

Training Of Library & Information Science Dept. (session 2021-2022)

Class	No. Of Students Enrolled	Name Of Students
Lib & Info. Science	02	1. Simranjit kaur 2. Tarsem Singh

Anamika
(Dept. of Lib & Inf. Sc.)

Attested

Sh
Principal S.D. College
Barnala

VK

ਸ੍ਰੀ. ਡੀ. ਕਾਲਜ, ਬਰਨਾਲਾ



ਸਨਾਤਨ ਧਰਮ ਕਾਲੇਜ, ਬਰਨਾਲਾ

S.D. COLLEGE, BARNALA

(Affiliated to Punjabi University, Patiala)

Phone : 01679-230005 (O) Fax : 241505

Email : sdcbnl@yahoo.com

Website : sdcollegeinstitutions.org

No. SDC(B)/2022/16251

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.


PRINCIPAL


ਸ਼੍ਰੀਮਤੀ ਕਾਲਜ, ਬਰਨਾਲਾ



ਸਨਾਤਨ ਧਰਮ ਕਾਲੇਜ, ਬਰਨਾਲਾ

S.D. COLLEGE, BARNALA

(Affiliated to Punjabi University, Patiala)

Phone : 01679-230005 (O) Fax : 241505

Email : sdcbnl@yahoo.com

Website : sdcollegeinstitutions.org

No. SDC(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.


PRINCIPAL

Training data of students of Nutrition and Health Care (Sem 1)

S.No.	ROLL NO	Candidate Name
1	19101	PARNEET KAUR BHATHAL
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 VIRK
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

Niti Aggarwal
Nutrition and Health care

Attested

Sh
Principal S.D. College
Barnala

JK

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



SECTION I

This form has been issued to Ms. Parneet Kaur Bhathal Reg.No. 859104 D/o of Sh. Jagseer Singh residing at Vikas Nagar Street no. 1, 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.....02/09/2021

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Section II

I Ms. Parneet 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.

Student

Section III

I Dr. Partap Singh accept Ms. Parneet Kaur Bhathal 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 04 hours training spread over 02 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 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.....11/09/2021

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr. Karan Kumar Reg.No. 859114 S/o of Sh. Rai 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.....02/09/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala


Section II

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


Student

Section III

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

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

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


(Apprentice Master)
Name and address of Institution

Section IV

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

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


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.

Date.....11/09/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala


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



SECTION I

This form has been issued to Ms. Ashima Aggarwal Reg.No. 859107 D/o of Sh. Surinder Kumar residing at Opp. Railway Station, 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 02/09/2021

[Signature]
Nodal Officer
B Voc (NHCST)

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

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.

Ashima
Student

Section III

I Dr. Partap Singh accept Ms. Ashima Aggarwal 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.

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

Section IV

I certify that Ms. Ashima Aggarwal has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III (04/9/2021 to 11/9/2021)

[Signature]
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

[Signature]
Nodal Officer
B Voc (NHCST)

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

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



SECTION I

This form has been issued to Ms. Simran Grover Reg.No. 859101 D/o of Sh. Sarabjit Singh Grover residing at Shaktinagar, Street no.02, Balakhana 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... 09/09/2021

[Signature]
Nodal Officer
B Voc (NHCST)

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

Section II

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

[Signature]
Student

Section III

I Dr. Partap Singh accept Ms. Simran Grover 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.

[Signature]
(Apprentice Master)

Name and address of Institution

Section IV

I certify that Ms. Simran Grover has undergone 04 hours training spread over 03 Week in accordance with details enumerated in section III

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

[Signature]
Head of the Training Institution

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... 11/09/2021

[Signature]
Nodal Officer
B Voc (NHCST)

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

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



SECTION I

This form has been issued to Mr. Jaspreet Singh Reg.No. 859116 S/o of Sh. Ailt Singh residing at V.P.O. Moom, 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 07/09/2021

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Section II

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

Student

Section III

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

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

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

(Apprentice Master)
Name and address of Institution

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

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

Head of the Training Institution

Section V

I certify that Mr. Ekamjit 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)

Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr. Ekamjot 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 Delhi.

Date: 2/9/2021

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Section II

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

Student

Section III

I Dr. Partap Singh accept Mr. Ekamjot 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.

Section IV

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

(4/9/2021 to 11/09/2021)

(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handiana B...

Section V

I certify that Mr. Ekamjot 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)

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

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



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 Delhi.

Date: 02/9/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

I Mr. Ashir 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. Ashir 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.

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

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


Head of the Training Institution

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: 11/9/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr. Gurinder Singh Reg.No. 859112 S/o of Sh. Gurmeet Singh residing at Bureke Khurd, 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.....02/09/2021.....

Nodal Officer
B Voc (NHCST)

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.

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 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.

Section IV

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

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

(Apprentice Master)
Name and address of Institution

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.....11/09/2021.....

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Ms. Harmanpreet Kaur Reg.No. 859105 D/o of Sh. Kuldeep Singh residing at VPO Jodhpur, 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.....02/09/2021

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala
nti

Section II

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

Student

Section III

I Dr. Partap Singh accept Ms. Harmanpreet 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. Harmanpreet Kaur has undergone 04 hours training spread over 02 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 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.....11/09/2021

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala
nti

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, Shaiba 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 02/09/2021


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 04 hours training spread over 02 Week in accordance with details enumerated in section III

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


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, Patiala, under the rules from UGC New Delhi.

Date 11/09/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala


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



SECTION I

This form has been issued to Mr. Karamjeet Singh Reg.No. 859115 S/o of Sh. Mohinder Singh residing at Bhatthal Street, 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: 02/9/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

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


Student

Section III

I Dr. Partap Singh accept Mr. Karamjeet 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 Mr. Karamjeet Singh has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

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


Head of the Training Institution

Section V

I certify that Mr. Karamjeet 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)


Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr. Harshdeep Singh Virk Reg.No. 859118 S/o of Sh. Gurbark Singh Virk residing at Bafakhana Road, Near Tarakshil Chowk, 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...07/09/2021

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 Dr. Partap Singh accept Mr. Harshdeep Singh Virk 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.

Section IV

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

(04/9/2021 to 10/9/2021)

Dr. Partap Singh
(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handiana Bazar, BARNALA

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...11/09/2021

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala


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



SECTION I

This form has been issued to Mr. Raminderveer Singh Reg.No. 859111 S/o of Sh. Sukhpal Singh residing at VPO Joga, Distt. Mansa 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.....02/09/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

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


Student

Section III

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

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


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 Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....11/09/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala


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



SECTION I

This form has been issued to Mr. Samanpreet Singh Reg.No. 859109 S/o of Sh. Mahinder Singh residing at VIII, Kalabula, The, Dhuri, Distt. Sangrur State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....02/9/2021.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala


Section II

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


Student

Section III

I Dr. Partap Singh accept 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 Mr. Samanpreet Singh has undergone 04 hours training spread over 02 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. Samanpreet 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)


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


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



SECTION I

This form has been issued to Ms. Robinpreet 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...02/09/2021.....

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

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.

Student

Section III

I Dr. Partap Singh accept Ms. Robinpreet 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. Robinpreet Kaur has undergone 04 hours training spread over 02 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 Ms. Robinpreet 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...11/09/2021.....

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, BARNALA

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



SECTION I

This form has been issued to Mr. Navdeep Singh Reg.No. 859113 S/o of Sh. Bandhir Singh residing at Hakamwale, Mansa 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.....02/9/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala


Section II

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


Student

Section III

I Dr. Partap Singh accept Mr. Navdeep 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)

Section IV

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

(01/9/2021 to 11/09/2021)


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.....11/09/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala


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



SECTION I

This form has been issued to Mr. Raikamal Singh Reg.No. 859112 S/o of Sh. Bhaatpal Singh residing at Bhalni Patti, Sakha, 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: 02/09/2021

Wank
Nodal Officer
B Voc (NHCST)

Pr
Principal
S.D. College, Barnala
N4

Section II

I Mr. Raikamal 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.

Partap Singh
Student

Section III

I Dr. Partap Singh accept Mr. Raikamal 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.

Partap Singh
(Apprentice Master)
Name and address of Institution

Section IV

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

(04/09/2021 to 21/09/2021)

Partap Singh
Head of the Training Institution

Section V

I certify that Mr. Raikamal 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

Wank
Nodal Officer
B Voc (NHCST)

Pr
Principal
S.D. College, Barnala
N4

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



SECTION I

This form has been issued to Mr. Rishav Goyal 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 Delhi.

Date.....02/11/2021.....

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Section II

I Mr. Rishav Goyal 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. 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 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. Rishav Goyal has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

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

Head of the Training Institution

Section V

I certify that Mr. Rishav Goyal 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
S.D. College, Barnala

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



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.....02/09/2021

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Section II

I Ms. Sherral Shandilya 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 Ms. Sherral Shandilya 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
Partap Nursing Home
Harnala, Punjab, Barnala

Section IV

I certify that Ms. Sherral Shandilya has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III (04/09/2021 to 11/09/2021)

Head of the Training Institution

Section V

I certify that Ms. Sherral Shandilya 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
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr. Gitanshu Dutta Reg.No. 859120 S/o of Sh. Sanjeev Dutta residing at Rampura Phul, Distt. Bathinda 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 09/09/2021

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Section II

I Mr. Gitanshu Dutta 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. Gitanshu Dutta 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

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

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
S.D. College, Barnala

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. 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: 09/9/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

Section II

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


Student

Section III

I Dr. Partap Singh accept Mr. Arshdeep 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 Mr. Arshdeep Singh has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III (04/9/2021 to 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: 11/9/2021


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala

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 Delhi.

Date...2/9/2021.....

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala
NHC

Section II

I Ms. Amandeep 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.

Amandeep Kaur
Student

Section III

I Dr. Partap Singh accept Ms. Amandeep 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 04 hours training spread over 02 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 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...11/09/2021.....

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, BARNALA
NHC

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



SECTION I

This form has been issued to Ms. Haaleen Kaur Reg.No. 859106 of Sh. Gurwinder Singh residing at Battr Patti, VPO Thulwal, 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 Delhi.

Date...02/9/2021..

[Signature]
Nodal Officer
B Voc (NHCST)

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

Section II

I Ms. Haaleen 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.

[Signature]
Student

Section III

I Dr. Partap Singh accept Ms. Haaleen 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.

Section IV

I certify that Ms. Haaleen Kaur has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

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

Section V

I certify that Ms. Haaleen 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...11/09/2021..

[Signature]
Nodal Officer
B Voc (NHCST)

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

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

[Signature]
Head of the Training Institution
Partap Ni...
Hand...

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

Niti Arora

Incharge

Nutrition and Health care

Attended

Principal S.D. College
Barnala

pk

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



SECTION I

This form has been issued to Ms. Parneet Kaur Bhathal Reg.No. 859104 D/o of Sh. Jagseer Singh residing at Vikas Nagar Street no. 1, 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...07/4/2022.....

Nodal Officer
B Voc (NHCST)

Principal
S.D.College, Barnala

Section II

I Ms. Parneet 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.

Student

Section III

I Dr. Partap Singh accept Ms. Parneet Kaur Bhathal 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.

Section IV

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

(07/4/2022 to 13/04/2022)

Head of the Training Institution
R-04, No. 19904
Partap Nursing Home
Handiana Bazar, BARNALA

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...23/04/2022.....

Nodal Officer
B Voc (NHCST)

Principal
S.D.College, BARNALA

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



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 07/04/2022

[Signature]
Nodal Officer
B Voc (NHCST)

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

Section II

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

[Signature]
Student

Section III

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

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

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

[Signature]
(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

(07/04/2022 to 23/4/2022)

[Signature]
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.

Date 23/04/2022

[Signature]
Nodal Officer
B Voc (NHCST)

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

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



SECTION I

This form has been issued to Ms. Ashima Aggarwal Reg.No. 859107 D/o of Sh. Surinder Kumar residing at Opp. Railway Station, 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.....07/04/2022.....

[Signature]
Nodal Officer
B Voc (NHCST)

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

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.

[Signature]
Student

Section III

I Dr. Partap Singh accept Ms. Ashima Aggarwal 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.

Section IV

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

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

[Signature]
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.....23/4/2022.....

[Signature]
Nodal Officer
B Voc (NHCST)

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

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



SECTION I

This form has been issued to Ms. Simran Grover Reg.No. 859101 D/o of Sh. Sarabjit Singh Grover residing at Shaktinagar, Street no.02, Balakhana 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.....07/4/2022.....

Nodal Officer
B Voc (NHCST)

Principal
S.D.College, Barnala

Section II

I Ms. Simran Grover 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 Ms. Simran Grover 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 06 hours training spread over 03 Week In accordance with details enumerated in section III

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

Head of the Training Institution

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)

Principal
S.D.College, Barnala


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





SECTION I

This form has been issued to Mr. Gurinder Singh Reg.No. 859119 S/o of Sh. Gurmeet Singh residing at Rureke Khurd, 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...07/04/2022.....


Nodal Officer
B Voc (NHCST)


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.


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 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.

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

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


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...23/04/2022.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala


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 07/04/22


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala
note:

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

(6/04/2022 to 23/04/2022)


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, Patiala, under the rules from UGC New Delhi.

Date 23/04/2022


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala
note:

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



SECTION I

This form has been issued to Mr. Karamjeet Singh Reg.No. 859115 S/o of Sh. Mohinder Singh residing at Bhatthal Street, 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 07/4/22

[Signature]
Nodal Officer
B Voc (NHCST)

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

Section II

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

[Signature]
Student

Section III

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

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

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

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

Section IV

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

[Signature]
(09/4/2022 to 23/4/2022)

[Signature]
Head of the Training Institution

Section V

I certify that Mr. Karamjeet 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 23/4/2022

[Signature]
Nodal Officer
B Voc (NHCST)

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

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



SECTION I

This form has been issued to Mr. Harshdeep Singh Virk Reg.No. 859118 S/o of Sh. Gurnark Singh Virk residing at Bajakhana Road, Near Tarakshil Chowk, 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.....07/6/2022

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala
Niti

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 Dr. Partap Singh accept Mr. Harshdeep Singh Virk 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
Regd. No. 19904
Partap Nursing Home
Barnala

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

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

Head of the Training Institution
Dr. Partap Singh
(M.B.B.S.)

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
S.D. College, Barnala
Niti

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



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...07/04/2022.....

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala

Section II

I Ms. Sherral Shandilya 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 Ms. Sherral Shandilya 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.

Section IV

(Apprentice Master)
Name and address of Institution
Partap Nursing Home
Handiya Bazar, Barnala

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

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

Head of the Training Institution

Section V

I certify that Ms. Sherral Shandilya 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)

Principal
S.D. College, Barnala

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. 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.....07/07/2022.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala
Nishi

Section II

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


Student

Section III

I Dr. Partap Singh accept Mr. Arshdeep 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 Mr. Arshdeep Singh has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III

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


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.....23/07/2022.....


Nodal Officer
B Voc (NHCST)


Principal
S.D. College, Barnala
Nishi

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 Delhi.

Date 07/04/2022

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala
N.E.

Section II

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

Student

Section III

I Dr. Partap Singh accept Ms. Amandeep 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.

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

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

(Apprentice Master)
Name and address of Institution

Regd. No. 19904
Partap Nursing Home

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 23/04/2022

Nodal Officer
B Voc (NHCST)

Principal
S.D. College, Barnala
N.E.

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



SECTION I

This form has been issued to Ms. Haeleen Kaur Reg.No. 859106 of Sh. Gurwinder Singh residing at Battr Patti, VPO Thuliwal, 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 Delhi.

Date: 07/04/2022

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, Barnala

Section II

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

Student

[Signature]

Section III

I Dr. Partap Singh accept Ms. Haeleen 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.

[Signature]
(Apprentice Master)

Name and address of Institution

Section IV

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

(09/04/2022 to 23/04/2022)

[Signature]
Head of the Training Institution

Section V

I certify that Ms. Haeleen 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: 03/04/2022

[Signature]
Nodal Officer
B Voc (NHCST)

[Signature]
Principal
S.D. College, Barnala

TRAINING DATA OF BBA

BBA III 6528

S.No.	Dec 2021 Unl.R.No.	Candidate Name	Father Name	TOPIC
1	787101	SARAH	RANJAY SINGH	A Project Report on Social media Marketing at Infowiz Software Solution
2	787102	RAVDEEP KAUR	JASPREET SINGH	A project report on Stress Management at Solitare Infosys
3	787103	NAVNEET KAUR	GURTEJ SINGH	A Project Report on Personality and its impacts on group performance at solitare Infosys
4	787104	ISHIKA LAROYA	RAKESH KUMAR	A Project Report on a Study on Self Management of the employees working at Solitare Infosys
5	787105	HARMANPREET KAUR	GURWINDER SINGH	A Project Report on a study on Recruitment and selection at Solitare Infosys
6	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 preference in online/offline advertising agency at Infowiz Software Solution
8	787108	SARBJOT SINGH	RAGHVR SINGH	A Project Report on Social media Marketing at Infowiz Software Solution
9	787109	RAHUL MITTAL	NARESH KUMAR	A Project Report on to study Job Satisfaction among employees with reference to Infowiz Industry PVT LTD
10	787110	PRANAV GUPTA	NARINDER KUMAR	A Project Report on Absentism of the employees at Infowiz a Software solution

Attended

Principal S.D. College
V.K.

S.No.	Dec 2021 Unl.R.No.	Candidate Name	Father Name	BBA III 6528 TOPIC
11	787111	OGESH SINGH	VINOD SINGH	A Project Report on Search Engine Optimisation at Infowiz a Software Solution
12	787112	NITISH GARG	SURESH KUMAR	A Project Report on a Study on level of Employee satisfaction at Infowiz
13	787113	MUKAL SADIJOURA	RAVINDER KUMAR	A Project Report on Human Resource Planning at Infowiz a Software Solution
14	787114	MOHNISH KUMAR	RAVINDER KUMAR	A Project Report on Marketing strategy followed by Infowiz
15	787115	MAYANK SINGLA	ANIL KUMAR SINGLA	A Project Report on Increasing Brand awareness and Marketing at Infowiz Software Solution
16	787116	MANPREET SINGH	LAKHVIR SINGH	A Project Report on a study of performance measurement tools for offline and online marketing at Software In
17	787117	MANJINDER SINGH	JAGSEER SINGH	A Project Report on Web Advertising and Marketing at Infowiz a Software Solution
18	787118	LAKHWINDER SINGH	BEANT SINGH	A Project Report on Awareness of Digital Marketing at Infowiz a Software solution
19	787119	KIRANVEER SINGH	MALKEET SINGH	A Project Report on Digital Marketing In India at Infowiz a Software Solution
20	787120	KANWARJEET SINGH	PUSHPINDERPAL SINGH	A Project Report on Customer preference in online/offline advertising agency at Infowiz Software Solution


 Principal S.D. College
 Birmat

S.No.	Dec 2021 Unl.R.No.	Candidate Name	Father Name	BBA III 6528 TOPIC
21	787121	JATN GARG	DHARMPAL	A Project Report on a study on Employee motivation at Infowiz a Software Solution
22	787122	JASPREET SINGH	KULWINDER SINGH	A Project Report on Manpower Planning at Solitare Infosys
23	787123	JASHANDEEP SINGH	HARCHARAN SINGH	A Project Report on to study Job Satisfaction at Solitare Infosys
24	787124	GURTEJ SINGH	SHER SINGH	A Project Report on study of Employee retention at Infowiz Software Solution
25	787125	GURLOVELEEN SINGH	JASWINDER SINGH	A Project Report on Management of Grievance at Infowiz a Software Solution
26	787126	BUDHPREET SINGH	SATWINDER SINGH	A Project Report on Email Marketing and SEO at Solitare Infosys
27	787127	ASHISH GARG	SANJEEV KUMAR	A Project Report on to study of the Employee Loyalty at Infowiz a Software Solution
28	787128	ANISH KUMAR	MANOU KUMAR	A Project Report on A Study of Digital Marketing methods at Infowiz a software solution

Singh

Attended

Principal S.D. College
Barnala

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,

A
PROJECT REPORT
ON
STRESS MANAGEMENT
OF THE EMPLOYEES WORKING AT SOLITAIRE INFOSYS



Submitted in the fulfilment for the degree of
BACHELOR OF BUSINESS ADMINISTRATION
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.

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



Submitted in the fulfilment for the degree of
BACHELOR OF BUSINESS ADMINISTRATION
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 Laroia

B.B.A. 6TH SEMESTER

Uni. Roll No.- 787104



PUNJABI UNIVERSITY, PATIALA

PROJECT REPORT
ON
A Study on Recruitment & Selection
At

Solitaire Simple
infosys Creative
innovative

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. -

A

PROJECT REPORT

ON

**Job rotation and transfer
at SOLITAIRE INFOSYS**



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

A

PROJECT REPORT

ON

Customer Preference in Offline/Online Advertising Agency

AT



**Submitted In The Fulfillment for the degree of
BACHELOR OF BUSINESS ADMINISTRATION**

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:

TUSHAR GOYAL

BBA 6th semester

UNI. Roll no.

A

RESEARCH PROJECT REPORT

ON

Social media marketing

AT

INFOWIZ
A SOFTWARE SOLUTION
REGISTERED UNDER GOVERNMENT OF INDIA

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:

Sarbjot Singh

University Roll no- 787108

BBA 6TH Semester

A
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

A
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

Prof. Priyanka Baghla

Assistant professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor.

Department of Business Studies

SUBMITTED BY:

Pranav Gupta

University Roll no- 787110

BBA 6TH Semester

A

RESEARCH PROJECT REPORT

ON

Search engine optimization (SEO)

AT



**Submitted in the fulfillment for the degree of
BACHELOR OF BUSINESS ADMINISTRATION**

SESSION 2019-2022

SUBMITTED TO

PUNJABI UNIVERSITY PATIALA



UNDER THE GUIDANCE OF

Prof. Priyanka baghla

Assistant Professor (HOD)

**Prof. R.S.
Rachhpaul singh**

Assistant professor

Department of business studies

SUBMITTED BY

Ogesh singh

BBA 6th Semester

Uni. Roll No.:-787111

Class Roll No. 6524

A
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

A
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

Prof. Priyanka Baghla

Assistant Professor

Prof. Rachhpaul Singh

Assistant Professor

Submitted By:

Mukul Sadioura

Roll no: 78113

Submitted to



Punjabi University Patiala

A
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

A
PROJECT REPORT
ON
INCREASING BRAND AWARENESS AND MARKETING
AT



Submitted in the fulfilment for the degree of
BACHELOR OF BUSINESS ADMINISTRATION
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 STUDY OF
PERFORMANCE MEASUREMENT TOOLS FOR
OFFLINE & ONLINE MARKETING**

Solitaire Simple
Infosys Creative
Innovative

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



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

**SUBMITTED BY
Manpreet Singh
BBA 6th Semester
Uni. Roll No. 787116**

A
RESEARCH PROJECT REPORT
ON
WEB ADVERTISING AND MARKETING
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.  Rächhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY:

Manjinder Singh

University Roll No . 787117

Class Roll No : 6523

BBA 6th Sem

A
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. Priyanka 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

A
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

A

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.

Department of Business Studies

SUBMITTED BY:

Kanwarjeet Singh

University Roll no- 787120

BBA 6TH Semester

A
PROJECT REPORT
ON
A STUDY ON EMPLOYEE MOTIVATION



REFERENCE 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

A
PROJECT REPORT
ON
MANPOWER PLANNING
AT SOLITAIRE INFOSYS



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



UNDER THE GUIDANCE OF

Prof. Priyanka Baghla

Assistant Professor (HOD)

Prof. ^{RS}Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY

Jaspreet Singh

BBA 6th Semester

Uni. Roll No. 787122

A
PROJECT REPORT
ON
JOB SATISFACTION
AT SOLITAIRE INFOSYS



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

A
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

A
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 STUDY OF
E-MAIL MARKETING AND SEO**

Solitaire Simple
Infosys Creative
Innovative

**Submitted in the fulfilment for the degree of
BACHELOR OF BUSINESS ADMINISTRATION
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**

A
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

A
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. Priyanka Baghla

Assistant professor (HOD)

Prof. Rachhpaul Singh

Assistant Professor

Department of Business Studies

SUBMITTED BY:


Anish Kumar

University Roll no- 787128

BBA 6TH Semester

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


S. No	Name	Place Of Training	Duration
1st year			
1	Amritpreet Kaur	Civil 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

Navdla
Attended

**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
2nd year			
32	Mukesh Jindal	Sahil Computerized Lab, Barnala	One Month
35	Sahil Goyal	Sahil Computerised Lab, Barnala	One Month
36	Mohit	Eishu Computerized, Laboratory Barnala	One Month
37	Prem Singh	Janta Computerized Laboratory, Barnala	One Month
38	Vachiter slngh	Sahil Computerized Lab, Barnala	One Month
3rd year			
37	Lovepreet Singh	Civil hospital, Barnala	Two Months
38	Shanty	Civil hospital, Barnala	Two Months
39	Dilpreet Singh	Civil hospital, Barnala	Two Months

Vandana

Attested

**Principal S.D. College
Barnala**
VK

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



SECTION I

This form has been issued to Mr./Ms. Amsitpreet Kaur
Regd.No. 114-2021-806 Son of /daughter of Sh. Ranjit Singh
residing at Barnala State Punjab

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

Date.....1.8.22.....

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Amsitpreet Kaur
Student

Section III

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date.....1.9.22.....

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



S.D. College,

SECTION I

This form has been issued to Mr./Ms. Pushkar Singla
Regd.No. 114-2021-828 Son of /daughter of Sh. Deepak Singla
residing at Barnala State Punjab.

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

Date... 11.8.22

Wadek
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Pushkar Singla accept Balwant Singh of B.S. Computerized Laboratory
(Name of Student) (Name of Trainer)
Phagwara (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.

Pushkar Singla
Student

Section III

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

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

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

Balwant Singh
Balwant Singh
D.M.L.T. (Pb.)
(Apprentice Master)
Name and address of Institution
Opp. Civil Hospital
Wazirpur Nagar, Phagwara

Section IV

I certify that Pushkar Singla has undergone 180 hours training spread over 02 months in accordance with details enumerated in section III.

Balwant Singh
Balwant Singh
D.M.L.T. (Pb.)
Head of the Training Institution

Section V

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

Date... 12.9.22

Wadek
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I
This form has been issued to Mr./Ms. Mitesh Garg **S.D. College, BARNALA**
Regd.No. 114-2021-824 Son of / daughter of Sh. Bharchand Garg
residing at Barnala State Punjab.
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 1 Aug 2022

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II
I MITESH GARG accept RAVI BHUSHAN of SAHARA COMPUTERISED LAB
(Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Mitesh Garg
Student

Section III
I RAVI BHUSHAN accept MITESH GARG as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

[Signature]
RAVI BHUSHAN
Med. Technologist
SAHARA COMPUTERISED LAB
Near Old Ram Leela Ground
Barnala-148101 (Pb.)
(Apprentice Master)

Name and address of Institution

Section IV
I certify that MITESH GARG has undergone 220 hours training spread over 2 months in accordance with details enumerated in section III

[Signature]
RAVI BHUSHAN
Med. Technologist
SAHARA COMPUTERISED LAB
Near Old Ram Leela Ground
Barnala-148101 (Pb.)

Head of the Training Institution

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

Date: 1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Jony Kumar S.D. College

Regd.No. 114-2021-823 Son of / daughter of Sh. Lakapati

residing at Fazilka State Punjab.

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

Date.....11.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I Jony Kumar accept Dr. Ashok Sidana of J. Sidana Diagnostic Laboratory
(Name of Student) (Name of Trainer)
Sri Ganganagar (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Jony Kumar
Student

Section III

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

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

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

[Signature]
Dr. Ashok Sidana
M.D. (Pathology)
(Apprentice Master) 11434
Name and address of Institution
J. Sidana, Diagnostic Laboratory
4-E, 3 Jawahar Nagar, Near Housing Board Chowk
SRI GANGANAGAR-335001

Section IV

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

[Signature]
Dr. Ashok Sidana
M.D. (Pathology)
Head of the Training Institution
J. Sidana, Diagnostic Laboratory
4-E, 3 Jawahar Nagar, Near Housing Board Chowk
SRI GANGANAGAR-335001

Section V

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

Date.....12.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

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

residing at V.P.O Kaleke State Punjab.

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.

Date.....1.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

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

Manpreet Kaur
Student

Section III

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

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date.....1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Manjinder Kaur **S.D. College, BARNALA**
Regd.No. 114-2021-810 Son of / daughter of Sh. Gurmeet Singh
residing at Nehal Singhwala State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date... 1-09-2022

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Manjinder Kaur accept Satnam Singh of Chandigarh
(Name of Student) (Name of Trainer)
Lahore (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.

Manjinder Kaur
Student

Section III

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

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

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

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

Section IV

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

Section V

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

Date... 30-09-2022

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

Principal
S.D. College, BARNALA

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

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

residing at Barnala State Punjab

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

Date... 11.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, JAI PARTAP SINGH VIRK accept KULDEEP SINGH of FRIENDS COMPUTERISED
(Name of Student) (Name of Trainer)

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

Jai Pratap Singh Virk
Student

Section III

I, KULDEEP SINGH accept JAI PARTAP SINGH VIRK as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

FRIENDS COMPUTERISED LABORATORY
Near Civil Hospital BARNALA
(Apprentice Master)
Name and address of Institution

Section IV

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

Section V

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

FRIENDS COMPUTERISED LABORATORY
Near Civil Hospital BARNALA
Head of the Training Institution

Date... 12.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Poonam **S.D. College, BARNALA**
Regd.No. 114-2021-813 Son of /daughter of Sh. Susindee Kumari

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

Date.....1.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Poonam
Student

Section III

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date.....1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



Principal
S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Gurkamal Singh S.D. College, BARNALA
Regd.No. 114-2021-819 Son of /daughter of Sh. Rajwant Singh
residing at Barnala State Punjab.

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

Date...1.8.22

Nodal Officer
B Voc (MLMDT)

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

Section II

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

Gurkamal Singh
Student

Section III

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

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

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

(Apprentice Master)
Name and address of Institution

Section IV

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

Head of the Training Institution

Section V

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

Date...1.9.22

Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

Regd.No. 114-2021-827 Son of /daughter of Sh. Gulmeet Singh

residing at Barnala State Punjab

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

Date: 11-8-22

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

Section II

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

[Signature]
Student

Section III

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

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

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

**EISHU COMPUTERTISED
LABORATORY**
(Apprentice Master)

Section IV

I certify that Prabhjot Singh has undergone 160 hours training spread over months in accordance with details enumerated in section III

Name and address of Institution
Rakesh Kumar

**EISHU COMPUTERTISED
LABORATORY**

Head of the Training Institution
Rakesh Kumar

Section V

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

Date: 18-9-22

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Ramandeep Singh S.D. College, Barnala

Regd.No. 114-2021-829 Son of /daughter of Sh. Naseeb Singh

residing at Kheri State Punjab.

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

Date.....1.8.22

Nodal Officer
B Voc (MLMDT)

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

Section II

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

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

Ramandeep Singh
Student

Section III

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

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

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

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

(Apprentice Master)
Name and address of Institution

Section IV

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

Head of the Training Institution

Section V

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

Date.....1.9.22

Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Yuvraj Singh **S.D. College, BARNALA**
Regd.No. 114-2021-831 Son of /daughter of Sh. Tarseem Singh
residing at Barnala State Punjab.

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

Date... 1.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

[Signature]
Student

Section III

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date... 1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Manpreet Kaur
Regd.No. 114-2016-1035 Son of / daughter of Sh. Ajmer Singh
residing at Sehira, Barnala State Punjab

S.D. College, BARNALA

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

Date.....1.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Manpreet Kaur
Student

Section III

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

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

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Harjinder Kaur
Head of the Training Institution

Section V

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

Date.....1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Jatinder Pal Singh **S.D. College, Barnala**
Regd.No. 114-2021-B22 Son of /daughter of Sh. Sewa Singh
residing at Barnala State Punjab.

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

Date.....11.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, JATINDERPAL SINGH accept GURJEET SINGH of FRIENDS COMPUTERISED LABORATORY (BND)
(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.

Jatinderpal Singh Virdi
Student

Section III

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

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

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

[Signature]
Friends Computerised Laboratory
Near Civil Hospital BARNALA
(Apparance Master)
Name and address of Institution

Section IV

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

Section V

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

Date.....12.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I
This form has been issued to Mr./Ms. Arshpreet Kaur S.D. College, Barnala
Regd.No. 114-2021-807 Son of /daughter of Sh. Manpreet Singh
residing at Sarguru State Punjab

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

Date... 1.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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

Arshpreet Kaur
Student

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

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

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

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

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

[Signature]
Head of the Training Institution

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

Date... 1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

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

residing at Barnala State Punjab

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

Date... 1.8.22

Nodal Officer
B Voc (MLMDT)

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

Section II

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

Student

Section III

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

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

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

(Apprentice Master)
Name and address of Institution

Section IV

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

Head of the Training Institution

Section V

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

Date... 1.9.22

Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Harpreet Kaur **S.D. College, BARNALA**
Regd.No. 114-2021-808 Son of /daughter of Sh. Aminder Singh
residing at Bathinda State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Date 11.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Harpreet Kaur accept Mayinder Singh of Mehak Computecized Lab. (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

I, Mayinder Singh accept Harpreet Kaur as a trainee and I agree to give him/her training facilities in my organization so that during his/her training he/she may acquire:-

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

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

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

Section IV

I certify that Harpreet Kaur has undergone 180 hours training spread over 7 months in accordance with details enumerated in section III

[Signature]
Technologist
Head of the Training Institution
Mehak Computecized Laboratory

Section V

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

Date 14.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

Principal
S.D. College, BARNALA

This form has been Issued to Mr./Ms. Monu Kumar

Regd.No. 114-2021-825 Son of /daughter of Sh. Radhe Shyam

residing at Barnala State Punjab

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

Date 1-Aug-2022

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Monu Kumar accept RAVI BHUSHAN of SAHARA COMPUTERISED LAB (Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

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

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

I also agree that a trained technologist shall be assigned for his/her guidance. RAVI BHUSHAN Med. Technologist SAHARA COMPUTERISED LAB (Apprentice Master) Near Old Ram Leela Ground Barnala-148101 (Pb.) Name and address of Institution

Section IV

I certify that MONU KUMAR has undergone 220 hours training spread over one months in accordance with details enumerated in section III

[Signature]
RAVI BHUSHAN
Med. Technologist
Head of the Training Institution
SAHARA COMPUTERISED LAB
Near Old Ram Leela Ground
Barnala-148101 (Pb.)

Section V

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

Date 1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

Regd.No. 114-2021-830 Son of / daughter of Sh. Meera Singh

residing at Barnala State Punjab

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

Date 11.8.22

Nodal Officer
B Voc (MLMDT)

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

Section II

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

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

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

Kul Bhishan Gupta
Public Computerised Lab.
(Apprentice Master)
Name and address of Institution
Jain Market, Barnala
Ph. 01679-230200

Section IV

I certify that Sethi Singh has undergone 60 hours training spread over one months in accordance with details enumerated in section III

Kul Bhishan Gupta
Public Computerised Lab.
Head of the Training Institution
Jain Market, Barnala
Ph. 01679-230200

Section V

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

Date 12.9.22

Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

Regd.No. 114-2021-826 Son of / daughter of Sh. Chankaur Singh

residing at Sarguru, Khadiak Kothi State Punjab.

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

Date.....11.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Pardeep Singh accept Harvinder Singh of Sant Baba Ahar
(Name of Student) (Name of Trainer)
Singh (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.

Pardeep Singh
Student

Section III

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

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

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

[Signature]
Sant Baba Ahar Singh Ji Laboratory
Opp. Municipal Corporation
Guga Mari Road, Sunam

Section IV

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

[Signature]
Sant Baba Ahar Singh Ji Laboratory
Opp. Municipal Corporation
Guga Mari Road, Sunam

Section V

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

Date.....12.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

Regd.No. 114-2021-812 Son of / daughter of Sh. Harpal Singh

residing at Barnala State Punjab

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

Date 27.7.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I Navjot Kaur accept Dr. Komal Singh of Max Hospital
(Name of Student) (Name of Trainer)

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

Navjot Kaur
Student

Section III

I Dr. Komal Singh accept Navjot Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

I certify that Navjot Kaur has undergone 220 hours training spread over Two months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

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

Date 30.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

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

residing at Ranpura Phul State Punjab

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

Date.....1.8.22.....

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

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

Sapna
Student

Section III

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date.....1.9.22.....

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

Regd.No. 114-2021-817 Son of /daughter of Sh. Gurmeet Singh

residing at Barnala State Punjab

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

Date 1.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Suneeh Kaur accept Dr. Harjinder Kaur of Civil Hospital

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

Suneeh Kaur.
Student

Section III

I, Dr. Harjinder Kaur accept Suneeh Kaur as a trainee and I agree to give

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date 1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Rajkumari
Regd.No. 114-2021-819 Son of /daughter of Sh. Sushil Kumar
residing at Barnala State Punjab

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

Date: 8-8-22
[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Rajkumari accept Training of LAB Technician
(Name of Student) (Name of Trainer)
City Lab (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

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

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

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

City Lab Area Civil Hospital
[Signature]
Name and address of Institution
Prop.

Section IV

I certify that Rajkumari has undergone 8 hours training spread over 1 months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

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

Date: 14-9-22
[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Babli **S.D. College,**

Regd.No. 114-2021-833 Son of / daughter of Sh. Gaspal Kumar

residing at Rajia, State Punjab

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

Date.....1.8.22.....

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Babli
Student

Section III

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date.....1.9.22.....

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

Regd.No. 114-2021-232 Son of / daughter of Sh. Manohar Lal

residing at Rampura Phul State Punjab.

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

Date 1.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Jaya Sharma accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)
Barkala (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 Jaya Sharma

Section III

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date 1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



This form has been issued to Mr./Ms. Jagdeep Singh S.D. Coll.

Regd.No. 114-2021-986 Son of / daughter of Sh. Davinder Singh

residing at Dharaula State Punjab

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

Date...01.09.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

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

Jagdeep Singh
Student

Section III

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

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date...01.10.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

Regd.No. 114-2021-811 Son of /daughter of Sh. Ranjit Singh

residing at Joga Mansa State Punjab

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

Date: 1.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

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

Manpreet Kaur
Student

Section III

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date: 1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

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

residing at Barnala State Punjab

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

Date 1.8.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Dildeep Singh
Student

Section III

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date 1.9.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

Regd.No. 114-2021-1034 Son of / daughter of Sh. Gurjant Singh

residing at Barnala State Punjab

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

Date...11-8-2023

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

[Signature]
Student

Section III

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

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

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

Section IV

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

EISHU COMPUTERTISED LABORATORY
(Apprentice Master)
Name and address of Institution
Rakesh Kumar
EISHU COMPUTERTISED LABORATORY
Head of the Training Institution
Rakesh Kumar

Section V

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

Date...18-9-2023

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

S.D. College, BARNAL

This form has been Issued to Mr./Ms. Manisha

Regd.No. 114-2021-1057 Son of /daughter of Sh. Kabeer Khan

residing at Pharwahi State Punjab

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

Date...11.8.22

Nodal Officer
B Voc (MLMDT)

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

Section II

I, Manisha accept Latif Mohd. of Khan clinical
(Name of Student) (Name of Trainer)

Dab: Hathian (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.

Manisha
Student

Section III

I, Latif Mohd. accept Manisha as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

(Apprentice Master)
Name and address of Institution



Section IV

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

Head of the Training Institution



Section V

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

Date...12.9.22

Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Mukesh Jindal S.D. College,

Regd.No. 114-2020-862 Son of /daughter of Sh. Bipin K. Jindal

residing at Barnala State Punjab

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

Date 01.09.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Mukesh Jindal
Student

Section III

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

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

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

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

Section IV

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

Sahil Goyal
Sahil Computerised Lab
Head of the Training Institution

Section V

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

Date 01.10.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



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

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

Date: 01.09.22
[Signature]
Nodal Officer
B Voc (MLMDT)

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

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

Sahil Goyal
Student

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

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

I also agree that a trained technologist shall be assigned for his/her guidance.
Sahil Goyal
Sahil Computerised Lab.
(Apprentice Master)
Name and address of Institution

Section IV
I certify that Sahil Goyal has undergone 120 hours training spread over 1 months in accordance with details enumerated in section III
Sahil Goyal
Sahil Computerised Lab.
Head of the Training Institution

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

Date: 1.10.22
[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Mohit S.D. College, BARNALA
Regd.No. 114-2020-861 Son of /daughter of Sh. Keishan Kumar
residing at Mandi Kalan State Punjab

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

Date: 11-8-22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Mohit
Student

Section III

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

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

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

EISHU COMPUTERISED
LABORATORY
(Apprentice Master)

Section IV

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

EISHU COMPUTERISED
LABORATORY
Head of the Training Institution

Section V

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

Date: 19-9-22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

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

Date 11-8-22

[Signature]
 Nodal Officer
 B Voc (MLMDT)

[Signature]
 Principal
 S.D.College, BARNALA

Section II

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

[Signature]
 Student

Section III

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

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

Janta Computerised Laboratory
 Ram Bagh Road, Shanti Hall Gate No.
 Shop No. 2, Shivam Sweet
 BARNALA (Pun.)
 MOB 96536-980701
 (Apprentice Master)
 Name and address of Institution

Section IV

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

Janta Computerised Laboratory
 Ram Bagh Road, Shanti Hall Gate No.
 Shop No. 2, Shivam Sweet
 BARNALA (Pun.)
 MOB 96536-980701
 Head of the Training Institution

Section V

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

Date 19.9.22

[Signature]
 Nodal Officer
 B Voc (MLMDT)

[Signature]
 Principal
 S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Yachites Singh S.D. College,

Regd.No. 114-2020-868 Son of /daughter of Sh. Sukhdev Singh

residing at Bihla, Barnala State Punjab.

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

Date...01.08.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

Section II

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

[Signature]
Student

Section III

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

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

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

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

Section IV

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

Sahil Goyal
Sahil Computerised Lab.
Head of the Training Institution

Section V

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

Date...01.09.22

[Signature]
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Lovepreet Singh S.D. Coll.

Regd.No. 114-2019-1054 Son of /daughter of Sh. Gurcharan Singh
residing at Raisay State Punjab.

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

Date 20/4/2022

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

Section II

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

Lovepreet Singh
Student

Section III

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

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

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

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

Section IV

I certify that Lovepreet Singh has undergone 282 hours training spread over 12 months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

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

Date 14.7.22

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

S.D. COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

S.D. College

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

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

Date 20/4/2022

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

Section II

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

Shanty
Student

Section III

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

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

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

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

Section IV

I certify that Shanty has undergone 282 hours training
spread over 12 months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

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

Date 14-7-22

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Dilpreet Singh
Regd.No. 114-2019-1053 Son of /daughter of Sh. Darshan Singh
residing at Ghanausi Kela State Punjab.

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

Date 20/4/2022

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

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

Dilpreet Singh
Student

Section III

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

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

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

[Signature]
(Apprentice Master)

Name and address of Institution

Section IV

I certify that Dilpreet Singh has undergone 282 hours training spread over 2 months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

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

Date 14.7.22

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA