaur Bhathal has undergone <u>04</u> hours training spread over <u>02</u> Week in accordance with details enumerated in section III

(الاصرا99 ١١ ٥٠ ١١ مرا9 ١١٥)

Head of the Training Institution

Section V

I certify that <u>Ms. Parneet Kaur Bhathal</u> has completed in all respect her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.U.R? Jald

Nodal Officer B Voc (NHCST) Principal Principal

8.D. CSIR Gellegh Physics



SECTION I

This form has been issued to <u>Mr. Karan Kumar</u> Reg.No. <u>859114</u> S/o of <u>Sh. Rai Kumar</u> residing at <u>Street no. 03. Patti Road. Barnala</u> State <u>Punjab</u> 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 02 1 201

Nodal Officer B Voc (NHCST) Principal S.D. College, Barnala

Section II

I <u>Mr. Karan Kumar</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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 <u>Dr. Partap Singh</u> accept <u>Mr. Karan Kumar</u> 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.

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 <u>Mr. Karan Kumar</u> has undergone <u>04</u> hours training spread over <u>02</u> Week in accordance with details enumerated in section III

(04/09/2021 1011/09/2021)

Head of the Training Institution

Section V

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

Nodal Officer B Voc (NHCST) Singulage, Birnsla



SECTION 1

This form has been issued to Ms. Ashima Aggarwal Reg.No. 859107 D/o of Sh. Surinder Kumar residing at Opp. Rallway Station, Barnala State Puniab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabl University, Patiala, under the rules from UGC New Delhi.

Date 72 1 1011

Nedal Officer B Voc (NHCST) Principal D. Colleg^{Principal}ia S.D.College, Barnala

Section II

I Ms. Ashima Aggarwai accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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 <u>Dr. Partap Singh</u> accept <u>Ms. Ashima Aggarwal</u> as a trainee and I agree to give her training facilities in my organization so that during her 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 <u>Ms. Ashima Aqqarwal</u> has undergone <u>04</u> hours training spread over <u>02</u> Weak in accordance with details enumerated in section III (مورد المعلى) المعلى ال

Head of the Training Institution

Section V

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

Date 11 09 2021

Nodal Officer
B Voc (NHCST)

Principal Principal



SECTION I

This form has been issued to Ms. Simran Grover Reg.No. <u>859101</u> D/o of <u>Sh. Sarabilt Singh Grover</u> residing at <u>Shaktinagar</u>. <u>Street no.02</u>, <u>Balakhana Road</u>, <u>Barnala</u> State <u>Punjab</u> 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 9/9/2011

Nodal Officer B Voc (NHCST) Principal S.D.College, Barnala

Section II

I Ms. Simran Grover accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Student Kalle

Section III

I <u>Dr. Partan Singh</u> accept <u>Ms. Simran Grover</u> as a trainee and I agree to give her training facilities in my organization so that during her 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 <u>Ms. Simran Grover</u> has undergone <u>04</u> hours training spread over <u>03</u> Week in accordance with details enumerated in section III

(04/09/2021 to 11/07/2021)

Head of the Training Institution

Section V

I certify that <u>Ms. Simran Grover</u> has completed in all respect her practical training as per ordinances framed by Punjabi University, Patlala, under the rules from UGC New Delhi.

Date 11/09/2021

Nodal Officer B Voc (NHCST)

Principal Principal



SECTION I

This form has been issued to <u>Mr. Jaspreat Singh</u> Reg.No. <u>859116</u> S/o of <u>Sh. Ailt Singh</u> residing at <u>V.P.O. Moom. Barnala</u> State <u>Puniab</u> 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 02 09 221

Nodal Officer B Voc (NHCST) Principal Principal S.D. Collega, Barnala

Section II

I <u>Mr. Jaspreet Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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 <u>Dr. Partap Singh</u> accept <u>Mr. Jaspreet Singh</u> 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 Mr. Jaspreet Singh has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

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Head of the Training Institution

Section V

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

Date..!) / 19 / 202

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala



SECTION I

This form has been issued to Mr. Ekamiot Singh Reg.No. 859121 S/o of Sh. Parminder Singh residing at Krishna enclave. Sanghera 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 Daihi.

Date:2 1 204

Nodal Officer B Voc (NHCST)

S.B. Collegges Smale

Student

Section II

I <u>Mr. Ekamlot Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Section III

I <u>Dr. Partap Singh</u> accept <u>Mr. Ekamjot Singh</u> 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
Partar Nursing Home

Section IV

I certify that Mr. Ekamiot Singh has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

(LE-4 | PO | 10 0 | P | 16 0 | P | 1-)

Head of the Training Institution

Section V

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

Date NATIANI

Noda: Officer B Voc (NHCST)

Principal S.D. College, Barnala

S.D. Cellege, BARNAL



SECTION I

This form has been issued to Mr. Ashir Sharma Reg.No. 859107 S/o of Sh. Vineet Kumar Sharma residing at Street no. 01 Dhillon Nagar. 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 Deihi.

Date 12 1 2021

Nodal Officer B Voc (NHCST) Principal Principal S.D. College, Barnala

Section II

I <u>Mr. Ashir Sharma</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Section III

I <u>Dr. Partap Singh</u> accept <u>Mr. Ashir Sharma</u> 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 guidanca.

(Apprentice Master)
Name and address of Institution

Section IV

I certify that Mr. Ashir Sharma has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

(14/9/2021+11/09/2021)

Head of the Training Institution

Partar Nursia, Home

Section V

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

Date. 1 9 2-21

Nodal Officer B Voc (NHCST)

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



SECTION I

This form has been issued to Mr. Gurinder Singh Reg.No. 859119 S/o of Sh. Gurmeet Singh residing at <u>Rurake Khurd, Barnala State Puniab</u> 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 19

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

I <u>Mr. Gurinder Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

> Gunnall Student

Section III

I Dr. Partan Singh accept Mr. Gurinder 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 Partup Nord 1 1990

Section IV

Hanry d Olice I certify that Mr. Gurinder Singh has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

11/09/2021

Head of the Training Institution

Section V

I certify that Mr. Gurinder 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...!||@9

Nodel Officer B Voc (NHCST)

Principal Carp College, Barnala



SECTION I

This form has been issued to <u>Ms. Harmanpreet Kaur</u> Reg.No. <u>859105</u> D/o of <u>Sh. Kuldeep Singh</u> residing at <u>VPO Jodhpur.Barnala</u> State <u>Puniab</u> 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 01/09/201

Nodał Officer B Voc (NHCST) Principal Principalnaia S.D.College, Barnala

Section II

I Ms. Harmanpreet Kaur accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Homenhart How

Section III

I <u>Dr. Partap Singh</u> accept <u>Ms. Harmanpreet Kaur</u> as a trainee and I agree to give her training facilities in my organization so that during her 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 Ms. Harmanpreet Kaur_has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

(04/11/2021 to 11/09/2021)

Head of the Training Institution

Section V

I certify that Ms. Harmanpreet 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.!!/01/2021

Nodal Officer B Voc (NHCST)

Principal Principal

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR NUTRITIONIST



SECTION I

This form has been issued to Mr. Ishu Sharma Reg.No. 859117 S/o of Sh. Sukhwinder Kumar residing at V.P.O. Main Bazar. Shaina 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. 21 -1

Nodal Officer B Voc (NHCST)

S.D. College, Barnala

Section II

I <u>Mr. Ishu Sharma</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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 <u>Dr. Partap Singh</u> accept <u>Mr. Ishu Sharma</u> 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.

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 Mr. Ishu Sharma has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

[04/09/221 to 11/9/221)

Head of the Training Institution

Section V

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

Date 11 09 2021

Nodal Officer
B Voc (NHCST)

Principal Principal S.D. College, Barnala



SECTION I

This form has been issued to Mr. Karamiest Singh Reg.No. 859115 S/o of Sh. Mohinder Singh residing at Bhatthai Street, Barnaia 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 22 1 221

Nodal Officer B Voc (NHCST) Principal pal S.D. College, Barnala

Section II

I <u>Mr. Karamiest Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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 <u>Dr. Partap Singh</u> accept <u>Mr. Karamiect Singh</u> 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 Mr. Karamiest Singh has undergone <u>04</u> hours training spread over <u>02</u> Week in accordance with details enumerated in section III

(04/9/2021 to 11/09/2021)

Head of the Training Institution

Section V

I certify that Mr. Karamiest 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 11/09 / 2021

Nodal Officer
B Voc (NHCST)

Principel Barnai



SECTION I

This form has been issued to Mr. Harshdeep Singh Virk Reg.No. <u>859118</u> S/o of <u>Sh. Gurbark Singh Virk</u> residing at <u>Batakhana Road</u>. <u>Near Tarakshil Chowk</u>. <u>Barnala</u> State <u>Puniah</u> who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patlala, under the rules from UGC New Delhi.

Date. 22 / 21/2011

Nodal Officer B Voc (NHCST) S.D. college, Barnala

Section II

I <u>Mr. Harshdeep Singh Virk</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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 <u>Dr. Partap Singh</u> accept <u>Mr. Harshdeep Singh Virk</u> 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

Section IV

I certify that Mr. Harshdeep Singh Virk has undergone Q4 hours training spread over Q2 Week in accordance with details enumerated in section III

(04)9 (2061 to 149 / 2061)

Head of the Training Institution

Section V

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

Date...!\ 09/24}

Nodal Officer B Voc (NHCST)

Principal

S.D. College, carriela



SECTION I

This form has been issued to Mr. Raminderveer Singh Reg.No. 859111 S/o of Sh. Sukhpai Singh residing at VPO Joga. Distt. Mansa State Puniah 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 02 09/201

Nodal Officer B Voc (NHCST)

Principal S.D. Collega, Barnala

Section II

I <u>Mr. Raminderveer Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my

Ramindeller Soll Student

Section III

I <u>Dr. Partap Singh</u> accept <u>Mr. Reminderveer Singh</u> 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

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 Mr. Raminderveer Singh has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

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Head of the Training Institution

Section V

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

Date...!| 09/102)

Nodal Officer B Voc (NHCST)

Principal Principal Sarnala



SECTION I

This form has been issued to Mr. Samanpreet Singh Reg.No. 859109 S/o of Sh. Mahinder Singh residing at Vill. Kalabula, The, Dhuri, Diett. Sangrur State Puniab 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 1 121

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

I <u>Mr. Samanpreet Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Samanprest Sury

Section III

I_Dr. Partap Singh accept Mr. Samanpreet 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 <u>Mr. Samanpreet Singh</u> has undergone <u>04</u> hours training spread over <u>02</u> Week in accordance with details enumerated in section III

(04/9/2021 toll(09/2021)

Head of the Training Institution

Section V

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

Date 11/09/2021

Nodal Officer B Voc (NHCST)

Principal S.D. College Barnela

8.D. College, BARNALA



SECTION I

This form has been issued to Ms. Robingreet Kaur Reg.No. 859103 D/o of Sh. Lakhwinder Singh residing at VIII. Kalabula, The, Dhuri, Distt. Sangrur 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. 41 2011

Nodal Officer B Voc (NHCST) Principal S.D.College, Barnala

Student

Section II

I Ms. Robinpreet 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.

Section III

I<u>Dr. Partap Singh</u> accept <u>Ms. Robinpraet Kaur</u>as a trainee and I agree to give her training facilities in my organization so that during her 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 Ms. Robinpreet Kaur has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

(04/1/2021 to 11/09/2021)

Head of the Training Institution

Section V

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

Date 11 09 2021

Nodal Officer B Voc (NHCST)

Principality
S.D.Colley



SECTION I

This form has been issued to Mr. Navdeep Singh Reg.No. 859113 S/o of Sh. Bandhir Singh residing at Hakamwala, Mansa State Puniab who has produced evidence before me that he is entitled to receive the Practica! Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date. 12 9 1411

Nodel Officer B Voc (NHCST) Principal S.D. College, Barnala

Section II

I <u>Mr. Navdeen Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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<u>Dr. Partap Singh</u> accept <u>Mr. Navdeep Singh</u>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. Praparation 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 Mr. Navdeep Singh has undergone Q4 hours training spread over Q2 Week in (1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1/9 | 1

Head of the Training Institution

Section V

I certify that Mr. Navdeep 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 II PA 2021

Nodal Officer B Voc (NHCST)

8.0 Principal Principal



SECTION I

This form has been issued to Mr. Raikamal Singh Reg.No. 859112 S/o of Sh. Bhaqatpal Singh residing at Bhaini Patti. Sekha. Barnala State Punjah 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. 17 207

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

I <u>Mr. Raikamal Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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 <u>Dr. Partap Singh</u> accept <u>Mr. Raikamal Singh</u> as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire;-

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 Mr. Raikamal Singh has undergone <u>04</u> hours training spread over <u>02</u> Week in accordance with details enumerated in section III

(04/09/2021 + 11/09/2021)

Head of the Training Institution

Section V

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

Date.!! | 09 | 2921

Nodal Officer B Voc (NHCST)

8.D. College | Principal



SECTION I

This form has been issued to Mr. Rishav Goval Reg.No. 859110 S/o of Sh. Jiwan Kumar residing at Street no. 02. Near Geeta Bhawan. 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 Deihl.

Date #2 1 2021

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

I <u>Mr. Rishay Goval</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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 Mr. Rishav Goyal 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

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 Mr. Rishay Goval has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

04/09/2-21 +0 11/09/2021

Head of the Training Institution

Section V

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

Date 11 29 22

Nodal Officer B Voc (NHCST)

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



SECTION I

This form has been issued to Ms. Sherral Shandilya Reg.No. 859102 D/o of Sh. S. K. Bakshi residing at Street no. 3 K.C. Road, 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. 92/09/221

Nodal Officer B Voc (NHCST) Principal ala S.D.College, Barnala

Student

Section II

I Ms. Sherral Shandilva 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.

Section III

I <u>Dr. Partap Singh</u> accept <u>Ms. Sherral Shandliva</u> as a trainee and I agree to give her training facilities in my organization so that during her 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
Partag Vicsi & Rome

Section IV

I certify that Ms. Sherral Shandliva has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III (64/94/20) 11 (74/20)

Head of the Training Institution

Hamiltonal mar LadanALA

Section V

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

Date.11 99 1421

Nodal Officer
B Voc (NHCST)

Principal College, Barnata



SECTION I

This form has been issued to Mr. Gitanshu Dutta Reg.No. 859120 S/o of Sh. Sanleev Dutta residing at Rampura Phul. Distt. Bathinda State Puniab 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 | 9 | 1-22)

Nodal Officer B Voc (NHCST) Principal S.D. College, Barnala

Section II

I <u>Mr. Gitanshu Dutta</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Cilenthy Duty

Section III

I <u>Or. Partab Singh</u> accept <u>Mr. Gitanshu Dutta</u> 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 Mr. Gitanshu Dutta has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

(Mar 60 11 04 120x 16)

Head of the Training Institution

Section V

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

Date 11 09 2021

Nodal Officer B Voc (NHCST)

Principal Principal

8.D. Cosso College Barnala

Ser



SECTION I

This form has been issued to Mr. Arshdeep Singh Reg.No. 859123 S/o of Sh. Amrik Singh residing at Bhattal Road. Dhanaula, Distt. Barnala State Puniah 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 92 9 2001

Nodal Officer B Voc (NHCST) Principal 3.D. College, Barnala 5.D.College, Barnala

elightedo sim

Section II

I <u>Mr. Arabdeep Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Section III

I <u>Dr. Partap Singh</u> accept <u>Mr. Arshdeep Singh</u> 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 Mr. Arshdeep Singh has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III (44) 4/2021 10 11 (9) 2021

Head of the Training Institution

Section V

I certify that Mr. Arshdeep 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 [1] 9 2021

Nodal Officer B Voc (NHCST)

Principal rincipal

Mik



SECTION I

This form has been issued to <u>Ms. Amandeep Kaur</u> Reg.No. <u>859108</u> D/o of <u>Sh. Sukhwinder Singh</u> residing at <u>VPO Cheema. Jodhpur. Disti. Barnala</u> State <u>Punjab</u> 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 9 2021

Nodal Officer B Voc (NHCST)

S.D. College, Barnala

Section II

I Ms. Amandaep 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.

frande Vaus

Section III

I <u>Dr. Partap Singh</u> accept <u>Ms. Amandeep Kaur</u> as a trainee and I agree to give her training facilities in my organization so that during her 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

J. J.A

Section IV

I certify that <u>Ms. Amandeep Kaur</u> has undergone <u>04</u> hours training spread over <u>02</u> Week in accordance with details enumerated in section III

(04/9/2021 to 11/09/2021)

Head of the Training Institution

Section V

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

Date 11 09 2021

Nodal Officer
B Voc (NHCST)

8.D. Con College Harnala

موال



SECTION I

This form has been issued to Ms. Haeleen Kaur Reg.No. <u>859106</u> of <u>Sh. Gurwinder Singh</u> residing at <u>Batir Pattl. VPO Thullwal. Distt. Barnala</u> State <u>Puniah</u> 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 9 201

Nodal Officer B Voc (NHCST)

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

Section II

I Ms. Hacloen Kaur accept <u>Or. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Jarker kur Student

Section III

I <u>Dr. Partan Singh</u> accept <u>Ms. Hagieen Kaur</u> as a trainee and I agree to give her training facilities in my organization so that during her 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 Ms. Hacleen Kaur has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

(04)9[221 to 11/9 |2221)

Head of the Training Institution

Section V

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

Date...!! (4/202)

Nodal Officer B Voc (NHCST)

Principal

D. College Ballege Bal

Training data of students of Nutrition and Health Care (Sem 2)

S.No.	ROLL NO	Candidate Name
1	19101	PARNEET KAUR BHATHAL
2	19102	KARAN KUMAR
3	19103	ASHIMA AGGARWAL
4	19104	SIMRAN GROVER
5	19108	GURINDER SINGH
6	19110	ISHU SHARMA
7	19111	KARAMJEET SINGH
8	19112	HARSHDEEP SINGH VIRK
9	19119	SHERRAL SHANDILYA
10	19121	ARSHDEEP SINGH
11	19122	AMANDEEP KAUR
12	19123	HARLEEN KAUR

Nutrition and Health care

Attested

Principal S.D. College Barnala



SECTION I

This form has been issued to <u>Ms. Parneet Kaur Bhathal</u> Reg.No. <u>859104</u> D/o of <u>Sh. Jagseer Singh</u> residing at <u>Vikas Nagar Street no. 1. Barnala</u> State <u>Punjab</u> 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 07/4/202

Nodal Officer B Voc (NHCST)

Principal S.D.College, Barnala

Section II

I_Ms. Parneet Kaur Bhathal_accept <u>Dr. Partep Singh</u> of <u>Partep Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Section III

I<u>Dr. Partap Singh</u> accept <u>Ms. Parneat Kaur Bhathal</u>as a trainee and I agree to give her training facilities in my organization so that during her 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 prassure, 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

Partap Nursing Home Handbra Ballin w. R. ALA

Partap Nursing Home

I certify that <u>Ms. Parneet Kaur Bhathal</u> has undergone <u>06</u> hours training spread over <u>03</u> Week in accordance with details enumerated in section III

(1/4/2022 +0 13/04/2022)

Head of the Training Institution

Section V

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

Date 23/04/2021

Nodal Officer B Voc (NHCST) Principal Principal

Jili



SECTION I

This form has been issued to Mr. Karan Kumar Reg.No. 859114 S/o of Sh. Raj Kumar residing at Street no. 03. 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 =7/04/2012

Nodal Officer B Voc (NHCST) Principal Principal Sid. College, Barnalasia

Section II

I <u>Mr. Karan Kumar</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Section III

I <u>Dr. Partan Singh</u> accept <u>Mr. Karan Kumar</u> 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 Mr. Karan Kumar has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III

(09/04/22 + 22/4/2022)

Head of the Training Institution

Section Y

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

Date 25 -4/2-22

Notal Officer B Voc (NHCST)

Principal Barrala Coffe College Barrala

Six



SECTION I

This form has been issued to Ms. Ashima Aggarwal Reg.No. 859107 D/o of Sh. Surinder Kumar residing at Opp. Raliway Station. Barnala State Puniab 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.

Nodal Officer B Voc (NHCST)

o Principal mala S.D.College, Barnala

Student

Section II

I Ms. Ashima Aggarwal 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.

Section III

I <u>Dr. Partan Singh</u> accept <u>Ms. Ashima Aggarwal</u> as a trainee and I agree to give her training facilities in my organization so that during her 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

Regd. No. 19904

Regd. No. 19504

Section IV

Partep Nursing Flome I certify that Ms. Ashima Aggarwal has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III

Head of the Training Institution

Section V

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

Date 23 9 202

Nodal Officer B Voc (NHCST)

Principal: 2.D. College, Barriela



SECTION I

This form has been issued to Ms. Simran Grover Reg.No. 859101 D/o of Sh. Sarabiit Singh Grover residing at Shaktinagar, Street no.02, Bajakhana Road, Barnala State Puniab 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 Deihi.

Date 07/4/2012

Nodal Officer B Voc (NHCST) Principal S.D.College, Barnala

Section II

I<u>Ms. Simran Grover</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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 <u>Dr. Partap Singh</u> accept <u>Ms. Simran Grover</u> as a trainee and I agree to give her training facilities in my organization so that during her 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 Ms. Simran Grover has undergone <u>06</u> hours training spread over <u>03</u> Week in accordance with details enumerated in section III

(09/4/2022 + 23/04/2022)

Head of the Training Institution

Partap Nursing Hon

Section V

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

Date 23 -4/2022

Nodal Officer B Voc (NHCST)

8.D. Gellage

pal Principal



SECTIONI

This form has been issued to Mr. Gurinder Singh Reg.No. 859119 S/o of Sh. Gurmeet Singh residing at Rureke Khurd, Barnala State Puniab who has produced evidence before me that he is antitled to receive the Practical Training as per ordinances framed by Punjabl University, Patiala, under the rules from UGC New Delhi.

Date 07 14 201

Nodal Officer B Voc (NHCST)

icipal Principal S.D. College, Barnala

Section II

I Mr. Gurinder 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.

Gumbersia Student

Section III

I Dr. Partap Singh accept Mr. Gurinder 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

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 Mr. Gurinder Singh has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III

Head of the Training Institution M.D. KMEDJ

Section V

I certify that Mr. Gurinder 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

B Voc (NHCST)

Principal S.D. College, Bernala



SECTION I

This form has been issued to Mr. Ishu Sharma Reg.No. 859117 5/o of Sh. Sukhwinder Kumar residing at V.P.O. Main Bazar, Shaina State Puniab 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 Daihi.

Date 01/4/622

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

I Mr. Ishu Sharma 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 Mr. Ishu Sharma 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 Mr. Ishu Sharma has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III

04/2020-40 25/04/2022

Head of the Training Institution

Section Y

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

ΙеЧ Date.

> **Nodal Officer** B Voc (NHCST)

Principal S.D. College, Barnala

S.D. College, BARNALA



SECTION I

This form has been issued to Mr. Karamieet Singh Reg.No. 859115 S/o of Sh. Mohinder Singh residing at Bhatthai Street, Barnala State Puniab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabl University, Patiala, under the rules from UGC New Dalhi.

Date 07/4/122

Nodai Officer B Voc (NHCST)

Principal Principal male S.D. College, Barnala

Section II

I <u>Mr. Karamiest Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Kerennyers

Section III

I <u>Dr. Partan Singh</u> accept <u>Mr. Karamiect Singh</u> 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 Mr. Karamiset Singh has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III

(3/4/2022 +0 23/4/2022)

Head of the Training Institution

Section V

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

Date 23 4 2022

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala



SECTION I

This form has been Issued to <u>Mr. Harshdeep Singh Virk</u> Reg.No. <u>859118</u> S/o of <u>Sh. Gurnark Singh Virk</u> residing at <u>Bajakhana Road. Near Tarakshil Chowk. Barnala</u> State <u>Punjab</u> 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 of Want

Nodal Officer B Voc (NHCST) Principal S.D. College, Barnala

Section II

I Mr. Harshdeep Singh Virk 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<u>Dr. Partap Singh</u> accept <u>Mr. Harshdeep Singh Yirk</u> 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 Nursian Home

Section IV

I certify that Mr. Harshdeep Singh Virk has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III

(09/4/222-10 22)4/2022)

Head of the Training Institution

Section V

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

Date 23 04/2022

Nodal Officer B Voc (NHCST) Principal Principal Barnali

S.D.COLLEGE. BARNALA PRACTICAL TRAINING CONTRACT FORM FOR NUTRITIONIST



SECTION I

This form has been issued to Ms. Sharral Shandilya Reg.No. 859102 D/o of Sh. S. K. Bakshi residing at Street no. 3 K.C. Road. Barnala State Puniab 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 07 04 202

Nedal Officer B Voc (NHCST) S.D. College, Barnala

Section II

I Ms. Sherral Shandilva 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<u>Dr. Partab Singh</u> accept <u>Ms. Sherral Shandilya</u> as a trainee and I agree to give her training facilities in my organization so that during her 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

Handi va bazur L. RuALA

Section IV

I certify that Ms. Sherral Shandilva has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III

(9/4/2022 to 23/04/2022)

Head of the Training Institution

Section Y

I certify that <u>Ms. Sherral Shandliva</u> has completed in all respect her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 23 4 2022

Nodal Officer B Voc (NHCST)

S.D.College, Barrala

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR NUTRITIONIST



SECTION I

This form has been issued to Mr. Arshdeep Singh—Reg.No. 859123 S/o of Sh. Amrik Singh residing at Bhattal Road. Dhanaula, Distt. Barnaia State Puniab Who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabl University, Patiala, under the rules from UGC New Delhi.

Date *7 07 70)

Nodal Officer B Voc (NHCST) Principal Cipal S.D.College, Barnala ala

Section II

I <u>Mr. Arshdeep Singh</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> 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<u>Dr. Partap Singh</u> accept <u>Mr. Arshdeep Singh</u> 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.

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

Regd. rlo, 19904

Section IV

I certify that Mr. Arshdeep Singh has undergone <u>06</u> hours training spread over <u>03</u> Week in accordance with details enumerated in section III

(09/4/2022 to 23/4/2022)

Head of the Training Institution

Da Parta

Section V

I certify that Mr. Arshdeep 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 23 0 1 2022

Nodal Officer B Voc (NHCST) Principal

& D. College Barriale

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR NUTRITIONIST



SECTION I

This form has been issued to Ms. Amandeep Kaur Reg.No. 859108 D/o of Sh. Sukhwinder Singh residing at VPO Cheema, Jodhpur, Distt. 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 Dalhi.

Date 07 04 2022

Nodal Officer B Voc (NHCST)

cipal Principal S.D.College, Barnala

Section II

I Ms. Amandeen Kaur _accept Dr. Partan Singh of Partan Nursing Home as my trainer for the above training and agree to obey and respect him during the entire period of my training.

mander House

Section III

I Dr. Partap Singh accept Ms. Amendeep Kaur as a trainee and I agree to give her training facilities in my organization so that during her 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 Ms. Amandeep Kaur_has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III

Head of the Training Institution

Section V

I certify that Ms. Amandeep 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.25

Noda: Officer B Voc (NHCST)

Principal Principal S.D.College, Barnala

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR NUTRITIONIST



SECTION I

This form has been issued to <u>Ms. Haeleen Kaur</u> Reg.No. <u>859106</u> of <u>Sh. Gurwinder Singh</u> residing at <u>Battr Patti. VPO Thuliwal. Distt. Barnala</u> State <u>Puniab</u> Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Puniabi University, Patiala, under the rules from UGC New Delhi.

Date 7 20 20 20

Nodal Officer B Voc (NHCST)

Principal S.D.College, Barnala

Section II

I<u>Ms. Haeleen Kaur</u> accept <u>Dr. Partap Singh</u> of <u>Partap Nursing Home</u> as my trainer for the above training and agree to obey and respect him during the entire period of my training.

Section III

Student Harles Am

I<u>Dr. Partap Singh</u> accept <u>Ms. Haeleen Kaur</u>as a trainee and I agree to give her training facilities in my organization so that during her 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

Reul, No. 19904

Section IV

I certify that Ms. Haeleen Kaur has undergone <u>06</u> hours training spread over <u>03</u> Week in accordance with details enumerated in section III

-9/04/2022 to 23/04/2022)

Head of the Training Institution

Section V

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

Date 23 09 12027

Noda! Officer B Voc (NHCST) Principal
CS. College, Barnafa

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S.No.	Uni.R.No.	Candidate Name	Father Name	TOPIC
	787101	SARAH	RANJAY SINGH	A Project Report on Social media Marketing at Infowiz Software Solution
12	787102	RAVDEEP KAUR	JASPREET SINGH	A project report on Stress Management at Solitare Infosys
cu	787103	NAVNEET KAUR	GURTEJ SINGH	A Project Report on Personality and its impacts on group performance at solitare Infosys
4	787104	ISHIKA LAROIYA	RAKESH KUMAR	A Project Report on a Study on Self Management of the employees working at Solitare Infosys
ഗ	787105	HARMANPREET KAUR GURWINDER SINGH	GURWINDER SINGH	A Project Report on a study on Recruitement and selection at Solitare Infosys
တ	787106	AMANDEEP KAUR	JAGDEV SINGH	A Project Report on Job rotation and transfer in Solitare Infosys
7	787107	TUSHAR GOYAL	PARVEEN KUMAR	A Project Report on customer prefrence in online/offline advertising agency at Infowiz Software Solution
OD	787108	SARBJOT SINGH	RAGHVIR SINGH	A Project Report on Social media Marketing at Infowiz Software Solution
80	787109	RAHUL MITTAL	NARESH KUMAR	A Project Report on to study Job Satisfection among employees with refference to Infowiz Industry PV
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PUSHPINDERPAL SINGH	MALKEET SINGH	BEANT SINGH	JAGSEER SINGH	LAKHVIR SINGH	ANIL KUMAR SINGLA	RAVINDER KUMAR	RAVINDER KUMAR	SURESH KUMAR	VINOD SINGH	Father Name
A Project Report on Customer	A Project Report on Digital Ma	A Project Report on Awarenes	A Project Report on Web Adv	A Project Report on a study of	A Project Report on Increasing	A Project Report on Marketing strategy followed by Infowiz	A Project Report on Human R	A Project Report on a Study o	A Project Report on Search E	BBA III 6528
PUSHPINDERPAL SINGH A Project Report on Customer prefrence in online/offline advertising agency at Infowiz Software Solution	A Project Report on Digital Marketing in India at Infowlz a Software Solution	A Project Report on Awareness of Digital Marketing at Infowiz a Software solution	Advertising and Marketing at Infowiz a Software Solution	A Project Report on a study of performance measurement tooks for offline, and online marketing at Solitare Inf	A Project Report on Increasing Brand awareness and Marketing at Infowiz Software Solution	strategy followed by Infowiz	A Project Report on Human Resource Planning at Infowiz a Software Solution	idy on level of Employee satisfection at Infowiz	A Project Report on Search Engine Optimisation at Infowiz a Software Solution	
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A Project Report on A Study of Digital Marketing methods at Infowiz a software solution	A Project Report on to study of the Employee Loyalty at Infowiz a Software Solution	A Project Report on Email Marketing and SEO at Softiare Infosys	A Project Report on Management of Grievance at Infowiz a Software Solution	A Project Report on study of Employee retention at Infowiz Software Solution	A Project Report on to study Job Satisfaction at Solitare Infosys	A Project Report on Manpower Planning at Soliatre Infosys	A Project Report on a study on Employee motivation at Infowiz a Software Solution	
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A PROJECT REPORT

ON

Social media marketing

AT

INFOWIZ - A SOFTWARE SOLUTION

In The Fulfillment for the requirement of the degree of (BBA)



SUBMITTED TO-

Prof. Priyanka Baghla

Assistant professor[HOD]

Prof. Rachhpaul Singh

Dept. of business studies

SUBMITTED BY

Sarah

uni.Roll No.787101

B.B.A.6th semester,

PROJECT REPORT

ON

STRESS MANAGEMENT OF THE EMPLOYEES WORKING AT SOLITAIRE INFOSYS



Submitted in the fulfilment for the degree of BACHELOR OF BUSINESS ADMINSTRATION SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF

Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY

Ravdeep Kaur

BBA 6th Semester

Uni. Roll No.

PROJECT REPORT

ON

PERSONALITY AND ITS IMPACT ON GROUP PERFORMANCE AT (SOLITAIRE INFOSYS)



Submitted in the fulfilment for the degree of BACHELOR OF BUSINESS ADMINSTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF

Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY

Navneet Kaur

BBA 6th Semester

Uni. Roll No.

A PROJECT REPORT

On

"A STUDY ON SELF-MANAGEMENT OF THE EMPLOYEES WORKING"

AT

SOLITAIRE INFOSYS



In partial fulfillment of the requirements

For the degree of

BACHELOR OF BUSINESS ADMINISTRATION

(2019-2022)

UNDER THE GUIDANCE OF

Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY

Ishika Laroiya

B.B.A. 6TH SEMESTER

Uni. Roll No.- 787104



PUNJABI UNIVERSITY, PATIALA

PROJECT REPORT

ON

A Study on Recruitment & Selection At



Submitted In the fulfillment for the degree of

BACHELOR OF BUSINESS ADMINISTRATION

Session: 2019 - 2022



UNDER THE GUIDENCE OF

Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY

Harmanpreet Kaur

BBA 6th Semester

Uni. Roll No. -

PROJECT REPORT

ON

Job rotation and transfer at SOLITAIRE INFOSYS

Solitaire Simple Creative Infosys Incovative

In partial fulfillment of requirements

For the degree of

BACHELOR OF BUSINESS ADMINISTRATION

(2019-2022)

Submitted to:

Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

Submitted by:

Amandeep Kaur

B.B.A. 6th Sem.

Uni. Roll No. 787102



AFFILIATED TO: PUNJABI UNIVERSITY PATIALA

PROJECT REPORT

ON

Customer Preference in Offline/Online Advertising Agency

AT



Submitted In The Fulfillment for the degree of

BACHELOR OF BUSINESS ADMINSTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF

SUBMITTED BY:

Prof. priyanka baghla

TUSHAR GOYAL

Assistant professor (HOD)

BBA 6th semester

Prof. rachhpaul singh

UNI. Roll no.

Assistant professor

RESARCH PROJECT REPORT

ON

Social media marketing

AT



In The Fulfillment for the requirement of the degree of

BACHELOR OF BUSINESS ADMINISTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDENCE OF

Prof. Priyanka Baghla

Assistant professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor.

SUBMITTED BY:

Sarbjot Singh

UniversityRoll no- 787108

BBA 6TH Semester

Department of Business Studies

PROJECT REPORT

ON

JOB SATISFACTION AMONG EMPLOYEES WITH REFERENCE TO INFOWIZ INDUSTRY PVT. LTD



A training report submitted in partial fulfillment of the requirement for the degree of

BACHELOR OF BUSINESS ADMINISTRATION

(Session)

UNDER THE GUIDANCE OF:

Prof. Priyanka Baghla

(HOD-Dept. Of Management)

Prof. Rachhpaul Singh

Assistant Professor

Dept. of business studies

Submitted by:

Rahul Mittal

BBA - (SEM) 6th

Uni Roll No.:787109



Punjabi University Patiala

PROJECT REPORT

ON

ABSENTEEISM OF THE EMPLOYEES

AT



In The Fulfillment for the requirement of the degree of

BACHELOR OF BUSINESS ADMINISTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDENCE OF

SUBMITTED BY:

Prof. Priyanka Baghla

Pranav Gupta

Assistant professor (HOD)

University Roll no- 787110

Prof. Rachhpaul Singh

BBA 6TH Semester

Assistant Professor.

Department of Business Studies

RESEARCH PROJECT REPORT

ON

Search engine optimization (SEO)

AT



Submitted in the fulfillment for the degree of

BACHELOR OF BUSINESS ADMINSTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF

Prof. Priyanka baghla

Assistant Professor (HOD)

Prof. Rachhpaul singh

Assistant professor

Department of business studies

SUBMITTED BY

Ogesh singh

BBA 6th Semester

Uni. Roll No .: - 787111

Class Roll No. 6524

PROJECT REPORT

ON

A STUDY ON LEVEL OF EMPLOYEES SATISFACTION

AT



In The Fulfillment for the requirement of the degree of

BACHELOR OF BUSINESS ADMINISTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDENCE OF

Prof. Priyanka Baghla

Assistant professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor.

Department of Business Studies

SUBMITTED BY:

Nitish Garg

University Roll no- 787112

BBA 6TH Semester

PROJECT REPORT

ON

HUMAN RESOURCE PLANNING

AT

INFOWIZ-A SOFTWARE SOLUTION BATHINDA

Submitted in partial fulfillment for award of Degree of

"Bachelor of Business Administration"

Under the guidance of

Submitted By:

Prof. Priyanka Baghla

Mukul Sadioura

Assistant Professor

Roll no: 78113

Prof. Rachhpaul Singh

Assistant Professor

Submitted to



Punjabi University Patiala

PROJECT REPORT

ON

"MARKETING STRATEGIES FOLLOWED BY INFOWIZ"

Submitted in partial fulfilment of the requirements for the award of the degree of

BACHELORS OF BUSINESS ADMINISTRATION



SESSION 2018-2022



UNDER THE GUIDANCE

Prof. priyanka Baghla

Assistant Professor (HOD)

Rachhapaul Singh

Assistant Professor

Dept. Of Business Studies

SUBMITTED BY
MOHNISH KUMAR
BBA 6th SEM Prof.

Roll No.:- 787114

PROJECT REPORT

ON

INCREASING BRAND AWARENESS AND MARKETING

AT



Submitted in the fulfilment for the degree of

BACHELOR OF BUSINESS ADMINSTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF

Prof. Priyanka Baghla

Assistant professor (HOD)

Prof. Rachhpaul Singh

Assistant professor

SUBMITTED BY:

MAYANK SINGLA

BBA 6th semester

Uni. Roll no. 787115

Class Roll no. 6502

A PROJECT REPORT ON A STUDYOF PERFORMANCE MEASUREMENT TOOLS FOR OFFLINE & ONLINE MARKETING

Solitaire Simple Creative Infosys Innevative

Submitted in the fulfilment for the degree of BACHELOR OF BUSINESS ADMISTRATION Session 2019-2022 SUBMITTED TO PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh Assistant Professor

Department of Business Studies

SUBMITTED BY
ManpreetSingh
BBA 6th Semester
Uni. Roll No. 78716

RESEARCH PROJECT REPORT

ON

WEB ADVERTISING AND MARKETING

ΑT



In The Fulfillment for the requirement of the degree of (BBA)

BACHELOR OF BUSINESS ADMINISTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



SUBMITTED TO-

Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY:

Manjinder Singh

University Roll No . 787117

Class Roll No: 6523

BBA 6th Sem

RESEARCH PROJECT REPORT

ON

AWARENESS OF DIGITAL MARKETING

AT



In The Fulfillment for the requirement of the degree of

BACHELOR OF BUSINESS ADMINISTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF

Prof. Privanka Baghla

Assistant professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY:

Lakhwinder Singh

University Roll no- 787118

Class Roll No: 6522

BBA 6TH Semester

RESEARCH PROJECT REPORT

ON

DIGITAL MARKETING IN INDIA

AT



In The Fulfillment for the requirement of the degree of (BBA)

BACHELOR OF BUSINESS ADMINISTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



SUBMITTED TO-

Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business studies

SUBMITTED BY

Kiranveer Singh

BBA 6 Semester

Uni. Roll No 787119

Class Roll No 6525

PROJECT REPORT

ON

CUSTOMER PREFERENCE IN OFFLINE/ONLINE

ADVERTISING AGENCY

AT



In The Fulfillment for the requirement of the degree of

BACHELOR OF BUSINESS ADMINISTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDENCE OF

Prof. Priyanka Baghla

Assistant professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor.

.

SUBMITTED BY:

Kanwarjeet Singh

UniversityRoll no- 787120

BBA 6TH Semester

Department of Business Studies

PROJECT REPORT

ON

A STUDY ON EMPLOYEE MOTIVATION



REFERNCE WITH

INFOWIZ INSUSTRY PVT.LTD. BATHINDA

Session 2019-22

UNDER THE GUIDANCE OF:

Prof: Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Dept. of business studies

SUBMITTED BY

Name Jatin Garg

Uni.Roll No. 787121

Class B.B.A. 6th Sem



Punjabi University Patiala

PROJECT REPORT

ON

MANPOWER PLANNING

AT SOLITAIRE INFOSYS



Submitted in the fulfilment for the degree of BACHELOR OF BUSINESS ADMINSTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF

Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY

Jaspreet Singh

BBA 6th Semester

Uni. Roll No. 787122

PROJECT REPORT ON JOB SATISFACTION AT SOLITAIRE INFOSYS



Submitted in the fulfilment for the degree of BACHELOR OF BUSINESS ADMINSTRATION SESSION 2019-2022 SUBMITTED TO PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF

Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY

Jashandeep Singh

BBA 6th Semester

Uni. Roll No. 787123

PROJECT REPORT

ON

A STUDY OF EMPLOYEE RETENTION



REFERENCE WITH INFOWIZ INDUSTRY PVT. LTD. BATHINDA

Session 2019-22

UNDER THE GUIDANCE OF:

Prof: Priyanka Baghla Assistant professor (HOD)

Prof. Rachhpaul Singh

Assistant professor

Dept. of business studies

SUBMITTED BY:

Name Gurtej Singh Uni. Roll No. 787124 Class B.B.A 6th Sem



Punjabi University Patiala

PROJECT REPORT

ON

MANAGEMENT OF GRIVEANCE

IN INFOWIZ

A Software Solution



SESSION 2019-22



UNDER THE GUIDANCE OF
Prof. Priyanka Baghla
Assistant professor (HOD)
Prof. Rachhapaul Singh
Assistant Professor
Dept. of Business Studies

SUBMITTED BY Gurloveleen Singh Uni Roll no- 787125 B.B.A 6th Sem

A PROJECT REPORT ON A STUDYOF E-MAIL MARKETING AND SEO



Submitted in the fulfilment for the degree of BACHELOR OF BUSINESS ADMINSTRATION Session 2019-2022 SUBMITTED TO PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF Prof. Priyanka Baghla Assistant Professor (HOD) Prof. Rachhpaul Singh Assistant Professor Department of Business Studies

SUBMITTED BY
Budhpreet Singh
BBA 6th Semester
Uni. Roll No. 787/26

PROJECT REPORT

ON

TO STUDY ON EMPLOYEE LOYALTY

AT



In The Fulfillment for the requirement of the degree of

BACHELOR OF BUSINESS ADMINISTRATION

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDENCE OF

Prof. Priyanka Baghla

Assistant professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor.

Department of Business Studies

SUBMITTED BY:

ASHISH GARG

University Roll no- 787127

BBA 6TH Semester

PROJECT REPORT

ON

A Study of Digital Marketing Methods

AT



In The Fulfillment for the requirement of the degree of BACHELOR OF BUSINESS ADMINISTRATION SESSION 2019-2022 SUBMITTED TO PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDENCE OF

Prof. PriyankaBaghla

Assistant professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY:

Anish Kumar

UniversityRoll no- 787128

BBA 6TH Semester

Training data of students of B.Voc MLMDT SESSION (2021-22)

S. No Name		Place Of Training	Duration	
		1 st year .		
1	Amritpreet Kaur	Çivil Hospital Barnala	One Month	
2	Puskar Singla	B.S computerized Lab, Phagwara	One Month	
3	Mitesh Garg	Sahara Computerized Lab, Barnala	One Month	
4	Jony Kumar	J. Sidana Diagnostic Lab, Shri Ganganagar	One Month	
5	Manpreet Kaur	Civil Hospital Barnala	One Month	
6	Manjinder Kaur	Chandigarh Clinical Laboratory, Talwandi Bhai	One Month	
7	Jatinder s. Virk	Friends computerized Laboratory, Barnala	One Month	
8	Poonam	Civil Hospital Barnala	One Month	
9	Gurkamal singh	Civil Hospital Barnala	One Month	
10	Prabhjot singh	Eishu Laboratory Barnala	One Month	
11	Ramandeep Singh	Civil Hospital Barnala	One Month	
12	Yuvraj s. jandu	Civil Hospital Barnala	One Month	
13	Manpreet kaur	Civil Hospital Barnala	One Month	
14	Jaipartap s. Virk	Friends computerized Laboratory, Barnala	One Month	
15	Arshpreet Kaur	Civil Hospital Barnala	One Month	
16	Shakshi	Civil Hospital Barnala	One Month	
17	Harpreet Kaur		One Month	
18	Monu kumar	Sahara Computerized Lab, Barnala	One Month	
19	Sethi Singh	Public Laboratory, Barnala	One Month	
20	Pardeep Singh	Sant.Baba Attar Singh Ji Lab,Sunam	One Month	
21	Navjot Kaur	Max Hospital, Bathinda	Two Month	

Attented

Attented

Principal S.D. College

Barnala

Training data of students of B.Voc MLMDT SESSION (2021-22)

22	Sapna ,	Civil Hospital Barnala	One Month
23	Suneh Kaur	Civil Hospital Barnala	One Month
24	Raj Kumari	City Laboratory, Barnala	One Month
25	Babli	Civil Hospital Barnala	One Month
26	Jaya	Civil Hospital Barnala	One Month
27	Jagdeep	Civil Hospital Barnala	One Month
28	Manpreet Kaur	Civil Hospital Barnala	One Month
29	Dildeep Singh	Civil Hospital Barnala	One Month
30	Husanpreet kaur	Eishu Computerized Lab Barnala	One Month
31	Manisha	Khan Clinical Lab, Hathan	One Month
		2 nd year	
32	Mukesh Jindal	Sahil Computerized Lab,Barnala	One Month
35	Sahil Goyal	Sahil Computerised One Mo	
36	Mohit	Eishu Computerized, One Mont Laboratory Barnala	
37	Prem Singh	Janta Computerized One Mont	
38	Vachiter singh	Sahil Computerized Lab, Barnala	One Month
		3 rd year	
37	Lovepreet Singh	Civil hospital, Barnala	Two Months
38	Shanty	Civil hospital, Barnala	Two Months
39	Dilpreet Singh	Civil hospital, Barnala	Two Months

Vanden

Attested

Principal S.D. College Barnala

M



SECTION I	S.D. College, Banna
This form has been issued to Mr./Ms. Amuitpre	
Regd.No. 114-2021-80 6 Son of /daughter of Sh.	Rangit Singh
residing at Barnala State Pu	njast
Who has produced evidence before me that He/She Training as per ordinances framed by Punjabi Universit New Delhi.	y, Patiala, under the rules from UGC
Date	De.
3 Voc (MLMDT)	Principal Principal S.D.College, Barnala BARNALA
Section II	
(Name of Student) (Name of Trainer)	
training and agree to obey and respect him/her during	the entire period of my training.
	Amuitpuet Kawi
Section III	Student
(Name of Trainer) (Name of Student)	trainee and T agree to give
Him/her training facilities in my organization so that	
acquire:-	
1. Working knowledge of keeping of records related to a 2. Practical Experience in.	linical laboratory.
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	d for his/her guidance.
	Hay well tan,
	(Apprentice Master) Name and address of Institution
Section IV	
I certify that Amazin months in accordance with detail	undergone .120. hours training
I certify that Amelian have been spread over months in accordance with detail	undergone
spread overmonths in accordance with detail	s enumerated in section III
spread overmonths in accordance with detail Section V I certify that Amxithlet kaus has	Head of the Training Institution
Section V I certify that Amazina as per ordinances framed by Punishi	Head of the Training Institution
spread overmonths in accordance with detail Section V I certify that Amxithlet kaus has	Head of the Training Institution
I certify that	Head of the Training Institution completed in all respect his/her University, Patiala, under the rules
I certify that Marianes framed by Punjabi from UGC New Delhi.	Head of the Training Institution completed in all respect his/her University, Patiala, under the rules

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. College, BARNAL

	B.D. College,
SECTION I	P.D. Conede
	W 4 0
Regd. No. 114-2021-828 Son of /daughter of Sh. Dee pak	Singla
who has produced evidence before me that He/She is entitled to Training as per ordinances framed by Punjabi University, Patiala, und New Delhi.	receive the Practical er the rules from UGC
Nodal Officer B Voc (MLMDT)	Principal Principa S.D.College, Barnala
	S.D. College, BARNAL
Section II	
(Name of Student) (Name of the Hospital / Laboratory) as my training and agree to obey and respect him/her during the entire periods.	trainer for the above
	Push dasing
Section III	Student
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her acquire:-	
1. Working knowledge of keeping of records related to clinical laborate	ory.
 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	Ridahesauffile
Section IV	pendise Master) Address of Justifution mai Negar, Phagward
I certify that was undergone spread over months in accordance with details enumerated	insection Many Silver
Head of the	D.M.L.T. (Pb) Training Institution
Section V	
I certify that	n all respect his/her atiala, under the rules
Date 2:9:22	0 0



This form has been issued to Mr./Ms. Mitteh Gara S.D. College, 13
residing at Basingle. Son of /daughter of Sh. Bhanchand Garg.
residing at <u>Basnala</u> Who has produced evidence before me that He/She is entitled to receive the Practical New Delhi.
Training as per ordinances framed by me that He/Site is entitled to receive the
I will the from UGC
Date.I.A.g. aga Wasale
Nodel Officer B Voc (MLMDT) Principal
S.D.College Barnala TillC p
(Name of Student) (Name of Student) (Name of Trainer)
(Name of the Hospital / Laboratory) as my trainer for the above
training and agree to obey and respect him/her during the entire period of my training.
Mitch 9
, RAVI BHUSHAN Section III
RAVI Bhushan (Name of Trainer) (Name of Student) (Name of Student) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may
1. Working to a second may
1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of various samples.
e) Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance ComputersED LAB Near Old Ram Leafa Ground
(Apprentice (Apprentice (Pb.) 148101 (Pb.) Name and address of Institution
T continue at a second
I certify that MITESL GARG spread over months in accordance with details enumerated in section in
and in section in Page 2
Head of the Training
I certify that
Date
Nodal Officer
B Voc (MLMDT) Principal S.D.College, Bernale Frincipal
S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



	SECTION 1	The state of the s	SHOW IN
inis form has been is	sued to Mr./Ms. Jony	Kumar 90, College	WALA
Regd.No. 1/4-202	-823 Son of /daughter of al-	lake end	IMI
residing at <u>Fazi</u>	Lka State P.	b is entitled to receive the Practic	
Who has produced of Training as per ordin	vidence before me that He/She	e is entitled to receive the Practic	es l
NAM DEINI.	Tamed by Punjabi Universi	e is entitled to receive the Practicity, Patiala, under the rules from U	GC
Date	Wasale		
	Nodal Officer	Principal	El.
	B Voc (MLMDT)	S.D. College, Barnal	rincipal
- Tarak (190	Section II		
I	accept Dr. Ashok Siden	na or II. Sidema Diagnostic I	مراه سام
Treesing amages ((Name of Trainer)	ntory) as my trainer for the above	~2001.00Q
craining and agree to	name of the Hospital / Labora bey and respect him/her during :	the entire period of my training.	/0
			man .
	Section III	Jones Kur Student	riac,
I.D. AsheKSidamac	(Name of Student)		
(Name of Trainer)	(Name of Student)	trainee and I agree to give	
acquire;-	ries in my organization so that (during his/her training he/she ma	У
Working knowledge Practical Experience	of keeping of records related to c		
	processing and preservation. aken in clinical laboratory		
d) Biochemical analysis	lysis,		
e) Microbiological ana	lysis of samples.		
		21	
I also agree that a trai	ned technologist shall be assigned	d for his/her guidance.	
		Dr. Ashok Sidana	
		M.D.(Pathalogy) (Apprentice Mastely/11434	
	Section IV	Name sted address after strengton 4-E,3 Jawahar Nagar, Near Housing Board Chow	L.
I certify that	Kumas	SRIGANGANAGAR-335001	
spread over	nonths in accordance with details	enumerated in section TIT	1.
		Or.Ashok Sidah	a
	Castle - U	M.D.(Pathalog Head of the Training Institution 143	IY) 14
I certify that Jose	H Kumas	J. Sidana, s Diagnostic Laborat	ory
practical training as per	ordinances framed by Puntabill	J.Sidana,s Diagnostic Laborat 4-E,3 lawahar Nagar, Near Housing Board Cl ompleted in SaliGmeagnetic Aib (\$2,586). Jniversity, Patiala, under the rules	MAL
or our out Hely Delill.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mirestry, Patiala, under the rules	
Date	14/2020		_

B Voc (MLMDT)

S.D. College, BARNALA

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



Principal Principal S.D.College Barnate\RNALA

This form has been issued to Mr./Ms. Manke	et Kauc S.D. College, BARRA
Regd.No. 114-2021-985 Son of Identification	n. Jagair Line
residing at VIPO KARAKA	0 (1.
Who has produced evidence before me that He/Sh Training as per ordinances framed by Punjabl University	sity, Patiala, under the rules from USC
Date Island	The same raises from oge
Nodal Officer	District Control
B Voc (MLMDT)	Principal Principal S.D.College, BagaiaNALA S.D. College
Section II	
(Name of Student) (Name of Traine	Cause Chiel Hospital
(Name of the Hospital / Labor training and agree to obey and respect him/her during	,
and and the control of the control o	Harbfull-1944
	Harry
Section III	
(Name of Trainer) (Name of Student)	a trainee and I agree to give
Him/her training facilities in my organization so that acquire:-	during his/her training he/she may
 Working knowledge of keeping of records related to Practical Experience In, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. 	clinical laboratory,
I also agree that a trained technologist shall be assign	ed for his/her guidance
	(Apprentice Master)
Section IV	Name and address of Institution
I certify that Manguel koun ha	s undergone
spread overmonths in accordance with detail	is endinerated in section III
	Head of the Training Institution
Section V I certify that	The Party agent
Date 1: 9:22 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	00
Nodal Officer	Principal Principa
B Voc (MLMDT)	S.D. College, Payment and a 4

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been issued to Mr. (Me. Magnitude of Mr. M.
Regd.No. 114-2021-810 Son of Identify the
Regd.No. 14-2021-810 Son of /daughter of Sh. 67 weet legh residing at Nehalunghwala State Purpas. Who has produced evidence before me that He/She is antitled to receive the Practical New Delhi.
Nodal Officer B Voc (MLMDT) Sp. College, Barnala Finci
(Name of Student) (Name of Training and agree to obey and respect him/her during the entire period of my training.
Many inder from
(Name of Training facilities in my organization so that during his/her training he/she may
1. Working knowledge of knowledge of knowledge
 2. Practical Experience In, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance
(Apprentice Master) Name and address of Institution
I certify that
I certify that
Date. 30-09-1012

Nodal Officer B Voc (MLMDT) Principal S.D.College, Battle Cipal S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	PHI COLOR
This form has been issued to Mr./Ms. Saipsata	S.D. College, BARNALA
Regd.No. 1/4-202/-827 Son of /daughter of Sh	Course of the
Regd.No. 114-2021 Son of /daughter of Sh. residing at Banala State Pun Who has produced evidence before the	106
Who has produced evidence before me that He/She in Training as per ordinances framed by Punjabi University New Delhi.	s entitled to receive the Practical
Date	r add a dilusi the rules from UGC
Nodal Officer	Principal
B VOR (MLMDT)	S.D.College Bara-Bara
I JAI PARTAP SINGH VIRK accept KOLDEEP SINGH	S.D. College, BARNALA
(Name of Student) (Name of Trainer)	of FRIENDS COMPUTPISSED
training and agree to obey and respect him/her during th	ry) as my trainer for the above e entire period of my training.
	Jaipertal South Visto
Section III	Student
I KYLDEEP SWAY ACCOUNT JAYPARTAD GIALS LIGHT	-
(Name of Trainer) (Name of Student)	rainee and I agree to give
Him/her training facilities in my organization so that du	ring his/her training he/she may
Working knowledge of keeping of records related to clin Practical Experience in.	dent let
a) Sample collection processing a	ical laboratory.
b) Precautions to be taken in clinical laboratory c) Hematological analysis.	
g) Blochemical analysis of hardons	
e) Microbiological analysis of samples.	
I also agree that a trained technologist shall be assigned for	
and the state of the sesigned for	or his/her guidance.
	Friends Computerised Laboratory
Control of the second	Name and address of Institution
I certify that Judgetal Sind 1/2 6	- Allocation
spread overmonths in accordance with details er	ndergone 180 hours training
and the actuality of the control of	numerated in section III
H	of conflicted the last to the last
Section V	Printitie Chaliforing Additional Comments
practical training as per projection Study Manage com	pleted in all respect blacks
from UGC New Deihl.	versity, Patiala, under the rules
Date. 12:9:22	60
Nodal Officer	Principal Principal
B Voc (MLMDT)	C D C III PARICIPAL

Principal

S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has a	SECTION I			
This form has been issued to Mr./Ms	toonam		S.D. College, E	
Regd.No. 114 - 2021 - 813 Son of	/daughter of s	the Common of	de la	
Who has produced evidence before	State	unja6		
Who has produced evidence before in Training as per ordinances framed by New Delhi.	Punjabi Univer	ne is entitled	to receive the Pra	ictical
Date 1:8:22			nuer the rules fron	n UGC
Date	He			
Nodal Off	COL		Principal (
B Voc (ML)	MDT)		S.D.College, Barr	alifincinal
0	Section II		S.D. College, Barr	BARNALA
(Name of Student)		a. Ac.	24 ()	
(Name of Student) (Name of the Hotraining and agree to obey and respect)	(Name of Trainer	All of(12HO&pital	
training and agree to obey and record	spital / Labor	atory) as my	trainer for the a	
training and agree to obey and respect	nim/her during	the entire per	lod of my training.	DOAG
			0	
	Coult no		Student	ч
Teller House in day laws On	Section III		- tangitt	
(Name of Trainer) (Name of Stur	4	a trainee and r	Affino do al-	
Him/her training facilities in my organi	dent)		. agree to give	
(Name of Trainer) (Name of Student Him/her training facilities in my organiacquire:-	zacion so that	during his/he	r training he/she	may
Working knowledge of keeping of reco Practical Experience in,	mile antara e e	,		
2. Practical Experience In,	in na related to	ciinical laborat	огу.	
a) Sample collection, processing and pr b) Precautions to be taken in clinical ial c) Hematological packets.	eservation.			
 d) Biochemical analysis of various samples. e) Microbiological analysis of samples. 	oles.			
analysis of samples.				
I also posses that any				
I also agree that a trained technologist s	hall be assigne	d for his/her o	uldanos	
		ET ACRAÉT.	Ez Ja hou	
		Abpe	intice Master)	
_	Section To	Name and	address of Instituti	
	Section IV		-	
I certify that	has	Undergone	80 hours training	
spread over	nce with details	enumerated	ल्यकरः nours traini; ग section ITT	ng
		Advance Was	recho.	
		Head of the T	raining Institution	
· · · · · · · · · · · · · · · · · · ·	ection V	A STATE OF THE PARTY OF THE PAR	CONTROL OF STREET STREET, STRE	
I certify that	has o	omnietes le	-11	
practical training as per ordinances frame from UGC New Delhi.	d by Punjabi (Iniversity, Pat	all respect his/hi	er
Date 1:9:22 Wale		-21 - 444		35
- acoming William William	-		000	

Nodal Officer B Voc (MLMDT)

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

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



S.D. College, BARNALA

	SECTION 1
This form has been issued to Mr./Ms	Guskanal lingh College, BARNALA Jughter of Sh. Rajwart Leigh
Regd, No. 114-2021-819 Son of /da	rughter of Sh. Railing at Cook
residing at Bounala s	tate Praist
Training as per ordinances framed by Pun	that He/She is entitled to receive the Practical dabi University, Patiala, under the rules from UGC
1	onversity, Padala, under the rules from UGC
Date	
B Voc (MLMD)	Principal Principal S.D.College Barrier
S	Sp. College, Barnara ipat
B. Hame of Student) (Name of Student)	winder Kourse Civil His oits
training and agree to show of the Hospit	tal / Laboratory) as my trainer for the above
and respect him	tal / Laboratory) as my trainer for the above /her during the entire period of my training.
	desil bounded
Se Hand I Your L	ction III Student
(Name of Trainer) (Name of Studen	t) de a trainee and I agree to give
acquire:-	t) July and I agree to give ion so that during his/her training he/she may
Working knowledge of keeping of records Practical Experience in a sample collection in a sample collection.	related to clinical laboratory.
a) Sample collection, processing and prese b) Precautions to be taken in clinical labora c) Hematological analysis.	rvation, atory
d) Biochemical analysis of continuous	
Microbiological analysis of samples.	
I also agree that a trained technologist shall	he perious de la la la
	LE TERESTALLE
	(Apprentice Magney, 1977)
	tion IV
I cartify that tutomal tury	with details enumerated in sections training
spread overmonths in accordance	with details enumerated in section III
	Head of the Training Institution
Saci	
ractical training as per ordinances framed	
from UGC New Delhi.	y Punjabi University, Patiala, under the rules
Date	60
B Yoc (MLMDT)	Principal S.D. College
	S.D.College, Barhalacipal

SECTION I
This form has been issued to Mr./Ms. Rab hjot Singh 8.D. College,
Regd. No. 119-2021- 827 Son of /daughter of Sh. Gulmeet Singh
Regd.No. 117-2021-827 Son of /daughter of Sh. Guimeet Singh residing at Banala State Purjab Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjab! University, Patiala, under the rules from UGC New Delhi.
Nodal Officer B Vos (MLMDT) Principal Principal State of the Company of the Comp
Section II
(Name of Student) (Name of Student) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.
Straget
Saction III
IRokalhkumm accept fanabhjot
 Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance.
(Apprentice Master) Name and address of Institution
I certify that
LABORY
I certify that
B Voc (NLMDT) S.D. College, Barnala NALL

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

This form has been found to	SECTION I	a. R.D. Colland
This form has been issued to Mr./Ms. Regd.No. 114-2021-829 Son of	Namandeep	Lingle
Regd.No. 119-2021-829 Son of	/daughter of Sh. No.	eeb Sligh
residing at Kheki Who has produced evidence before Training as per ordinances framed by	State Punins.	
Who has produced evidence before	me that He/She is enti	tied to receive the Practical
Training as per ordinances framed by New Delhi.	Punjabi University, Patir	ala, under the rules from UGC
Date	مار	
Nodal Off	Cor	5
B Voc (ML	MDT)	Principal S.D.College, Revisal Tinging
, ,	Section II	S.D.Collage, Barnala rincipal
I. Romanden Singhaccept Ski	11 32 1 12	
(Name of Student) (Name of Student) (Name of the Heralning and agree to obey and respect	(Name of Trainer)	Huspital
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training and agree to obey and respect	nim/ner during the enti	re period of my training.
		Ramandeep singh
	Section III	~
(Name of Trainer) (Name of St.	and the same	
(Name of Trainer) (Name of St	udent)	and I agree to give
Him/her training facilities in my organ	lization so that during !	nis/her training he/ehe may
Working knowledge of keeping of recovering and recovering the second secon	ords related to clinical la	eboratory.
a) Sample collection, processing and		
b) Precautions to be taken in clinical in chinical in the control of the control	aboratory	
d) Biochemical analysis of various can	niee	
a) Microbiological analysis of samples	ibiest	
I also agree that a trained technologist	shall be assigned for his	/her guidance.
		Harmanie hour
		(Apprentice Master)
9	Nam	e and address of Institution
- Roman I .	Section IV	
I certify that	has underg	one
spread overmonths in accord	ance with details enume	rated in section III
	4	वा व्यक्तित हो किया
	Section V	f the Training Institution
I certify that Lamanduh	Section V	The second second of the second secon
practical training as per ordinances from	has complete	ed in all respect his/her
practical training as per ordinances fra from UGC New Delhi.	ned by Punjabi Universit	ty, Patiala, under the rules
Date 19:22		60
Nodal Office		
B Voc (MLMI	T)	S.D.College, Barnala Principal
		8.D. College, BARNALA

	This form has been issued to Mr./Mg. VIII/2 Q/ C.C. A.D. C.C.
	This form has been issued to Mr./Ms. Yukay Singh S.D. College, FARN Regd.No. 1/4-2021-831 Son of /daughter of Sh. Taken Sagh
	residing at <u>Barnale</u> State <u>Purples</u> . Who has produced evidence before me that He/She/is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
	Nodal Officer B Voc (MLMDT) Principal S.D. College, Barnala Principal S.D. College, BARNALA
	Section II I. Viller Singh accept the Hausindan Kausof Livil Hospital (Name of Student) (Name of Trainer)
	training and agree to obey and respect him/her during the entire period of my training. Section III
	Name of Trainer) (Name of Student)
	Him/her training facilities in my organization so that during his/her training he/she may acquire:-
	1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in, 3) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Blochemical 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
	spread over
	Jan Jan
	Head of the Training Institution Section V
	I certify that
	rom UGC New Delhi.
1	Date. 1.9.22
1	Toni ode New Deini.

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

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This form to
This form has been issued to Mr./Ms. Market Kany
Regd.No. 114-2016-1035 Son of /daughter of Sh. Almer Singh
residing at Schra Barnala State Purials Who has produced evidence before me that He/She is entitled to receive the Practical New Delhi.
Date1:8:2.2
B Voc (MLMDT) S.D.College, Barnala
Section II
I. Mamphett Kauta accept Art Hanimaen Kowof 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.
man project Student faux
Section III Student Carri
(Name of Training facilities in my organization so that during his/her training he/she may
1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience In, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance.
(Apprentice Master) Name and address of Institution
I certify that Mannet kow has undergone 18.0 hours training spread over months in accordance with details enumerated in section III
Harrister four
Section V Head of the Training Institution
I certify that

Date. 1.9:22

Nodal Officer B Voc (MLMDT)

S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

SECTION I S.D. College, B. Col
This form has been legued to Mr. /Ma. VO-77 # Q.O. Vo. 1. X. / X. Q.O.
Regd. No. 114-2021 -822 Son of /daughter of Sh. Sewa Single
who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Nodal Officer B Voc (MLMDT) Principal Principal S.D.College, Barnala Incipal S.D.College, Barnala Incipal S.D.College, BARNALA
Section II IJATI NOTE PALS / NOT accept GUBLET SAMAY OF FRENDS COMPUTED SON (Name of Trainer) (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 GUEST SWAM accept SATINGER PALSINGH (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. Friends Computerised Laboratory Vaporantice Master) Name and address of Institution Section IV I certify that Tatimate fall Lings I certify that Tatimate fall Lings I months in accordance with details enumerated in section III
I certify that



This form has been issued to Mr./Ms. Akshpleet kang	X
Name of the contract of the co	12
residing at Sangua State Purias Who has produced evidence before me that He/She is entitled to receive the Practical New Delhi	
Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC	
Date	
Nodal Officer	
B Voc (MLMDT) S.D.College, Barnalarincipa S.D.College, BARNAL	i
	١
(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.	
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Him/her training facilities in my organization so that during his/her training he/she may	
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a) Sample collection proceeds	
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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.	
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(Apprentice Master) Name and address of Institution	
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Section y Head of the Training Institution	
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Date. 1.9.12	
Nodal Officer	
B Voc (MLMDT) Principal Principal	

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



S.D. College Principal S.D. College RALA

This form has been issue	d 4 - 10 - 410 -	SECTION I	, ,	D. Cottege,	
- 4-1//// 194 1	u to Mr./Ms	SHAKER	1		Market 2000
Regd.No.//7-2021-2	Son of	daughter of Si	n. Heman	t eligh	
residing at Barn. Who has produced evid. Training as per ordinance. New Deihl.	ence before nos framed by i	_StatePu ne that He/Sh Punjabi Univers	yas e/is entitled t lity, Patlala, un	o receive the Proder the rules from	actical
Date 1:8:22	1,100	Ma			000
Date	Nodal Offi B Voc (ML)	COF		Principal	Pho
				S.D. College, Bar S.D. College	HARNAI A
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(Name of Student)	ma of the H-	manufacility of the second	er .	1	
training and agree to obe	y and respect	him/her during	the entire per	trainer for the a lod of my training	ebove
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		Continue and		Student	harlo V
(Name of (Tainer)	i Shabe	Section III dent)	a trainee and I	agree to give	
Him/her training facilities acquire:-	in my organ	ization so that	during his/he	r training be/ebo	-
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c) Hematological analysis d) Biochemical analysis	in in clinical la s. of various some	boratory			
e) Microbiological analys	s of samples.	P 1401			
I also agree that a trained	technologist :	shali be assigne	ed for his/her g	juldance.	
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			Name and	entice Master) address of Institu	ıtion
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spread overmon	iths in accorda	ince with detail	s enumerated i	n section III	_
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21		Section V	Head of their	reining Institutio	n
I certify that	rkshi	has :	2007.0	STATE SOURCE STORE	
practical training as per or rom UGC New Delhi.	dinances fram	ed by Punjabl	University, Pal	tiala, under the n	ner vies
Pate. 1. 9:21	Imale			00	2 ,
	Nodal Office			Principal	Principal
	B Voc (MLMD	T)	S	D.College Barra	SRNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been issued to Mr./Ms. Harrest Karr
Regd. No. 114-2021-808 son of /daughter of Sh. Awindu Ben Single
Regd. No. 11 Son of /daughter of Sh. Hay adu Dev Single
who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Nodal Officer B Voc (MLMDT) Principal S.D. College, Barnala S.D. College, BARNA
Section II
(Name of Student) (Name of Trainer)
training and agree to obey and respect him/her during the entire period of my training.
Section III
(Name of 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, 3) 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 Section IV I certify that
spread overmonths in accordance with details enumerated in section III
Head of the Training Institution
Section V
I certify that Harriet Karrihas completed in all prespect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Date 14.9.22 Vandar
Nodal Officer Principal
B Voc (MLMDT) S.D. Coffege, Barnala Tincipal 3.D. Coffege, BARNALA

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SECTION I	Princip
This form has been Issued to Mr./Ms. Monu Kuma	D. College, BARNALA
Regd.No. 114-2021-825 Son of /daughter of Sh. Radke	Shyam
residing at Barnale State Punjas Who has produced evidence before me that He/She is entitled Training as per ordinances framed by Punjabi University, Patiela, u New Delhi.	to receive the Practical
Date. 1.747.702.	Principal S.D.College, Barnsteincipal
B Vog (MLMDT)	S.D. Coilege, BARNALA
Section II	_
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	Student
Section III	
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Taken serves that a trained technologies shall be applicated for the	CR Bands
I also agree that a trained technologist shall be assigned for his/he	Med Technologiet SAHARA COMPUTERISED LAB
(Ap Name ar <u>Section IV</u>	pronise()श्विक्षण Leels Ground nd address, कृष्टियां श्वेषण कृष्टियां विश्व
I certify that MONU KUMAR has undergone spread over	RAVI BHUSHAN
Section V	Med. Technologist e TrainitipAlignitutionsED LAB
I certify that	Near Old Rem Leela Ground Bernala-148101 (Pb.) in all respect his/her Patiala, under the rules
Nodal Officer B Voc (MLMDT)	Principal S.D.College, Barnala Incipal
	A.D. Qollege, BARNALA

	SECTION I		F to the second
This form has been Issued to Mr./Ms	Sethi	Single 8.D. College,	BA
Regd.No. 114~2021-830 Son of	/daughter of \$	in. Heera Lingh	
This form has been issued to Mr./MsRegd.No	114 WIGE 118/3	HE AS BULLLIEU ID FAISHVA	THE PLACECAL
Date	cer MDT)	S.D.Colle	incipal ige, Barnala panci
		\$.D.	College, BARNA
I	(Name of Train	pla or Public	
training and agree to obey and respect	ospital / Labo him/her durli	pratory) as my trainer for ng the entire period of my	or the above training.
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	Section III	S	tudent Tryh
(Name of Trainer) (Name of Str Him/her training facilities in my organ	Jaent I		
acquire:-	inzadon şç (ji	at ouring ma/ner training	ne/sne may
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I also agree that a trained technologist	t shall be assi	ned for his/her guidance. Kul Bhasia	a comi
		P(Apprentical)	erised Lab.
	Section IV	Name angladdsdash Ph. 01679	
I certify that Sold Single spread over months in accordance	dance with de	has undergone Rol. A h	purs training
		Public Computer Head of the Training-J	(1580: Lan. Institution
I certify that	Section V And he had by Punja	Jain Market, 23 Ph. 01679-23 s completed in all resp abl University, Patlala, und	\$265 Dect his/her der the rules
Date 12:9:22	1		Olen
Nodal Offic B Voc (ML)		Pri S.D.Colle S.D. Co	ncipal Principal se, BarnalaRNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I	Participal Comments of the Com
This form has been issued to Mr./Ms. Pardeep	Singh &D. College, Ell mines
Regd.No. 114-2021-826 Son of /daughter of S	sh. Chamkaux Singh
Regd.No. 114-2021-826 Son of /daughter of State Published State Published Regd. Khadial Kothe State Who has produced evidence before me that He/Si Training as per ordinances framed by Punjabi University New Deihl.	ne/is entitled to receive the Practical
Nodal Officer B Voc (MLMDT) Section II	Principal S.D.College, Barnala incipal College, BARNALA
I Pandrel Singh accept Manusinder Six	ed a family Dale Allan
(Name of Student) (Name of Train: Shada agree to obey and respect him/her during and agree to obey and respect him/her during the statement of	er) oratory) as my trainer for the above
	Parded Singh
Section III	Student
I. Manudoden Singh accept	as a trainee and I agree to give
Him/her training facilities in my organization so th acquire:-	at during his/her training he/she may
 Working knowledge of keeping of records related Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. 	Homeways
I also agree that a trained technologist shall be assi	Igned for his/her guidance. Attar Singh it Laboratory Opp. Municipal Corporation Guga Mari Road, Sunam
	(Apprentice Master) Name and address of Institution
Section IV	inde cel
I certify that	etalls enumerated in section III and il Lateration
Section V	Head of the Training Institution
0 4 4 4	nas completed in all respect his/her jabl University, Patiala, under the rules
Date. 12. 9. 2.2. Nodal Officer B Voc (MLMDT)	Principal Principal S.D.College, Barnala Anni A.
B 40c (HEID!)	S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D.College, Barnala BARNA

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SECTION I
This form has been issued to Mr./Ms. Navjot Kau S.D. College,
Regd. No. 119-2021-8 2 Son of /daughter of Sh. Harpat Cingh
residing at Barnala State Puriab Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Nodal Officer B Voc (MLMDT) Principal Principal S.D. College, Barnala rincipa
Section II
(Name of Student) (Name of Trainer) (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 Caux.
Section III
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may acquire:-
 Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance. (Apprentice Master) Name and address of Institution
Section IV
I certify that
Head of the Training Institution Section V
I certify that
Date. 30:9:22 Nodal Officer Principal Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

			A Company	
	SECTION I			
This form has been issued to Mr./Ms	Sapha	8.D. College, I	RNAL MEL	
Regd.No. 114-2021-815 Son of	/daughter of Sh.	Kam Niwas		
residing at <u>Rangusa Phul</u> Who has produced evidence before a Training as per ordinances framed by New Delhi.	me that He/She	s entitled to receive the	Practical from UGC	
Date. 1.8-22 Nodal Off	loar	Princip	Dh/	
B Voc (ML		S-D-College	Principal	
70	Section II	5.5, 60,86	e DARRIMEA	
(Name of Student) (Name of the Hetraining and agree to obey and respect	(Name of Trainer) ospital / Laborat	ory) as my trainer for the entire period of my train	ne above	
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(Name of Trainer) (Name of St Him/her training facilities in my orga acquire:-	udent)	trainee and I agree to give		
 Working knowledge of keeping of re Practical Experience in, Sample collection, processing and Precautions to be taken in clinical Hematological analysis Biochemical analysis of various said Microbiological analysis of samples 	preservation. laboratory mples.	linical laboratory,		
I also agree that a trained technologist shall be assigned for his/her guidance.				
	Southern The	(Apprentice Master Name and address of In		
lan -	Section IV			
spread overmonths in accor	dance with details	undergone	training	
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	Section V	Head of the Training Insti	tution	
I certify that Sabult practical training as per ordinances fr	has	completed in all respect	his/her	
from UGC New Delhi.	anied by runjabl	omversity, ratiala, under t	ne rujes	
Date 1 9:22 Noda Off	P	6)	61	
Nodal Offi B Voc (ML		S.D.College, E	arnala Principal	

S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

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S.D. College, BARNALA

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SECTION			96
This form has been issued to Mr./Ms. Sune	n Kane	B.D. College,	BARNALA
Regd.No. 114-2021 -817 Son of /daughter of	sh. Gue.	neet Singa	The state of the s
residing at <u>Bounds</u> State Who has produced evidence before me that He/ Training as per ordinances framed by Punjabi Univ			
Date		Principa	
B Voc (MLMDT)		S.D.College, B	amalarincipal
Section II	•	a.o. colleg	e, Barnala
(Name of Student) (Name of Training and agree to obey and respect him/her du	iner) boratory) as r	ny trainer for the	a above
		Lune	h Kaus.
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(Name of Training facilities in my organization so acquire:-	that during his	/her training he/s	she may
 Working knowledge of keeping of records related. Practical Experience in, Sample collection, processing and preservation b) Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. 		oratory.	
I also agree that a trained technologist shall be as	signed for his/	her guldance.	uy
Section 1	Name	Apprentice Master and address of In	stitution
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		the Training Instit	tution
practical training as per ordinances framed by Pu	.has complete	d in all respect y, Patlala, under t	
Date		Princip S.D.College, E	



	This form has been issued to Mr./Ms. Raikunau
	Regd.No. 114-2021-819son of /daughter of Sh. Sushil. Kumae
	residing at Barnela. State Punjab. Who has produced evidence before me that He/She/is entitled to receive the Practical
	realing as per orumances framed by Puniabi University, Patiala, under the rules from tick
	New Delhi. Date. 8-8-2 > Washer Tolling Tolli
	Nodal Officer
	Nodal Officer B Vos (MLMDT) S.D.Correge, Barranincipal
	Nodal Officer B Vos (MLMDT) S.D.College, Barranncipal Section II S.D. College, BARNALA Section II (Name of Student) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training
	1 Kay Kyman accept Traning of LAB Technician
0	(Name of Student) (Name of Trainer)
	, and a state period of my training,
	Ryemen
	Section III Student
	Section III Lyr level (Name of Trainer) (Name of Trainer) (Name of Trainer)
	Him/her training facilities in my organization so that during his/her training he/she may acquire:-
	Working knowledge of keeping of records related to clinical laboratory.
	Practical Experience in, Sample collection, processing and preservation.
	b) Precautions to be taken in clinical laboratory c) Hematological analysis.
	d) Biochemical analysis of various samples.
	e) Microbiological analysis of samples.
,4	I also agree that a trained technologist shall be assigned for his/her guidance.
	City Las Nex Coul Hoffs
	(Apprentice Master)
	Section IV
	I certify that Laj Kit wast. has undergone hours training
	spread overmonths in accordance with details enumerated in section III
	Section V
	I certify thatRelkumker has completed by
	practical training as per ordinances framed by Punjabi University, Patiela, under the rules from UGC New Delhi.
	Date 14-9-22
	Nodal Officer Principal Control
	B Voc (MLMDT) S.D.College, Barnelanica
	and the second of the second o

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



S.D.College, Barnastrincipal & D. College, BARNALA

	SECTION -		
This form has been issued to	SECTION I Mr./Ms. Bable	8.D. College,	
Regd.No. 114-2021 ~833	Son of /daughter of Sh	Jaspal Kuma	
residing at Rayla .	State Pany	Jaspal Kumar	
Training as per ordinances f New Delhi.	e before me that He/She ramed by Punjabi Universi	is entitled to receive the P ty, Patiala, under the rules fro	ractical om UGC
Date8:22	Magle		
	Nodal Officer B Voc (MLMDT)	Principal	Ply
	Saction II	S.D. College, Ba	e, BARNALA
I. Sabli	Au Han'i I h	una Civil Honosto	
"Dakalaka (Name	(Manie of Trainer)		
training and agree to obey a	nd respect him/her during	tory) as my trainer for the the entire period of my trainin	above g.
		Boyli	
	Section III	Student	
(Name of Trainer) (N	Boble as a	trainee and I agree to give	
acquire:-	my organization so that	during his/her training he/sh	• may
1. Working knowledge of kee 2. Practical Experience in, a) Sample collection, proces b) Precautions to be taken in c) Hematological analysis of value d) Biochemical analysis of value e) Microbiological analysis of	sing and preservation. n clinical laboratory	finical laboratory.	
I also agree that a trained te	chnologist shall be assigned	for his /her guide	
		(Apprentice Master)	Ly .
	Section IV	Name and address of Instit	ution
I certify that Balli		10-	
spread overmonths	In accordance with details	undergone .(6.0. hours tra	ining
	Continue II	Head of the Training Institution	7 Pn
Franks . Rahl	o <u>Saction V</u>		
ractical training as per ordin from UGC New Delhi.	ances framed by Punjabi (ompleted in all respect his Iniversity, Patiala, under the	/her rules
Date 1.9.22	WARDLE	-/	2
N R	odal Officer Voc (MLMDT)	Principal	
	/menni)	S.D.College Rays	of Edward

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

CECTION 1	ğ
This form has been issued to Mr./Ms. Jaya Sharma S.D. College	
Board No. 114-2021-222	
Regd.No. 114-2021-232 Son of /daughter of Sh. Manshay Lat	_
residing at Rampus Ihul State Purjas. 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	
B Voc (NLMDT) S.D.College, Barnal Vicipa	
Section II S.D. College, BARNALA	L
I. Jaya Makima accept Dr. Hary Index town 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.	
Jana	
Section III Student	0
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Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation.	
c) Hematological analysis.	
d) Biochemical analysis of various samples. e) Microbiological analysis of samples.	
Tiples agree that a trained to the last of	
I also agree that a trained technologist shall be assigned for his/her guidance.	
(Apprentice Master)	
Name and address of Institution Section IY	
I certify that Jaya Sharma has undergone 180 hours training spread over months in accordance with details enumerated in section III	
- With details enumerated in section III	
Head of the Training Institution	
Section V	
I certify that	

Nodal Officer
B Voc (MLMDT)

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



This form has been issued to Mr. (Me. Tox of the Coll.)
This form has been issued to Mr./Ms. Sagdup Light
Regd.No. 114-2021-986 Son of /daughter of Sh. Dawndu Singh
residing at Phanaula State Purjab. Who has produced evidence before me that He/She is entitled to receive the Practical New Delhi. New Delhi.
Nodal Officer B Voc (MLMDT) Section II
(Name of Students) (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.
Jasder dingh Section III Student
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may
Working knowledge of keeping of records related to clinical laboratory.
2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Blochemical analysis of various samples. e) Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance.
(Apprentice Master) Name and address of Institution
I certify that
Section V Head of the Training Institution
I certify that
Nodal Officer B Voc (MLMDT) Principal Principal S.D.College, Barnala B.D. College, BARNAL

	SECTION 1		101
This form has been issued to Mr./Ms	Margreet	Kau	Principal
Regd.No. 1/4-2021-8/1 Son of /	daughter of Sh	Ranget Singh	BARNALA
residing at Jaga Massa	Burn Pin In	11	
Who has produced evidence before m Training as per ordinances framed by P New Delhi.	an other transfer to		Practical from UGC
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elevit e ti	Section V	lead of the Training Instit	
I certify that	ned by Punjabi Ur	mpleted in all respect liversity, Patiala, under th	his/her 16 rules
Date 19:22 Nodel Office			0.1
B Voc (MLMD	•	Principa S.D.College, Ba	
		\$.D. College	BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



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

	OFOTON I		Paris.
This form has been issued to Mr./Ms.	SECTIONI	Singh	S.D. College, S. S.
Regd.No. 114 -2021 -1019 Son of	daughter of Sh. A	mandees	5
residing at Boungle Who has produced evidence before r Training as per ordinances framed by New Delhi.	_Statefu ne that He/She is	n/ab	ive the Practical e rules from UGC
***************************************	cer		Principal Ofincipal
B Voc (ML)	MDT)	S.D.C	College, Barnala IIICIDAI L. College, BARNALA
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training and agree to obey and respect	ospital / Laborator	y) as my traine entire period of	my training.
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	Section V	Head of the Train	ing Institution
I certify that			respect his/her , under the rules
Date 1,9:21 Nodal Off	icer		Principal

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SECTION I S.D. College BARN	AL
This form has been issued to Mr./Ms. Musanpreet Kaur S.S. College BARN	
Regd. No. 114-2021-1034 son of /daughter of Sh. Gusjant Single	
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.	
Nodal Officer B Voc (MLMDT) Principal S.D.College, Barewacipa	
Section II S.D. College, BARNAL	A
I. Husanparert. Kaum. accept Rakash. Kulman of Eighu Camputerts ed (Name of Trainer) (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. **The American Camputerts ed (Name of Trainer) **The Ameri	1
Section III Student	
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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.	
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Section V Bakes by Linetitution	
I certify that	
Date 18-9-3039 Van	
Nodal Officer B Voc (MLMDT) S.D.College, Barnatancia College, BARNA	al A

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



Principal
S.D.College, Barnalarincipal
S.D. Oollege, BARNALA

		- Timber
	SECTION I	S.D. College, BARNAL
This form has been Issued to Mr./Ms	Marisha	Mexical
Regd.No. 114-2021-1057-Son of	/daughter of Sh. Kake	khan.
residing at Pharwahi	State Puras.	
Who has produced evidence before	me that He/She is entitled	to receive the Practical
Training as per ordinances framed by New Delhi.	Punjabi University, Patiala, u	nder the rules from UGC
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Date	734	- DX-
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***		S.D. College, BARNALA
	Section II	4.1.4
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	ospital / Laboratory) as m	y trainer for the above
training and agree to obey and respec	t him/her during the entire po	arlod of my training.
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		Student
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B Voc (MI	.MDT)	S.D.College, Barnalarin Cipal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

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1	Mukesh Jindai

SECTION I	
This form has been issued to Mr./Ms. Mukesh	Tradal College
Regd.No. 114-2-02 - 862 Son of /daughter of Sh.	Riccia & Trindad Mukesh J
residing at 1001404 / a	(
Who has produced evidence before me that He/She is Training as per ordinances framed by Punjabi University	entitled to receive the Breatler
Training as per ordinances framed by Punjabi University,	Patiala, under the rules from UGC
Date 01.09.2.2	
Nodal Officar	Principal
B Voc (MLMDT)	S.D.College Brand Street
Adv. L Section II	S.D. College, EARNAL
(Name of Student) (Name of Trainer)	Sahil Competen
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	inee and I agree to give
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I also agree that a trained technologist shall be assigned for	his/her guidance, hil hofe
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N	(Apprentice Master) lame and address of Institution
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Date 0/:10:22	
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Nodal Officer
B Voc (MLMDT)

Principal Principal S.D.College Stool BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. College, BARNALA

This form has been issued to Mr./Ms. Sahil Goyal \$.D. College	
Regd.No. 114-2020-864 Son of /daughter of Sh. Bhoj Raj residing at Barnala State Purjas Who has produced evidence before me that He/She is entitled to receive the Practical New Delhi.	
residing at Barnala State Punio	
Training as per ordinances framed by Durinkt He/She is entitled to receive the Breath	
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Date: Discorp	
Nodal Officer B Vog (MLMDT) Principal	
S.D.Cellege, Barnata (1900)	
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(Name of Student) (Name of Trainer) (Training and agree to obey and respect him/her during the entire period of my trainer	
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(Name of Trainer) (Name of Student) Section III Student Student Student Student	
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I also agree that a trained technologist shall be assigned for his/her guidance.	
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practical training as per ordinances framed by Punjabl University, Patiala, under the rules	
Date	
Nodal Officer	
B Voc (MLMDT) Principal S.D.College, Barnala Principal	

Regd.No. 14-2023-861 Son of /daughter of Sh. Kushan Kuma residing at Mandi Kalan State Ruyas Who has produced evidence before me that He/She/is entitled to receive the Practical New Delhi.
Note Officer B Voc (MLMDT) Principal Principal Spicollege Barnalaphia i
Section II I. Mohit (Name of Student) (Name of Trainer) (Name of Trainer) training and agree to obey and respect him/her during the entire period of my training.
Section III I. Robble man accept
Working knowledge of keeping of records related to clinical (aboratory.
2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his/her guidance.
I certify that
I cartify that Mohit Section v
practical training as per ordinances framed by Punjabi University, Patiala, under the rules
Date. 19-9-22 Vander the rules
Nodal Officer B Voc (MLMDT) S.D.College, Barrie Lincipal B.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



AT 4	Pfine
Regd.No. 114-2020-1025son of /daughter of residing at Barrala State Who has produced evidence before me that He/s Training as per ordinances framed by Punjabi Unive	Singh S.D. College, BARN
Regd.No. 114-2020-1025son of /daughter of	sh. Ram Bahade Single
residing at Barnala State	Punjas.
Training as per ordinances framed by Porthat He/S	she is entitled to receive the Practical
	ersity, Patials, under the rules from UGC
Date 11-8-22 Wash	0
Nodal Officer	21-21-2
Nodal Officar B Voc (MLMDT) Section II (Name of Student) (Name of Train (Name of the Hospital / Lab	S.D.College, Barainsipal
- (Stime Colon)	S.D. College, BARNALA
(Name of Students)	of Janta Computeris
(Name of the Hospital / Laboration and agree to obey and respect him/her during	er)
training and agree to obey and respect him/her durin	ng the entire period of my training.
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Shippel Section III [Name of Trainer] (Name of Student) Him/her training facilities in my organization so the	s a trainee and I agree to give
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B Voc (MLMDT)

Principal

S. College, Barnal Mcipal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been seen as S.D. College
Regd.No. 114-2020-868 Son of /daughter of Sh. Sukhder Leigh Who has produced evidence before the state luyab.
Regd.No. 114-2020-868 Son of /daughter of Sh. Sakhdey Sind
residing at Bihla, Baynale, store Punind
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
DateQ. 108:22
Nodal Officer
B Voc (MLMDT) S.D.College, Sarnala Lacture
S.D. College, Edition II
Nachiter Singh South Great Solid 1
(Name of Student) (Name of Trainer)
(Name of Trainer) training and agree to obey and respect him/her during the entire period of my training.
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Section III Student
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(Name of Trainer) (Name of Student) Him/her training facilities in accept
Him/her training facilities in my organization so that during his/her training he/she may
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2. Practical Experience in,
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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.
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spread overmonths in accordance with details enumerated in section III
Sahil Computerised Lab.
Section V Head of the Training Institution
Section V I cartify that
practical training as per ordinances framed by Punjabi University, Patiala, under the rules
riew Deini.

Date. 0/109.22

B Voc (MLMDT)

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

	This form has been issued to Mr./Ms. Lovepset Singh S.D. Co.: Regd.No. 114-2019-1054 Son of /daughter of Sh. Guicharan Singh residing at Raisar
	Regd.No. 114-2019-1054 Son of /daughter of al.
	Who has produced State (UA /Q /
	Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC
	Date 20/4/2022 Washington UGC
	Nodal Officer B Voc (MLMDT) Principal Principal
	S.D.College, Barnels 31A
	(Name of Student) (Name of Trainer) training and agree to obey and respect him/her during the entire period of my training
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	I also agree that a trained technologist shall be assigned for his/her guidance.
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	(Apprentice Master) Name and address of Institution
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	spread over months in accordance with details enumerated in section III
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	Nodel Officer B Voc (MLMDT) Principal
	S.D. College, Barriar Ipal
	I am a granted

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

This form has been lesued to Mr./Ms.	SECTION I	S.B. Colle
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	f /daughter of Sh	
residing at Rampus Rhul		
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Date 2014/2029 1000	He	60
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B Voc (MI	MDT)	Principal Tincipal S.S.D.College, Barnala ALA
CL. I	Section II	·
(Name of Student)	Handin Kawof	Circl Hospital
training and agree to obey and respect		as my trainer for the shave
training and agree to obey and respect	thim/her during the e	ntire period of my training.
		Shanty
Division de bassi	Section III	Student
(Name of Trainer) (Name of St	trair	100 and I agree to give
(Name of Trainer) (Name of St. Him/her training facilities in my organ acquire:-	udent) Nization so that during	
Working knowledge of keeping of rec Practical Experience in,	cords related to clinica	l laboratory.
a) Sample collection, processing and		
c) Hematological analysis	aboratory	
 d) Biochemical analysis of various san e) Microbiological analysis of samples. 	iples.	
	•	
I also agree that a trained technologist	shall be assigned for t	ht- ch / c
	and an applyment total	ms/ner guidance.
a		(Apprentice Master)
	Section IV	ame and address of Institution
I certify that Sharty		9 70
spread overmonths in accord	ance with details enun	rgone dia section TT
		M. Politico delle Com
	Head	of the Training Institution
I certify that Shante	Section V	पवलकार जिल्हा वार्यकाल, खातपार
practical training as par ordinances from	ned by Punish Univer-	eted in all respect his/her
	of ranjant oniver	airy, Patiala, under the rules
Date 14-7-22		0.0
Nodal Office B Voc.(MLMD	er OT)	Principal Principal
YK	-,	S. E. CONSOS BEATERALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. College, Barnalacipal S.D. College, BARNALA

			No.
This form has been issued to Mr./Ms	SECTION I	Single	S.D. College Bu
Regd.No. 1/4-2019-1853 Son of	/daughter of Sh	Dayelan	0.00
residing at Changus Kelen	Plane Pun	164	0
Who has produced evidence before a Training as per ordinances framed by i New Delhi.	on them to the Address of	A STREET BY	ive the Practical e rules from UGC
Date 29 /4/2022 Nodal Office	ear		Of.
B Voc (ML)	(DT)	SAPA	elleges Barnatai ALA
	Section II		
(Name of Student)	Harri nden kay	Hor Civil Ho	spital
training and agree to obey and respect	spital / Laborate him/her during th	ory) as my traine ne entire period of :	r for the above my training.
			Dilbut
The 1 to and 1 then Kould and 1	Section III		
(Name of Trainer) (Name of Stu	dent)	trainee and I agree	to give
Him/her training facilities in my organ	ization so that di	ıring his/her train	ing he/sie may
 Working knowledge of keeping of rec Practical Experience in, Sample collection, processing and p Precautions to be taken in clinical is 	reconvetion	nical laboratory.	
c) Hematological analysis. d) Blochemical analysis of various sam e) Microbiological analysis of samples.	-		
I also agree that a trained technologist	shali be assigned	for his/her suid	
_			-du tay
		(Apprentice	Master)
	Section IV	Name and address	T. PERK CINY
I certify thatmonths in accord	has tince with dotalls	undergone 2.02.	hours training
		lead of the Trainin	g Institution
0.0000 -	MECHOII A	CONTRACTOR DE LA CONTRA	
I certify that	ned by Punjabi Vi	harrage है। सा mpleted in all m niversity, Patiala, ।	aspect his/her under the rules
Date 14.7.22			0