Student Trainings/Internships SD College Barnala, Punjab

Certificate of Training

ZTOS

SOFTWARE SOLUTION

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B.O.: First Floor, Crown Tower, 100 Ft. Road, BATHINDA
Web.: www.infowiz.co.in E-mail: info@infowiz.co.in



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YEAR OF EXCELLENCE

Certificate

No. 14/2012 6M2022 135

This is certified that Mr./Ms.

SARAH

S/D/o. Sh. RANJAY SINGH

of 57 COLLEGE, BARNALA has successfully undergone Training Course DIGITAL MARKETING

From 27th JAN. 2022 to 234 MAY 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.



Managing Director

Chandigarh: 0172 4567888, 9023400888, 96460 00952

Technical Head

Bathinda: 0164 5007088, 90235 00888, 90236 00888

Dated: 28th May, 2022

CERTIFICATE

This certificate has been awarded to Ravdeep Kaur from SD College, Barnala who has undertaken an industrial training program 6 Months from 1st February, 2022 to 30th May, 2022 in HRM from Solitaire Infosys Pvt. Ltd.

During the tenure of this training with us, we found the candidate self-starter and hardworking.

Also, she is working sincerely on the assignments and her performance was satisfactory to be part of the team.

We wish the candidate success for all the future endeavors.

For Solitaire Infosys Pvt. Ltd.

Human Resources Department.

Principal 3.B. College Barnals

Solitaire Infosys Pvt. Ltd

Simple Creative Innovative



Dated: 28th May, 2022

CERTIFICATE

This certificate has been awarded to Navneet Kaur from SD College, Barnala who has undertaken an industrial training program 6 Months from 1st February, 2022 to 30th May, 2022 in HRM from Solitaire Infosys Pvt. Ltd.

During the tenure of this training with us, we found the candidate self-starter and hardworking. Also, she is working sincerely on the assignments and her performance was satisfactory to be part of the team.

We wish the candidate success for all the future endeavors.

For Solitaire Infosys Pvt. Ltd.

Human Resources Department.

Attested

Principal S.D. College

Barna

Solitaire Infosys Pvt. Ltd

Simple Creative innovative

INDIA (Head Office): Plot No: C-110, Industrial Area, Phase-7 Mohali (Pb.) | Ph: 0172 5090856
INDIA (Branch Office): SCO 8-9, FF, Factory Area, Near Hotel Flyover, Patiala (Pb.) 147001 | Ph: 0175-5000324

CANADA (Branch Office): SUITE 208, 3474-93 STREET NW EDMONTON ALBERTA-T6E 6A4, CANADA | (917)-829-3700

US (Corporate Office): 24981, OWENS LAKE CIR, LAKE FOREST CA 92630-2522

Solitaire Infosys

Dated: 28th May, 2022

CERTIFICATE

This certificate has been awarded to Ishika Laroiya from SD College, Barnala who has undertaken an industrial training program 6 Months from 1st February, 2022 to 30th May, 2022 in HRM from Solitaire Infosys Pvt. Ltd.

During the tenure of this training with us, we found the candidate self-starter and hardworking. Also, she is working sincerely on the assignments and her performance was satisfactory to be part of the team.

We wish the candidate success for all the future endeavors.

For Solitaire Infosys Pvt. Ltd.

Human Resources Department.

Attested

Principal S.D. College

Solitaire Infosys Pvt. Ltd

Solitaire

Dated: 28th May, 2022

CERTIFICATE

This certificate has been awarded to Harmanpreet Kaur from SD College, Barnala who has undertaken an industrial training program 6 Months from 1st February, 2022 to 30th May, 2022 in HRM from Solitaire Infosys Pvt. Ltd.

During the tenure of this training with us, we found the candidate self-starter and hardworking. Also, she is working sincerely on the assignments and her performance was satisfactory to be part of the team.

We wish the candidate success for all the future endeavors.

For Solitaire Infosys Pvt. Ltd.

Human Resources Department.

Attosted

Principal 3.0. College

Simple Creative

innovative

Solitaire Infosys Pvt. Ltd

INDIA (Head Office): - Plot No: C-110, Industrial Area, Phase-7 Mohali (Pb.) | | Ph: 0172 5090856 INDIA (Branch Office): - SCO 8-9, FF, Factory Area, Near Hotel Flyover, Patiala (Pb) 147001 | | Ph: 0175-5000324 CANADA (Branch Office): - SUITE 208, 3474-93 STREET NW EDMONTON ALBERTA-T6E 6A4, CANADA | 917)-829-3700 US (Corporate Office): - 2498], OWENS LAKE CIR, LAKE FOREST CA 92630-2522

A TONGRE YOAUV V



Dated: 28th May, 2022

CERTIFICATE

This certificate has been awarded to Amandeep Kaur from SD College, Barnala who has undertaken an industrial training program 6 Months from 1st February, 2022 to 30th May, 2022 in HRM from Solitaire Infosys Pvt. Ltd.

During the tinure of this training with us, we found the candidate self-starter and hardworking. Also, she is vorking sincerely on the assignments and her performance was satisfactory to be part of the tean.

We wish the cadidate success for all the future endeavors.

For Solitaire Infays Pvt. Ltd.

Human Resources :partment.

Attested

Principal S.D.

Solitæ Infosys Pvt. Ltd

Simple Creative Innovative

INDIA (Head OfficePlot No : C-110, Industrial Area, Phase-7 Mohali (Pb.) | I Ph : 0172 5090856 INDIA (Branch Office) :- SC-9, FF, Factory Area, Near Hotel Flyover, Pafiala (Pb.) 147001 | I Ph : 0175-5000324 CANADA (Branch Office) :- SUITIB, 3474-93 STREET NW EDMONTON ALBERTA-T6E 6A4, CANADA | I (917)-829-3700 US (Corpor) Ffice) :- 24981, OWENS LAKE CIR, LAKE FOREST CA 92630-2522

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A SOFTWARE SOLUTION

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Certificate

No. INFOWIZ6M2022 23

TUSHAR GOYAL This is certified that Mr./Ms._

S/D/o. Sh. PARVEEN KUMAR

of 5.1) COLLEGE, BARNALA has successfully undergone Training Course MGITAL MARKETING 10

_. During the tenure of the above course, we found him/her From 25th JAN. 2022 to 25th MAY 2022

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.

Attested

Managing Director

Chan¢igarh : 0172 4567888, 9023400888, 96460 00952 Technical Head Principal S.D. College

Barhinda: 0164 5007088, 90235 00888, 90236 00888

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Certificate of Training

> SOFTWARE SOLUTION

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E-mail: info@infowiz.co.in



No.INfbw12/6M2022/17

ertificate

This is certified that Mr./Ms. SARBJOT SINGH S/D/o. Sh. RAGHVIR SINGH

of S.D. COLLEGE, BARNALA has successfully undergone Training Course DIGITAL MARKETING

From 26th JAN. 2022 to 25th May 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.

Attested

Principal S.D. College Barnala

Chandigath: 0172 4567888, 9023400888, 96460 00952

Techhica

Head



Managing Di INFOW!

Bathinda: 0164.5007088, 90235 00888, 90236 00888

Certificate Training fo

SOFTWARE

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Web.: www.infowiz.co.in E-mail: info@infowiz.co.in



No. NFW12/6M2022/20

S/D/o. Sh. NARESH KUMAR

This is certified that Mr./Ms. RAHUL MITTAL

of S.D. College, BARNALA has successfully undergone Training Course. HR

From 27th JAN. 2022 to 23 4 Mpy 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.



Chandigarh: 0172 4567888, 9023400888, 96460 00952 Attestad

Bathinda: 0164 5007088, 90235 00888, 90236 00888

Vianaging Director



H.O.: SCO 118 - 120, Sector 34 - A, CHANDIGARH

Web.: www.infowiz.co.in B.O.: First Floor, Crown Tower, 100 Ft. Road, BATHINDA E-mail: info@infowiz.co.in



No. INBUOIZ/642022/99

Training

This is certified that Mr./Ms._ RANAY GUPTA

S/D/o. Sh. NARINDER KUMAR

of 5.D COLLEGE, BARNALA has successfully undergone Training Course

Of

From 25th JAN. 2022 to 25th Mry 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual.

Certificate

We wish him/her a very bright and prosperous future

Technidal

Chandigarh: 0172 4567888, 9023400888, 96460 00952



Principal S.D. Schage, Mandging Director

Bathinda: 0164 5007088, 90235 00888, 90236 00888

Bathinda: 0164 5007088, 90233 00000, ...

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TO Training Certificate



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No. INFOLO12/642022/27

This is certified that Mr./Ms._

OGESH SINGH

VINOD SINGH

of S.D. COLLEGE, BARNALA has successfully undergone Training Course DIGITAL MARKETING

From 015+ Feb. 2022 to 35th May 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.

Principal S.D. College



Managing Director

Chandigam 1 0172 4567888, 9023400888, 96460 00952

BathInda: 0164 5007088, 90235 00888, 90236 00888

Training Of Certificate

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SOFTWARE SOLUTION

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No. INFOLOR / 6M2022/98

This is certified that Mr./Ms._ NITISH GARG

S/D/o. Sh. SURESH KUMAR

of S.**) College, BARNALA** has successfully undergone Training Course From 015t FEB. 2022 to 25th MAy 2022. During the tenure of the above course, we found-him/her

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.



Principal S.D. College Stimes Director

CY 000 0042

Tethnical Head

Bathinda : 0164 5007088, 90235 00888, 90236 00888

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Web.: www.infowiz.co.in B.O.: First Floor, Crown Tower, 100 Ft. Road, BATHINDA E-mall: info@infowiz.co.in



This is certified that Mr./Ms. No. INFW12/6W2022/36

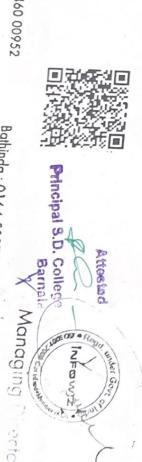
MUKAL SADIOURA S/D/o. Sh. KAVINER KUMAR

of S.D College, BARNALA has successfully undergone Training Course

From 13th APRIL 2022 to 88th Mpy 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.



andigam: 0172 4567888, 9023400888, 96460 00952

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Chandigath: 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

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Certificate of Training

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SOFTWARE SOLUTION

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Web.: www.infowiz.co.in E-mail: info@infowiz.co.in



No. IN BW12 6M2022/III

Certificate

This is certified that Mr./Ms. MOHNISH KUMAR \$/D/o. Sh._ RAVINDER KUMAR

of S:D GLLEGE, BARNALA has successfully undergone Training Course_ MARKETING

From 015t fee. 2022 to 30th May 2022. During the tenure of the above course, we found htm/her

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.



Attento

ZIEDINIZ

Principal S.D. Colless

Bay Managing Director

Chandigarh: 0172 4567888. 9023400888. 96460 00952

Head

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Training TO Certificate

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Web.: www.infowiz.co.in

E-mail: info@infowiz.co.in



No. INFOWNZEM202222 This is certified that Mr./Ms. MAYONK SINGLA

S/D/o. Sh. AND KUMAR SINGLA

of 5.P. COLLEGE, BARNALA has successfully undergone Training Course DIGITAL MARKETING From 25th JAN. 2022 to 25th MRY 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual. We wish him/her a very bright and prosperous future.

Principal S.D.

Managing Director

Chandigath: 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888



Dated: 28th May, 2022

CERTIFICATE

This certificate has been awarded to Manpreet Singh from SD College, Barnala who has undertaken an industrial training program 6 Months from 1st February, 2022 to 30th May, 2022 in Digital Marketing from Solitaire Infosys Pvt. Ltd.

During the tenure of this training with us, we found the candidate self-starter and hardworking.

Also, he is working sincerely on the assignments and his performance was satisfactory to be part of the team.

We wish the candidate success for all the future endeavors.

For Solitaire Infosys Pvt. Ltd.

Human Resources Department.

Attested

Principal S.D. College Barnala

Solitaire Infosys Pvt. Ltd

Simple Creative innovative

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No. INFW12/6M2022/137

E-mail: info@infowiz.co.in ertificate

fo Traiming This is certified that Mr./Ms. MANJINDER SINGH 5/D/o. Sh. JAGSIR SINGH

of S.D. COLLEGE, BARNALA has successfully undergone Training Course DIGITAL MARKETING

From 25th Jan. 2022 to 25th May 2022. During the tenure of the above course, we found htm/her

a hardworking & innovative individual.

Certificate

We wish hlm/her a very bright and prosperous future.

Chandigarh: 0172 4567888, 9023400888, 96460 00952

Bathinda: 0164 5007088, 90235 00888, 90236 00888 Attoated INFOWE.

Chandinath: 0172 4301000

Certificate Off Training

> B.O.: First Floor, Crown Tower, 100 Ft. Road, BATHINDA Web.: www.infowiz.co.in H.O.: SCO 118 - 120, Sector 34 - A, CHANDIGARH SOFTWARE E-mail: info@infowiz.co.in SOLUTION CRUCE TO SERVICE TO SE

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1 YEAR OF EXCELLENCE

This is certified that Mr./Ms.

LAKHWINDER

SINGH

S/D/o. Sh. BEANT SINGH

of S.D. COLLEGE, BARNALA has successfully undergone Training Course DIGITAL

MARKETING

a hardworking & innovative individual. From 26th JAN. 2022 to 25th MAY 2022. During the tenure of the above course, we found him/her

We wish him/her a very bright and prosperous future.

Technical Head

Chandigarh: 0172 4567888, 9023400888, 96460 00 52

Erincipal S.B. College Attestad



Managing Director ZIMBERE

Bathinda: 0164 5007088, 90235 00888, 90236 00888

Certificate Off Training



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E-mail: info@infowiz.co.in



ertificate

This is certified that Mr./Ms._ No.INFWIZEM2022 28

KIRANVEER SINGH

S/D/o. Sh. MALKEET SINGH

of 5.D COLLEGE, BARNALA has successfully undergone Training Course DIGITAL MARKETING

From 25th JAN. 2022 to 25th MAy 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.



Managing Director INFONE

Bathinda: 0164 5007088, 90235 00888, 90236 00888

Chandigarh: 0172 4567888, 9023400888, 96460 00952

Certificate fo Training



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Web.: www.infowiz.co.in E-mail: info@infowiz.co.in

No INFOWIZ/6M2022/18

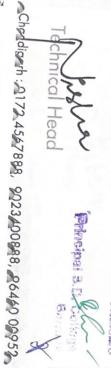
This is certified that Mr./Ms. KANWARJEET SINGH SIDIO. Sh. WSHPINDERPAL SINGH

of S.D. Courege, BARNAW has successfully undergone Training Course DIGITAL MARKETING

From 25th JAN. 2022 to 25th May 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.









Managing Director

Brithinda: 0164.5007088, 20235 00888, 20236 00888

Chandigarh: 0172 4567888, 9023400888, 96460 00952

Certificate off Training

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B.O.: First Floor, Crown Tower, 100 Ft. Road, BATHINDA H.O.: SCO 118 - 120, Sector 34 - A, CHANDIGARH

Web.: www.infowiz.co.in E-mail: info@infowiz.co.in



No. INFW12/6M2022/21

This is certified that Mr./Ms._

GARG

5/D/o. Sh. DHARMPAL

From 27th JAN. 2022 to 232d MAY 2022. During the tenure of the above course, we found him/her of 5.D COLLEGE, BARNALA has successfully undergone Training Course. エス

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.

Polencipal S.D. Colleg

Managing Director

Bathinda: 0164 5007088, 90235 00888, 90236 00888



Dated: 28th May, 2022

CERTIFICATE

This certificate has been awarded to Jaspreet Singh from SD College, Barnala who has undertaken an industrial training program 6 Months from 1st February, 2022 to 30th May, 2022 in HRM from Solitaire Infosys Pvt. Ltd.

During the tenure of this training with us, we found the candidate self-starter and hardworking.

Also, he is working sincerely on the assignments and his performance was satisfactory to be part of the team.

We wish the candidate success for all the future endeavors.

For Solitaire Infosys Pvt. Ltd.

Human Resources Department.

Attested

Principal S.D. College Barnala

Solitaire Infosys Pvt. Ltd

Simple Creative innovative

INDIA (Head Office): Plot No.: C-110, Industrial Area, Phase 7 Mohali (Pb.) | Ph. 0172 5090856
INDIA (Branch Office): SCO 8-9, FF, Factory Area, Near Hotel Flyover, Patiala (Pb.) 147001 | Ph. 0175-5000324
CANADA (Branch Office): SUITE 208, 3474-93 STREET NW EDMONTON ALBERTA-T6E 6A4, CANADA | (917)-829-3700
US (Corporate Office): 24981, OWENS LAKE CIR, LAKE FOREST CA 92630-2522



Dated: 28th May, 2022

CERTIFICATE

This certificate has been awarded to Jashandeep Singh from SD College, Barnala who has undertaken an industrial training program 6 Months from 1st February, 2022 to 30th May, 2022 in HRM from Solitaire Infosys Pvt. Ltd.

During the tenure of this training with us, we found the candidate self-starter and hardworking.

Also, he is working sincerely on the assignments and his performance was satisfactory to be part of the team.

We wish the candidate success for all the future endeavors.

For Solitaire Infosys Pvt. Ltd.

Human Resources Department.

Principal S.D. Carlege

Solitaire Infosys Pvt. Ltd

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Training Certificate Of

SOFTWARE SOLUTION

B.O.; First Floor, Crown Tower, 100 Ft. Road, BATHINDA H.O.: SCO 118 - 120, Sector 34 - A, CHANDIGARH Web.: www.infowiz.co.in



No.INFOWIZEM2022/15

This is certified that Mr./Ms. GURTEJ SINGH

S/D/o. Sh.

SHER

SINGH

of S.D. College, BARNALA has successfully undergone Training Course From 21th JAN. 2022 to 234 Mpy 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual. We wish him/her a very bright and prosperous future.

Attestad

Principal S.D. College

Managing Director

Chandigarh: 0172 4567888, 9023400888, 96460 00952

Bathinda: 0164 5007088, 90235 00888, 90236 00888

Certificate Training off Web.: www.infowiz.co.in

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E-mail: info@infowiz.co.in



No. INFOWIZEM2022/19

This is certified that Mr./Ms. GURLOVELEEN SINGH S/D/o. Sh. JASWINDER SINGH

of 5.D. COLLEGE, BARNALA has successfully undergone Training Course

HR

From 21th JAN: 2022 to 232 MAY 2022. During the tenure of the above course, we found him/her

a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.

Attested

Principal S.D. College Barnaja

Chandigarh: 0172 4567888, 9023400888, 96460 00952

Managing Director

Bathinda: 0164 5007088, 90235 00888, 90236 00888

Solitaire

Dated: 24th May, 2022

CERTIFICATE

This certificate has been awarded to Budhpreet Singh from SD College Barnala who has undertaken an industrial training program 6 Months from 1st February, 2022 to 30th May, 2022 in Digital Marketing from Solitaire Infosys Pvt. Ltd.

During the tenure of this training with us, we found the candidate self-starter and hardworking.

Also, he is working sincerely on the assignments and his performance was satisfactory to be part of the team.

We wish the candidate success for all the future endeavors.

For Solitaire Infosys Pvt. Ltd.

Human Resources Department.

Attonto

Principal S.D. College Barnala

Solitaire Infosys Pvt. Ltd

Simple Creative Innovative

INDIA [Head Office]: Plot No: C-110, Industrial Area, Phase-7 Mohali (Pb.) | Ph: 0172 5090856

INDIA (Branch Office): SCO 8-9, FF, Factory Area, Near Hotel Flyover, Patiala (Pb) 147001 | Ph: 0175-5000324

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US (Corporate Office): 24981, OWENS LAKE CIR, LAKE FOREST CA 92630-2522

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E-mail : info@infowiz.co.in



Certificate

No.INPONIZ BARBOZZIOU

ASHISH This is certified that Mr./Ms._

5/D/o. Sh. SANJEEV KUMAR of S.D COLLEGE, BARNALA has successfully undergone Training Course_

From 26 th JAN. 2022 to 25th MAY 2022. During the tenure of the above course, we found him/her a hardworking & innovative individual.

We wish him/her a very bright and prosperous future.

Technidal Head

2 P. O

Principal S.D. College

Attestad

Managing Director

Bathinda . 0144 Ennan

Chandigarh : 0172 4567888, 9023400888, 96460 00952

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H.O.: SCO 118 - 120, Sector 34 - A, CHANDIGARH

B.O.: First Floor, Crown Tower, 100 Ft. Road, BATHINDA E-mail: info@infowiz.co.in Web.: www.infowiz.co.in











Experience Certificate

Reference no :-/923

This is to certify that Mr/Ms. Mn.3h Kumas

5/D/o. Sh. Mangs Kumar

was working as a Talinee in Digital Marketing with our organization INFOWIZ - A Software Solution, Chandigarh from 27, Tan 2022 to 23, May 2022

During the tenure, we found him/her hardworking and an innovative individual. His/her performance was excellent.

Attestad

Barnall Principal S.D. College

Managing Director

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

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| A street Have | 0 |
| Regd.No. 114-2021-806 Son of /daughter of Sh. Ranit Single residing at barnale State fun jab Who has produced evidence before me that He/She is entitled to receive the Presidence of Sh. Ranit Single residing at barnale state fun jab who has produced evidence before me that He/She is entitled to receive the Presidence of Sh. Ranit Single residence before me that He/She is entitled to receive the Presidence of Sh. Ranit Single residence of Sh. Ranit Sing | |
| Basinal & Basinal & | |
| Who has produced evidence before me that He/She is entitled to receive the Pre | actical |
| Training as per ordinances framed by Punjabi University, Patiala, under the rules from New Delhi. | n UGC |
| Date 1.8.22 | 6.0 |
| Nodal Officer Principal | Mindipa |
| B Voc (MLMDT) S.D. College, Bar | "BARNALA |
| Section II | |
| (Name of Student) (Name of Trainer) | |
| training and agree to obey and respect him/her during the entire period of my training | J |
| Amuitou | net Kaw |
| Section III | |
| (Name of Trainer) (Name of Student) | |
| Him/her training facilities in my organization so that during his/her training he/she acquire:- | may |
| Working knowledge of keeping of records related to clinical laboratory. | |
| a) Sample collection, processing and preservation | |
| b) Precautions to be taken in clinical laboratory c) Hematological analysis. | |
| d) Biochemical analysis of various samples. e) Microbiological analysis of samples. | |
| | |
| I also agree that a trained technologist shall be assigned for his/her guidance. | |
| Hay du kar | ٠, |
| (Apprentice Master) Name and address of Instit | intion |
| Section IV | |
| I certify that standing the factor of the spread over months in accordance with details enumerated in section III | sining |
| Head of the Training Institute | 24 |
| Head of the Training Institut | ion |
| I certify that which select his practical training as per ordinances framed by Punjabi University, Patials and the | in the ne |
| practical training as per ordinances framed by Punjabi University, Patiala, under the from UGC New Delhi. | rules |
| Date 1: 9:22 | 0 |
| Nodal Office Principal | h |
| B Voc (MLMDT) Attented S.D. College, Barr S.D. College | nata ^P rincipal BARNALA |

Principal S.D

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



| | S.D. College, |
|---|--|
| This form has been issued to Mr./Ms. Jushkar | |
| Regd.No. 114-2021-828 Son of (daughter of Sh | Daget lines |
| Regd.No. 114-2021-828 Son of /daughter of Sh. residing at Barnala State | Punjas, |
| Who has produced evidence before me that He/She Training as per ordinances framed by Punjabi University New Delhi. | |
| Date. 1.8:22 WASDLE | 60 |
| Nodal Officer B Voc (MLMDT) | Principal Principal |
| | Principal Principal S.D.College, Barnala S.D. College, BARNALA |
| Section II | |
| (Name of Student) (Name of Trainer) training and agree to obey and respect him/her during | _ |
| training and agree to obey and respect him/her during | the entire period of my training. |
| | Austra S. |
| 1. Bolwart histogram Section III | |
| (Name of Trainer) (Name of Student) | a trainee and I agree to give |
| Him/her training facilities in my organization so that acquire:- | during his/her training he/she may |
| Working knowledge of keeping of records related to 2. Practical Experience in, | clinical laboratory. |
| a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples. | |
| I also agree that a trained technologist shall be assigned | ed for his the Ballyant file |
| and a substitution of the | Bakwent Steeph |
| | D.M.L.T. (Pb) (Apprentice Master) |
| Section IV | Name and address of Hospitution |
| 0 | Chanal Nagar, Phagware |
| I certify that | s undergone 120 hours training |
| | D.M.L.T. (Pb) Head of the Training Institution |
| Section V | road of the framing thetitution |
| I certify that Puskar Sugh has | completed in all respect his/her |
| practical training as per ordinances framed by Punjab from UGC New Delhi. | i University, Patiala, under the rules |
| Date 12 . 9 . 2 2 | 00 |
| Nodal Officer | Principal |
| B Voc (MLMDT) | Attosted S.D.College, Barnala BARNALA |
| | S.D. Collens |
| Principal S | S.D. Collens |
| | |

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



| SECTION | S.D. College B |
|---|--|
| This form has been issued to Mr./Ms. Mittel | garg |
| This form has been issued to Mr./Ms. Mittesty Regd.No. 114-2021-824 Son of /daughter of | sh. Bhanchard Gasa |
| Who has produced evidence because | 11/26. |
| Training as per ordinances framed by Punjabi Univ | ersity, Patiala, under the rules from UGC |
| Date I. Avg. 2022 Nodal Officer | Principal Q.S. |
| B Voc (MLMDT) | Principal S.D. plege Barnala |
| Section II | May 12 mars 14 Mr Ohre 19 |
| I. MITENE GARG accept | 100) |
| training and agree to obey and respect him/her dur | ing the entire period of my training. |
| | Mitch 91 |
| Section III | Student |
| (Name of Trainer) accept MITESH GARG | as a trainee and I agree to give |
| Him/her training facilities in my organization so t | hat during his/her training he/she may |
| Working knowledge of keeping of records related Practical Experience in, Sample collection, processing and preservation. Precautions to be Approximately. | |
| b) Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. | |
| e) Microbiological analysis of samples. | R Bands |
| Tales serve that a server that | RAVI BHUSHAM |
| I also agree that a trained technologist shall be ass | Near Usi Nam I aala Granad |
| | (Apprentice \$400 (Pb.) |
| Section IV | Name and address of Institution |
| I certify that MITESH GARG spread over months in accordance with de | has undergone 220. hours training etails enumerated in section III R Canl |
| . Section V | RAVI BHUSHAN Med. Technologist Head of the Training |
| I certify that HILL GONG h practical training as per ordinances framed by Punj from UGC New Delhi. | Near Old Ram Leela Ground |
| Date 1.9.2.2 \ NOGO | , and the |
| Nodal Officer | |
| B Voc (MLMDT) | Attested S.D.College, Barnala Filippin |
| | S.D. College, BARNALA |

Principal S.D. College Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



| | SECTION I |
|-----|---|
| | this form has been issued to Mr./Ms. Jony Kumar 1.0. Counge |
| | Regd. No. 114-2021 - 823 Son of /daughter of Sh. Lakapati |
| | Regd.No. 14-201-823 Son of /daughter of Sh. Lakapati residing at fazilka State funds. Who has produced evidence before me that He/She is entitled to receive the Practical New Delhi. |
| | Date. 11:8:22 Wasale |
| | Nodal Officer B Voc (MLMDT) S.D. College, Barnala rincipal D. College, BARNALA |
| | |
| Svi | (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. |
| | |
| | Jony Kumor Student |
| | Section III I. Dr. Ashe K. Sidemaccept |
| | |
| | Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. |
| | I also agree that a trained technologist shall be assigned for his/her guidance. Dr.Ashok Bidana |
| | (Apprentice Master)/11434 Name Standard Disconditional Section IV 1 certify that |
| | Dr. Ashok Side |
| | Section V Section V 1. Sidena, S Diagnostic Laboratory |
| | I certify that |
| | Date 12:9:12 Nodal Officer |
| | B Voc (MLMDT) Attested Principal S.D.College, Barnala Principal |
| | B.D. College, BARNALA |

Principal S.D. College Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



| SECTION I |
|---|
| This form has been issued to Mr./Ms. Mankect Kaux 3.5. |
| Regd. No. 114-2021-985 Son of /daughter of Sh. Jagair Singly |
| This form has been issued to Mr./Ms. Manket Kaux S.D. College, BANNAL Regd.No. 114-2021-985 Son of /daughter of Sh. Jagain Single residing at V.P.O Kaleke State Purab. 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 |
| Nodal Officer Principal Principal |
| B Voc (MLMDT) S.D. College, Bagya PNALA S.D. College, Bagya PNALA |
| Section IT |
| (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. |
| Hanbyllk four |
| Coction TTT |
| (Name of Training facilities in my organization so that during his/her training he/she may |
| acquire:- |
| 1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in, 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. |
| Hay dukan |
| (Apprentice Master) |
| Section IV Name and address of Institution |
| I certify that Mannel kauu has undergone |
| · Hay de kan |
| Section V Head of the Training Institution |
| |
| I certify that |

Principal S.D. Co

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

| | Deliver |
|--|--|
| | TO CHURCO PAENAL |
| SECTION I | S.D. Collage, DAIL |
| This form has been issued to Mr./Ms. Jaipsata | p style vixk. |
| This form has been issued to Mr./Ms. Suprata Regd.No. 114-202/-821 Son of /daughter of Sh. residing at Barala State Pur Who has produced evidence before me that He/She Training as per ordinances framed by Punjabi Universit | sewa singh |
| residing at Baenala State Pur | yas |
| Who has produced evidence before me that He/She Training as per ordinances framed by Punjabi University New Delhi. | ty, Patiala, under the rules from UGC |
| Date | O. P |
| Modal Office | Principal S.D.College, Barhalarinci al |
| B Vog.(MLMDT) | S.D. College, BARNALA |
| Section II | g 4, and 4 to 1, and 5 |
| I JAI PARTAP SINGH VIRK accept KULD SEP SINGH (Name of Student) (Name of Trainer) | of FRIENDS COMPUTPIESED |
| (Name of Student) (Name of Trainer) (Name of the Hospital / Labora training and agree to obey and respect him/her during | atory) as my trainer for the above |
| training and agree to obey and respect nim/ner during | T // C / // 6 |
| | Taipartaf South Visk |
| Section III | / Student |
| | |
| I KYLDEEP SWAM accept JAIPARTAP SING HIRKS (Name of Trainer) (Name of Student) | a trainee and I agree to give |
| Him/her training facilities in my organization so that | during his/her training he/she may |
| acquire:- | |
| Working knowledge of keeping of records related to Practical Experience in, Sample collection, processing and preservation. | clinical laboratory. |
| b) Precautions to be taken in clinical laboratory c) Hematological analysis. | |
| d) Biochemical analysis of various samples. | |
| | |
| e) Microbiological analysis of samples. | |
| | |
| e) Microbiological analysis of samples. I also agree that a trained technologist shall be assign | |
| | ned for his/her guidance. Friends Computerised Laboratory |
| | Friends Computerised Laboratory Near First 120 Spirat BARNALA |
| I also agree that a trained technologist shall be assign | Friends Computerised Laboratory |
| I also agree that a trained technologist shall be assign Section IV | Friends Computerised Laboratory Near First 125 Spirat BARNALA Name and address of Institution |
| I also agree that a trained technologist shall be assign Section IV | Friends Computerised Laboratory Near First 1956 tag BARNALA Name and address of Institution as undergone 18.00 hours training |
| I also agree that a trained technologist shall be assign Section IV I certify that Infantal Singh Like | Friends Computerised Laboratory Near First 1986 Fig. 12 ARNALA Name and address of Institution as undergone 18.00 hours training |
| I also agree that a trained technologist shall be assign Section IV I certify that Indianal Supplication in accordance with details. | Friends Computerised Laboratory Near First 1986 Fig. 12 ARNALA Name and address of Institution as undergone 18.00 hours training |
| I also agree that a trained technologist shall be assign Section IV I certify that Infantal Singh Like | Friends Computerised Laboratory Near Final Pospital BARNALA Name and address of Institution as undergone hours training as undergone in section III Head of the Engineer destriction |
| I also agree that a trained technologist shall be assign Section IV I certify that Advanta months in accordance with details and section V I certify that Advanta Section V | Friends Computerised Laboratory Near Figure 10 Spiral BARNALA Name and address of Institution as undergone hours training all training destribution Near Charles and Address of Institution Near Charles and Address of Institution Near Charles and Address of Institution Near Charles and Institution of Institut |
| I also agree that a trained technologist shall be assign Section IV I certify that Infantal Single Section V Section V | Friends Computerised Laboratory Near Figure 10 Spiral BARNALA Name and address of Institution as undergone hours training all training destribution Near Charles and Address of Institution Near Charles and Address of Institution Near Charles and Address of Institution Near Charles and Institution of Institut |
| I also agree that a trained technologist shall be assign Section IV I certify that Infantal Suph be spread over months in accordance with detaining as per ordinances framed by Punjal | Friends Computerised Laboratory Near Figure 10 Spiral BARNALA Name and address of Institution as undergone hours training all training destribution Near Charles and Address of Institution Near Charles and Address of Institution Near Charles and Address of Institution Near Charles and Institution of Institut |
| I also agree that a trained technologist shall be assign Section IV I certify that Inflation with deta Section V I certify that Inflation II cer | Friends Computerised Laboratory Near Civil 10 Spiral BARNALA Name and address of Institution as undergone hours training nils enumerated in section III Head of the Training destriction Near Civil 11 respect his/her bi University, Patiala, under the rules |
| I also agree that a trained technologist shall be assign Section IV I certify that make a months in accordance with deta Section V I certify that a labeled a section V I certify t | Friends Computerised Laboratory Near First Hospital BARNALA Name and address of Institution as undergone hours training nils enumerated in section III Head of the Training destitution Near Charles and the respect his/her bi University, Patiala, under the rules Attested Principal Principal S.D.College, Barnala and L.D. |
| I also agree that a trained technologist shall be assign Section IV I certify that management in accordance with detail training as per ordinances framed by Punjal from UGC New Delhi. Date 12.9.2.2 Nodal Officer B Voc (MLMDT) | Friends Computerised Laboratory Near Final Coshital BARNALA Name and address of Institution as undergone hours training as undergone hours training all training destriction Head of the Francisco Completed in all respect his/her bi University, Patiala, under the rules Attested Principal Principal S.D.College, Barnala BARNALA |
| I also agree that a trained technologist shall be assign Section IV I certify that management in accordance with deta Section V I certify that months in accordance with deta Section V I certify that months in accordance with deta Practical training as per ordinances framed by Punjal from UGC New Delhi. Date 12 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Friends Computerised Laboratory Near First Hospital BARNALA Name and address of Institution as undergone hours training nils enumerated in section III Head of the Training destination Near Charles and the respect his/her bi University, Patiala, under the rules Attested Principal Principal S.D.College, Barnala and A.D.M.L.A. |

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



| This form has been issued to Mr./Ms. | SECTIONI | \$.D. College, |
|---|-----------------------------|---|
| Regd, No. 114 - 2021 - 813 son of | /dayahtar of Sh | Suradia Kumas |
| This form has been issued to Mr./Ms Regd.No. 114-2021-813 son of residing at <u>Barnals</u> Who has produced evidence before Training as per ordinances framed by New Delhi. | me that He/She is | s entitled to receive the Practical |
| Nodal Of B Voc (ML | • | Principal S.D. College, Barnala Hnclps! |
| (Name of Student) (Name of the Harmining and agree to obey and respec | IOSDITAL / LADOPATO | orvi as my trainer for the above |
| | | Student |
| (Name of Training facilities in my organicularise) | tudent) | |
| Working knowledge of keeping of ref. Practical Experience in, Sample collection, processing and Precautions to be taken in clinical Hematological analysis. Biochemical analysis of various sa Microbiological analysis of sample | preservation. laboratory | nical laboratory. |
| I also agree that a trained technologi | st shall be assigned | for his/her guidance. |
| I certify that Power | Section IV | (Apprentice Master) Name and address of Institution |
| spread overmonths in acco | rdance with details | undergone1.8.0. hours training enumerated in section III Hary le hau |
| | | Head of the Training Institution |
| I certify that | ficer MDT) | Attested Principal Principal S.D. College Barnal Principal |
| | Principal | S.D. Callege |

.nala w/

| SECTION I DO COM MICIPAL |
|--|
| This form has been issued to Mr./Ms. Guykamal Singly College, BARNALA |
| This form has been issued to Mr./Ms. Gukanal Lingto D. College, BARNALA Regd.No. 114-2021-819 Son of /daughter of Sh. Rajwart Lingto residing at Banala State Punjab. Who has produced evidence before me that He/She is entitled to receive the State St |
| residing at Barnala State Puniah: |
| Who has produced evidence before me that He/She is entitled to receive the Practical New Delhi. |
| Date :8:22 |
| Nodal Officer B Voc (MI MDT) Principal |
| S.D. College, Barnara Mcipat |
| Section II |
| B. Name of Student) (Name of Trainer) (Name of Trainer) |
| (Name of Trainer) training and agree to obey and respect him/her during the entire period of my training. |
| Gusbornal Sirah |
| |
| (Name of Frainer) (Name of Student) Section III (Name of Frainer) (Name of Student) |
| Him/her training facilities in my organization so that during his/her training he/she may |
| |
| Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. |
| I also agree that a trained technologist shall be assigned for his/her guidance. |
| assigned for his/her guidance. |
| Alger for |
| (Apprentice Master) Name and address of Institution |
| |
| certify that Mukamal Jury has undergone 18.0. hours training spread over months in accordance with details enumerated in section III |
| Section V Head of the Training Institution |
| Section V Head of the Training Institution |
| I certify that |
| 1. N. 1. O. |
| Pate 1:1:22 |
| B Voc (MLMDT) Attested Principal |
| S.D. College, Rantilla Cilibria |
| Principal S.D. College, BARNALA |
| Barnas |



| SECTION I | e / S.D. College, |
|---|---|
| This form has been issued to Mr./Ms. Mas hjot | Singh |
| This form has been issued to Mr./Ms. Rab hjot Regd.No. 114-2021-827 Son of /daughter of Sh. residing at Barnala State Purjak Who has produced evidence before me that He/she is | Guimeet Singh |
| residing at Barnala State Pariak | |
| Who has produced evidence before me that He/she is Training as per ordinances framed by Punjabi University, New Delhi. | entitled to receive the Practical Patiala, under the rules from UGC |
| Date. 11-8-99 | S. C. |
| Nodal Officer B Vog (MLMDT) | Principal Principal |
| () | Seis-Oemoge, BARNALA |
| Section II | Mal Controled |
| I. Penabhyat Singh accept Rakosh Kuman (Name of Student) (Name of Trainer) | of Eishu Computers Ka |
| training and agree to obey and respect him/her during the | ry) as my trainer for the above e entire period of my training. |
| | Sentant Surf |
| Section III | Student |
| I. Rakesh Kumm accept Penabhyot Singh as a to (Name of Trainer) (Name of Student) | rainee and I agree to give |
| (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that du acquire:- | ring his/her training he/she may |
| Working knowledge of keeping of records related to clir Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. | iicar laboratory. |
| I also agree that a trained technologist shall be assigned | for his/her guidance. |
| | (Apprentice Master) |
| Section IV | Name and address of Institution Parkoch Fuma |
| I certify that Pnabhipt Singh has i | undergone |
| I certify that | enumerated in section III |
| | Hand of the Tunining To Mind |
| Section V | Head of the Training Institution Rakesh Klumae 1 |
| I certify that Snahhipt Singh has co practical training as per ordinances framed by Punjabi Un from UGC New Delhi. | moleted in all respect his/her |
| Date | (D) (|
| Nodal Officer B Voc (MLMDT) | Principal Principal |
| | S.D. Conege, BARNALA |
| Principal 3.D | . College |
| | Me A |



| | | | color |
|---|---|--|---|
| This form has been issued to Regd.No. 114-2021-82 residing at Khevi | SECTION I | 1. O. B. | D, College |
| This form has been issued to | :0 Mr./Ms. Namano | reep singer | |
| Regd.No. 117-2021-82 | Son of /daughter of S | h. Naseeb J | lagh |
| who has produced eviden | State /U | njas. | <u>(/</u> |
| Who has produced eviden Training as per ordinances New Delhi. | framed by Punjabi Univer | n∉ is entitled to re sity, Patiala, under | ceive the Practical the rules from UGC |
| Date | Nodal Officer | | Defination & E |
| | B Voc (MLMDT) | s.g | Principal () () () () () () () () () (|
| - Romanda Maria | Section II | | |
| (Name of Student) | Iccept WHY Hary Index K | aun of Grail t | tospital |
| I. RamandiehSingha (Name of Student) (Name training and agree to obey | of the Hospital / Labo and respect him/her durin | ratory) as my trai g the entire period o | ner for the above of my training. |
| | | | Ramaneep Singh |
| O II II I Your | Section III | | Stanelif |
| (Name of Trainer) (Him/her training facilities acquire:- | Name of Student) | s a trainee and I agr | ee to give |
| acquire:- | , | t during his/her tra | ining he/she may |
| Working knowledge of ke Practical Experience in, Sample collection, proceed Precautions to be taken Hematological analysis Biochemical analysis of Microbiological analysis | essing and preservation. in clinical laboratory | o clinical laboratory. | |
| I also agree that a trained t | technologist shall be assign | ned for his/her avid | 200 |
| | 3 | , | ele faire |
| | | (Apprenti | ce Master) |
| Ō | Section IV | Name and add | ress of Institution |
| I certify that Raman spread over mont | deep suth h | as undergone | nours training |
| | | | |
| ^ | Section V | Head of the Train | ning Institution |
| I certify that XO. M.O. practical training as per ord from UGC New Delhi. | notes he simol | | \$ % + 2 % t |
| Date | Lipale | | |
| | Nodal Officer B Voc (MLMDT) | Attested | Bringing Co. |
| | | | Principal Principal |
| | Principa | S.D. College | 8.D. Oollege, BARNALA |
| About the second se | note supplicate | Barnels | |

| SECTION I |
|--|
| This form has been issued to Mr./Ms. Yuvaay Singh 8.D. College. |
| Regd. No. 1/4-2021-831 Son of /daughter of Sh. Talsem Singh |
| Regd.No. 1/4-2021-831 Son of /daughter of Sh. Talsem Singh residing at Banala State Purjab. Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. |
| Notal Officer B Voc (MLMDT) Principal S.D. College, Barhala Frincipal S.D. College, BARNALA |
| Section II I. Yung Ame of Student) (Name of Student) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training. |
| Section III Section III I Manual Ma |
| Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. |
| I also agree that a trained technologist shall be assigned for his/her guidance. (Apprentice Master) Name and address of Institution Section IV I certify that (1984) has undergone (8.0), hours training spread over |
| Hair de kan |
| I certify that |
| Principal S.D. College Battaga |

| | (4,14) |
|--|---|
| | |
| | 4 |
| SECTION I | \$.D. College, |
| This form has been issued to Mr./Ms. Mankeel | Kau |
| Regd.No. 114-2016-1035 Son of /daughter of Sh | . Afmer Singh |
| residing at Schina, Barnala State 11 | 11/06 |
| Who has produced evidence before me that He/Sh Training as per ordinances framed by Punjabi Univers | ity, Patiala, under the rules from UGC |
| New Delhi. | |
| Nodal Officer | Principal A |
| B Voc (MLMDT) | S.D. College, Barnala Frincipal D. College, BARNALA |
| Section II | |
| I. Manberett Kaus accept Mr. Hanimder. | Kawor Civil Hospital |
| (Name of Student) (Name of Trainer | ratory) as my trainer for the above |
| and agree to obey and respect mm/ner during | NAM MALL |
| | Man profet Student Jane |
| Section III | |
| (Name of Trainer) (Name of Student) | |
| Him/her training facilities in my organization so that acquire:- | t during his/her training he/she may |
| Working knowledge of keeping of records related to | clinical laboratory |
| Practical Experience in, a) Sample collection, processing and preservation. | Chincal laboratory. |
| 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 assign | ned for his/her guidance. |
| | Hayr deckay |
| | (Apprentice Master) Name and address of Institution |
| Section IV | |
| I certify that Manned Kouy spread over months in accordance with deta | as undergone .18.0. hours training |
| | |
| Section V | Head of the Training Institution |
| I corrier that Manbered Kalls | completed in all respect his/her |
| practical training as per ordinances framed by Punjat from UGC New Delhi. | completed in all respect his/her Di University, Patiala, under the rules |
| Date19:22 | 61 |
| flodal Officer B Voc (MLMDT) | Attested Principal S.D.College, Barnala Principal S.D. College, BARNALA Barnala Principal S.D. College, BARNALA |
| | S.D. College, BARNAI A |
| Principal 9 | S.D. College |
| | WORLD CO., LIX |

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

| 9 | SECTION I S.D. College F |
|--|---|
| This form has been issued to Mr./Ms | Section I 3.D. College, El Jatinder fal Sigh nughter of Sh. Sewa Singh tate Purjab: that He/She is entitled to receive the Practical |
| Regd.No. 114-2021 -822 Son of /da | nughter of Sh. Sewa lingh |
| residing at <u>Barnala</u> s | tate Punjab. |
| Training as per ordinances framed by Pur | that He/She is entitled to receive the Practical jabi University, Patiala, under the rules from UGC |
| New Delhi. Date | |
| Nodal Office | Principal Principal S.D. College, Barnala S.D. College, BARNALA |
| B Voc (MLMD | |
| - | Section II |
| 1)HONDERAL SINGHaccept GURLE | TET SMAY OF FRIENDS COMPUTERISED |
| training and agree to obey and respect his | nme of Trainer) ital / Laboratory) as my trainer for the above n/her during the entire period of my training. |
| | Tatingler fal Singh Wind |
| , <u>s</u> | antin WF |
| I GURLET SWAY accept JATINDERP | ALSNGH |
| (Name or Trainer) (Name of Stude | nt) ation so that during his/her training he/she may |
| acquire:- | ation so that during his/her training ne/sne may |
| 1. Working knowledge of keeping of recor | ds related to clinical laboratory. |
| 2. Practical Experience in,a) Sample collection, processing and preb) Precautions to be taken in clinical laboratory | |
| c) Hematological analysis. | |
| d) Biochemical analysis of various sample e) Microbiological analysis of samples. | 2 S. |
| I also agree that a trained technologist sh | all be assigned for his/her guidance |
| | Friends Computerised Laboratory |
| | (Apprentice Master) |
| | Name and address of Institution ection IV |
| I certify that Tatinda Sal Singh | has undergone 180 hours training |
| spread overmonths in accordan | ce with details enumerated in section III |
| | |
| . s | ection V |
| Total Dall sin | Meer CKMMosphal BARNALA |
| practical training as per ordinances frame from UGC New Delhi. | by Punjabi University, Patiala, under the rules |
| Date 12:12:2 | |
| Nodal Officer | Assault |
| B Voc (MLMDT | S.D.College, Barnala Thicipal |
| | S.D. College, BARNALA |

Principal 3.D. College



| Mnelpat |
|---|
| SECTION I 8.D. College, Daniel |
| This form has been issued to Mr./Ms. Asshpreet Kany |
| Read, No. 114-2021-807 Son of /daughter of Sh. Market lingh |
| Puriate |
| This form has been issued to Mr./Ms. Ash pleet kany Regd.No. 1/4-2021-807 Son of /daughter of Sh. Market Lingh residing at Sarguu State Purjas. Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. |
| Date |
| Section II |
| - Augliliant Kouse Weekler Walton Charle Harlita |
| I. Arithmet Kaus accept Wr. Harrinder tour Civil Hashital (Name of Student) (Name of the Hospital / Laboratory) as my trainer for the above |
| |
| And agree to obey and respect him/her during the entire period of my training. And proof tout |
| Section III |
| I.M. Harrinder, accept Arshferet Lours 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 |
| Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. |
| I also agree that a trained technologist shall be assigned for his/her guidance. |
| fay le kan |
| (Apprentice Master) |
| Name and address of Institution Section IV |
| I certify that Assumed Kow has undergone |
| Hay de bore |
| Head of the Training Institution Section V |
| I certify that |
| Nodal Officer B Voc (MLMDT) S.D. Conego, BARNALA |
| Carnala Carna Carnala Carnala Carnala Carnala Carnala Carnala Carnala Carnala |



| | | Mar V Mill |
|--|--|---|
| | SECTION I | 8.D. College, it |
| This form has been issued to Mr./Ms | Shakshe | AMbre 1186 |
| This form has been issued to Mr./Ms. Regd.No.1/4-2021-3/6 Son of residing at Barnala. Who has produced evidence before in Training as per ordinances framed by the second secon | daughter of Sh. Hema | nt Singh |
| residing at Bainala. | state Punjab | |
| Who has produced evidence before n | ne that He/She is entitled | to receive the Practical |
| Training as per ordinances framed by F New Delhi. | Punjabi University, Patiala, | under the rules from UGC |
| Date 1:8:22 | Al2 | a.f. |
| Nodal Office | www. | Principal Principal |
| B Voc (MLN | IDT) | S.D. College, Barnala S.D. College, BARNALA |
| 0) | Section II | |
| I. Shabshi accept Qu. | Harrinder Court | vil Hospital |
| . Do Mana John (Name of the Ho | (namejor irainer) Spital / Laboratory) as m | v trainer for the above |
| training and agree to obey and respect | him/her during the entire p | eriod of my training. |
| | | Student |
| | Section III | Student |
| (Name of Trainer) (Name of Strainer) | W' as a trained and | d T names to alive |
| trancal induction that the property of the pro | dent) . | |
| Him/her training facilities in my organ acquire:- | ization so that during his/I | her training he/she may |
| 2. Practical Experience in, a) Sample collection, processing and p b) Precautions to be taken in clinical la c) Hematological analysis. d) Biochemical analysis of various sam e) Microbiological analysis of samples. | ples. | |
| I also agree that a trained technologist | shall be assigned for block | se mortidani. |
| | Jr. Je assigned for his/fle | r guidance. |
| | (Ap | prentice Master) |
| | Name as Section IV | nd address of Institution |
| I certify that Shakshi | | |
| spread overmonths in accorda | has undergone | 1.1.30 hours training ad in section III |
| | H | arte fay |
| | Section V Head of th | e Training Institution |
| I certify that Shakalij | has completed | |
| practical training as per ordinances fran from UGC New Delhi. | ned by Punjabi University, | Patiala, under the rules |
| Date 1 9:22 | | 20 |
| Datell | r D von late | 2 h Grincipal |
| B Voc (MLMD | (T) | S.D. College Sar BARNALA |
| Es. | A Company | 8 D' Colleffe, par |
| | Macipal 3.D. Cyllogu Barnald | _/ |
| | PARCE E CO. | X |

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

| | Del Bill |
|--|---|
| CECTION I | S.D. College, BARNAL |
| Man Vina | -972 - 4 - |
| residing at Baenale State Purials Who has produced evidence before me that He/She is entitled Training as per ordinances framed by Punjabi University, Patiala, | e Chyam |
| Regd.No. 119 -202 / 10 25 Son of /daughter of Sh. | |
| residing at Baenale State Punjas | to receive the Practical |
| Training as per ordinances framed by Punjabi University, Patiala, | under the rules from UGC |
| New Delhi. | |
| Date Aug. 202 Nodal Officer | Principal D |
| Nódai Officer B Vog (MLMDT) | Principal D Constitution S.D.College, Balinafaincipal |
| Section II | 8.D. College, BARNALA |
| 1 Many Kuman accept RAVI BYVSHAN OF SAHA | DA LOMPUTEDICED |
| (Name of Trainer) | K.d G |
| (Name of Student) (Name of Trainer) | eriod of my transing. |
| | Monu Kunau Student |
| Section III | |
| IRAVI Bhusham accept Mamu Kumamas a trainee an | d I agree to give |
| (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/ acquire:- | her training he/she may |
| Working knowledge of keeping of records related to clinical labo Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. | R Boult |
| I also agree that a trained technologist shall be assigned for his/h | er guidance. RAVI BHUSHAN Med Technologist |
| | SAHARA COMPUTERISED LAB PPPONTER ON THE PROPERTY Lee la Ground |
| Name a | ind addre Banfalasti B4()क्रांPb.) |
| I certify that MONU KUMAR has undergon | e 2.20 hours training |
| I certify that MONU KUMMAN has undergon spread over DMR months in accordance with details enumerate | ted in section III |
| Heart of t | Med. Technologist he Trisania Rational Representation |
| I certify that MODUL KUMOL has completed practical training as per ordinances framed by Punjabi University, | Near Old Ram Leela Ground Barnala-148101 (Pb.) in all respect his/her |
| from UGC New Delhi. | |
| Date | S.D.College, Barnalarincipal |
| Principal S.D. 6 | |

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| SECTION I | 8.D. College, |
|---|---|
| This form has been issued to Mr /Ms Had OCC | et Kaux |
| 114-2011 on | And du Bev Single |
| Regd.No. 19 (Son of /daughter of S | e. in |
| This form has been issued to Mr./Ms. Has process Regd.No. 114-202/-908 Son of /daughter of State Who has produced evidence before me that He/S Training as per ordinances framed by Punjabi University New Delhi. | he is entitled to receive the Practical sity, Patiala, under the rules from UGC |
| Nodal Officer B Voc. (MLMDT) | Principal S.D.College, Barnala |
| PA - | S.D. College, Barnala' |
| Name of Student) (Name of Student) (Name of the Hospital / Lab | oratory) as my trainer for the above |
| training and agree to obey and respect him/her duri | |
| | Harret Kaw Student |
| Many de Carl | |
| (Name of Trainer) (Name of Student) Him/her training facilities in my organization so the acquire:- | as a trainee and I agree to give at during his/her training he/she may |
| Working knowledge of keeping of records related Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. | to clinical laboratory. |
| I also agree that a trained technologist shall be ass | gned for his/her guidance. |
| Section IV | (Apprentice Master) Name and address of Inetificion |
| I certify that Harfielt Kaur spread over months in accordance with d | |
| | Head of the Training longing |
| I certify that Harpreef Kamp practical training as per ordinances framed by Pun from UGC New Delhi. | Head of the Training Institution Menak Computerset las completed in all respect his/her jabi University, Patiala, under the rules |
| 1000 4.9 22 Novder | |
| Nodal officer B Voc (MLMDT) | A S.D. College |
| Principal s | S.D. College, BARNALA |

| SECTION I This form has been issued to Mr./Ms. Sethi Singh & D. College, BA Regd.No. 114-2021-830 Son of /daughter of Sh. Heera Lingh residing at Barnala State Punjab. |
|---|
| Read No. 114-2021-830 Son of Idaughter of Sh. Heela Lingh |
| Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. |
| Noda Officer B Voc (MIMDT) Section II Statistics of Principal S.D. College, Barnala Principal S.D. College, Barnala Principal S.D. College, BARN, Section II |
| I. Status Singh accept Vin Multim huft of Public (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. |
| Sithis Singh |
| Section III |
| I Singh |
| Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. |
| I also agree that a trained technologist shall be assigned for his/her guidance. Kul Blustian Kul Blustian |
| Public Carenitarised Lab. Name and address to Enradation Section IV Ph. 01579-234250 |
| I certify that Sethi Single has undergone hours training spread over one months in accordance with details enumerated in section in Kul Bhushan with |
| I certify that |
| Date |
| Principal S.D. Collers |

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



| P | |
|--|-----|
| This form has been issued to Mr./Ms. Pardeep Singh &D College, Find | 100 |
| Regd. No. 114-2021-826 Son of /daughter of Sh. Chamk aux Singh | |
| Regd.No. 114-2021-826 Son of /daughter of Sh. Chamk aux Singh residing at State Purjas. Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. | |
| Nodal Officel B Voc (MLMDT) Section II Principal Principal S.D. College, Barnal discipal Section II | 1 |
| (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. | |
| Parder Singly Student | |
| Section III I. Manustritum Singh accept . Lorde of | |
| 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. | |
| Talso agree that a trained technologist shall be assigned for his/her guidantee Municipal Corporation Opp. Municipal Corporation Guga Mari Road, Sunam | |
| (Apprentice Master) Name and address of Institution | |
| Section IV | |
| I certify that andech Singh has undergone .1.50. hours training spread over | |
| Section V Section V Section V Section V | |
| I certify that | |
| Date 12: 1:22. Rodal Officer B Voc (MLMDT) S.D.College, Barnala - Data | |

Principal S.D. College

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



| | Ingl |
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| SECTION I | a Hone |
| This form has been issued to Mr./Ms. Navjot | Kaur S.D. College, |
| Regd.No. 19-202-8 2 Son of /daughter of State residing at Banala State Who has produced evidence before me that He/Sh | h. Harpal singh |
| residing at Bounaly State | injab |
| Who has produced evidence before me that He/Sh Training as per ordinances framed by Punjabi University New Delhi. | e is entitled to receive the Practical sity, Patiala, under the rules from UGC |
| Date 27:7:22 Wash | ~ A 2 |
| Nodal Officer | Principal Principal |
| B Voc (MLMDT) | S.D. College, Barnala rincipal S.D. College, BARNALA |
| Section II | 0 |
| I. Name of Student) (Name of Traine Bathunga (Name of the Hospital / Labo | la of |
| training and agree to obey and respect him/her during | g the entire period of my training. |
| | Naciot Kaur. |
| Section III | |
| I.D.: Komal Single accept Naught Kausta. (Name of Trainer) (Name of Student) Him/her training facilities in my organization so tha acquire:- | |
| Working knowledge of keeping of records related to Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. | o clinical laboratory. |
| I also agree that a trained technologist shall be assig | (Apprentice Master) Name and address of Institution |
| Section IV | |
| I certify that Naugot Kaus h spread over 7190 months in accordance with det | as undergone 2.2.0. hours training ails enumerated in section III |
| | Kowel III. |
| Section V | Head of the Training Institution |
| A vii A leave | completed in all respect his/her bi University, Patiala, under the rules |
| from UGC New Delhi. | 27 |
| Date. 30.1.2.2 Nodal Officer | Principal Principal |
| B Voc (MLMDT) | Attestacs.D. College, Barnal BARNALA |
| | St. |

Principal S.D. College Garnala VI

| | | the state of the s |
|---|--|--|
| | SECTION I | economic Sa |
| This form has been issued to Mr./Ms | Sapha_ | S.D. College, E. |
| This form has been issued to Mr./Ms Regd.No. 114-2021-815 Son of residing at Rangua Phul | /daughter of Sh. Kar | n Niwas |
| Training as per ordinances framed by New Delhi. | State funab me that He/She is en Punjabi University, Pat | iala, under the rules from UGC |
| Date. 1:8:22 Nodal Off B Vog (ML | | Principal Principal S.D. College, Barnala NALA |
| | Section II | |
| (Name of Student) (Name of the H training and agree to obey and respect | (Name of Trainer) | as my trainer for the above tire period of my training. |
| | | Salm |
| | Section III | |
| (Name of Trainer) (Name of St Him/her training facilities in my organice:- | tudent) Inization so that during | ee and I agree to give |
| Working knowledge of keeping of red. Practical Experience in, Sample collection, processing and Precautions to be taken in clinical Hematological analysis. Biochemical analysis of various sample Microbiological analysis of sample | preservation. laboratory mples. | il laboratory. |
| | | his/her quidance |
| I also agree that a trained technologi | | (Apprentice Master) |
| | Section IV | ane and address of Ansartation |
| | has und rdance with details enu | lergone 1.8.0. hours training imerated in section III Hay the few |
| | | ad of the Traming Institution |
| Sch a | Section V | |
| T certify that | ficer by Punjabi Univ | oleted in all respect his/her ersity, Patiala, under the rules Principal S.D.College, Barnala Princip |
| S 400 (P) | Principal S.D. Co | a n. College, BARNAL |



| | | | | 209 |
|--|------------------------------------|----------------------------|--------------------------------------|----------------------|
| This form has been issued to Mr./Ms | SECTION I | V | & D. Collogg | Principal |
| has been issued to Mr./Ms | Suneh | Kaul | 4.0.00 | MPSI STYPSGIPS |
| This form has been issued to Mr./Ms. Regd.No.114-2021-817-Son of presiding at Boun algorithms who has produced evidence before managements of the second se | daughter of Sh. | Guy | reet sings | ř. |
| Regd.No. 114-204 317 3011 0. | Pu | nigh | A 5 - 4 | acactical |
| residing at Bounals | _State ne that He/She | is entitled | to receive the i | om UGC |
| who has produced evidence before n Training as per ordinances framed by I | Punjabi Universit | y, Patiaia, 4 | 3 5 000 000 4 | and the same of |
| New Delhi. | | | | N. 18 |
| Date 1:8:22 | Per | | Princips S.D.College, B | arna Principa! |
| B Voc (ML) | MOT) | | S.D. Colleg | e, BARNALA |
| | Section II | | | 2 |
| I. Sumeh Kaun accept 104. | Havinder Ka | wor CX | il Hospita | <u>L</u> |
| (Name of Student) Boundle (Name of the H | (Name of Trainer) | toni) as mi | v trainer for the | e above |
| training and agree to obey and respect | ospital / Labora him/her during | the entire pe | | |
| training and agree to obey and tarpen | | | Lune | h Kawr. |
| | | | Studer | ıt |
| © 4. | Section III | | | |
| Illy Harinder Lawrent Sune | h Kaum as | a trainee and | d I agree to give | |
| (Name of Trainer) (Name of St Him/her training facilities in my orga | tudent) Inization so that | during his/ | her training he/s | she may |
| -alcquire:- | | | | |
| 1. Working knowledge of keeping of re | ecords related to | clinical labor | ratory. | |
| 2. Practical Experience In, | preservation. | | | |
| b) Precautions to be taken in clinical | laboratory | | | |
| c) Hematological analysis.d) Biochemical analysis of various sa | mples. | | | |
| e) Microbiological analysis of sample | 25. | | | |
| I also agree that a trained technologi | st shall be assign | ed for his/h | er guidance. | |
| I also agree that a trained technolog. | | / 1 | ley wips | 244 |
| | | (A) | pprestice Master | } |
| | Section IV | Name a | and address of In | |
| O. of hou | | | 1.P. n | • |
| I certify that Surch Kauspread over | ordance with deta | ils enumera | ted in section III | |
| | | H6 | the Training Insti | 114 |
| | Section V | Head of t | he Training Insti | tution |
| Qual Va | | | - 51 | -150 |
| I certify that Suble Kongractical training as per ordinances from UGC New Delhi. | いんとしいい has framed by Punjal | completed bi University | in all respect , Patiala, under (| his/her the rules |

Date...1.9.22

Principal S.D. College, BARNALA

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



OD. COM This form has been issued to Mr./Ms. Regd.No. 1/4-2021-81/Son of /daughter of Sh. Punjas. residing at 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 8-6-2) S.D.College, Barratincipal Nodal Officer S.D. College, BARNALA B VOS (MLMDT) Section II of LAB Technician (Name of Student)
(Name of Trainer)
(Name of the Hospital Caboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training. Studentas 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, ity of AR Alger (Apprentice Master) Name and address of Institution **Section IV** Prop.has undergone hours training Section V has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules Date 14-9-22 **Nodal Officer**

PHAGIDA

B Voc (MLMDT)

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



| | CECTION I | - Callage | |
|--|---|---|--------------------|
| This form has been issued to Mr./M | section 1 Ms. <u>Babli</u> | S.D. Collegs, | |
| Regd.No. 114-2021 - 833 Soil | n of /daughter of Sh. | Jaspal Kumay | |
| residing at Rajia, | State Puni | as | |
| Regd.No. 114-2021 - 833 Solvesiding at Rajia, Who has produced evidence before Training as per ordinances framed New Delhi. | re me that He/S/e by Punjabi Universit | is entitled to receive the P y, Patiala, under the rules fro | ractical om UGC |
| Date | Officer | Principa S.D. College, Ba S.D. College | Principal |
| B Voc | (MLMDT) | S.D. College | 10, SATHALA |
| | Section II | | |
| I Sobli accept (Name of the | (Name of Trainer) | unor Civil Hospital | |
| (Name of the training and agree to obey and res | Hospital / Laborate / Laborate | tory) as my trainer for the the entire period of my trainir | above ng. |
| | | Beyki Studen | t |
| | Section III | | |
| (Name of Trainer) (Name of Him/her training facilities in my of acquire:- | f Student) | | he may |
| Working knowledge of keeping o Practical Experience in, | | linical laboratory. | |
| a) Sample collection, processing a b) Precautions to be taken in clinic c) Hematological analysis. d) Biochemical analysis of various | cal laboratory | | |
| e) Microbiological analysis of sam | ples. | | |
| I also agree that a trained technolo | gist shall be assigne | d for his/her guidance. | |
| I also agree that a trained to | _ | Harriert | Q4, |
| | | (Apprentice Master) Name and address of Inc | |
| | Section IV | | |
| I certify that. Baski spread overmonths in acc | has | undergone 18.0. hours s enumerated in section III | |
| Spi caa ova | | Head of the Training Instit | Zuj |
| | Section V | nead of the training histo | utton |
| Rahli | | completed in all respect | his/her |
| I certify that | framed by Punjabi | University, Patiala, under t | he rules |
| from UGC New Delhi. | alo | K | 0/ |
| Date 1.9.22 Nodal G | Wilcer | Principa | al () |
| B Voc (N | | | arna Principal |
| | - 1 | Robbie and College | te. BARNALA |

Principal S.D. College

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



| SECTION I S.D. Colle | |
|---|------|
| This form has been issued to Mr./Ms. Taya Shaima | |
| This form has been issued to Mr./Ms. Jaya Sharma Regd.No. 114-2021-832 Son of /daughter of Sh. Manchar Lat. residing at Rangue That State Purpos. | |
| residing at Rampura thut State Punch. 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 | |
| Section II | |
| I. Joya Marma accept My Hospinder Courof Civil Hospital (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training. | |
| Section III Student Jaya | |
| 20001111 | 18/1 |
| (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may | |
| Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. | |
| I also agree that a trained technologist shall be assigned for his/her guidance. Head for his/her guidance. Head for his/her guidance. (Apprentice Master) Name and address of Institution | |
| I certify that Jaya Maring has undergone 180 hours training spread over months in accordance with details enumerated in section III | |
| I certify that | |

Principal S.D. College



| A STILL | |
|--|------------------|
| SECTION I S.D. College Section I | |
| This form has been issued to Mr./Ms. Jagdup Lingh | |
| This form has been issued to Mr./Ms. Tagdup Lingh Regd.No. 114-2021-986 Son of /daughter of Sh. Davindu Lingh residing at Dhanaula State Purjab. Who has produced evidence before me that He/She is entitled to receive the Practical | |
| Paraula Punab | |
| 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 OGC | |
| New Delhi. | |
| Date0109.22 Nodal Officer Principal | 1. 14 Jan - 1 |
| Nodal Officer Principal Principal S.D.College, Barnala BARNA | :lpa |
| | AL.A |
| Section II | |
| I Jagdech Strigh accept De Horgandan Kaunof Livil Hospital (Name of Student) (Name of Trainer) | |
| (Name of the nospital / Laboratory) as my trainer for the above | |
| training and agree to obey and respect him/her during the entire period of my training. | |
| Jasdack Singh | |
| Section III | |
| A . | |
| (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. | |
| | |
| Hay deckery (Apprentice Master) | |
| Name and address of Institution | |
| Section IV | |
| I certify that legelief singh has undergone | |
| spread over | |
| Hay de pace | |
| Head of the Training Institution | |
| | |
| I certify that logclock blught has completed in all respect his/her | |
| practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi. | |
| 1.001 | |
| Date 9.1.10.2.2 Who die | |
| B Voc (MLMDT) Principal Principal Principal | Lqi |
| S.D.College, Barnala ARN | AL |

| | 100 |
|---|--|
| SECTION | I Principal |
| This form has been issued to Mr./Ms. | S.D. Co. 99 BARNALA |
| Regd.No. 1/4-2021-8/1 Son of /daughter | of Sh. Nayet sityh |
| This form has been issued to Mr./Ms. Regd.No. 1/4-2021-8// Son of /daughter or residing at To ga Marca State Power who has produced evidence before me that He Training as per ordinances framed by Punjabi Uni New Delhi. | /She is entitled to receive the Practical iversity, Patiala, under the rules from UGC |
| 1000 | 6 |
| Date | Principal |
| B Vog (MLMDT) | S.D.College, Garresa RNALA |
| Section 1 | <u>11</u> |
| (Name of Student) (Name of the Hospita) / I | rainer) aboratory) as my trainer for the above |
| training and agree to obey and respect him/her d | |
| | Manufull fame |
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| (Name of training facilities in my organization so | |
| Working knowledge of keeping of records related. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory. Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. | ion. |
| I also agree that a trained technologist shall be | assigned for his/her guidance. |
| 1 also agree that a trained recimologist shall 22 | Harder kan |
| | (Apprentice Master) |
| Section | Name and address of Institution |
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| I certify that months in accordance with | has undergone hours training th details enumerated in section III |
| spread over | Hay der kan |
| | Head of the Training Institution |
| Section | n V |
| I certify that Monthself Kalls practical training as per ordinances framed by from UGC New Delhi. | has completed in all respect his/her Punjabi University, Patiala, under the rules |
| pate 1:9:22 WD624 | 60 |
| Nodal Officer B Voc (MLMDT) | Principal (A |
| | S.D. College, Barnal Principal S.D. College, BARNALA |
| | The control of the co |
| Princip | at 3.10. College, BARNALA |



| SECTION SECTIO | er of Sh. Amandeep S. |
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| Du la Mr /Ms Du | edeep singh |
| This form has been issued to Mr./Ms. | march Amandeep S. |
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| 0 //- | the Practical |
| Who has produced evidence before me that Training as per ordinances framed by Punjabi I | Iniversity, Patiala, under the rules from |
| New Delhi. | |
| Date (18.22 | Principal Principal |
| Modal Officer | S.D.College, Barnala BARNALA |
| B Voc (MLMDT) | S.D. College, BARNALA S.D. College, BARNALA |
| Section | |
| I. Older Single accept In House | les Lave of Civix Trospinal |
| (Name of Student) | Trainer) Laboratory) as my trainer for the above during the entire period of my training. |
| training and agree to obey and respect him/her | during the entire period of my training. |
| | \mathcal{D}^{-} |
| | Student |
| Section | <u>1 III</u> |
| I Der Hoginder accept Dildoch die | Agimas a trainee and I agree to give |
| (Name of Grainer) (Name of Student) Him/her training facilities in my organization | so that during his/her training he/she may |
| acquire!- | 1 |
| 1. Working knowledge of keeping of records re | ated to clinical laboratory. |
| a ntii Evnerience III. | |
| a) Sample collection, processing and preserva b) Precautions to be taken in clinical laborato | ry |
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| d) Biochemical analysis of various samples.e) Microbiological analysis of samples. | |
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| I also agree that a trained technologist shall b | e assigned for his/her guidance. |
| I also agree that a trained to the same of | Joy was |
| | (Apprentice Master) |
| | Name and address of Institution |
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| I certify that Dildeep Surph spread over months in accordance w | |
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| | Hay der Car |
| _ | Head of the Training Institution |
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| I certify that Il delp single. | has completed in all respect his/her |
| practical training as per ordinances franked by | Punjabi University, Patiala, under the rules |
| from UGC New Delhi. | |
| Date 1, 9, 22 Nodal Officer | |
| B Voc (MLMDT) | Attested Principal S.D.College, Barnala Philosopal |
| • | 3.D. College, BARNALA |

Principal S.D. College

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| | | pytneipal |
| | | BARNALA |
| | SECTION I | L KALLES CONTROL |
| This form has been issued to Mr./ | Ms. Husanprea | S.D. College BARNALA Syncjant Sight Jab entitled to receive the Practical Patiala, under the rules from UGC |
| 114-2021-10345 | on of /daughter of Sh. | juriant sign |
| Regd.No. | State Pur | ab practical |
| residing at Sound S | efore me that He/She is | entitled to receive the roles from UGC Patiala, under the rules from UGC |
| Training as per ordinances fram | ed by Punjabi University, | allaid, and |
| New Deini. | 10010 | Pringipal |
| Date 11-8-2080 | NW/X | Principal S.D.College, Baphilicipal |
| NO | oc (MLMDT) | S.D. College, BARNALA |
| | Section II | S.D. College, D |
| | D-Look Kuman | of Eighu Camputernsed |
| (Name of Student) (Name of Student) (Name of | (Name of Trainer) f the Hospital / Laborato | of Eighu Camputer 8ed ry) as my trainer for the above e entire period of my training. |
| (Name of Student) (Name of training and agree to obey and | respect him/her during to | U white |
| | | Student / |
| | Section III | |
| I Pakosh Kumma accept | Tugan paged Kawaas a | trainee and I agree to give |
| (Name of Trainer) Him/her training facilities in | ame of Student) my organization so that o | luring his/her training he/she may |
| acquire:- | scords related to 0 | linical laboratory. |
| Working knowledge of kee Practical Experience in, | ping of records related to | |
| | ssing and preservation. | |
| b) Precautions to be taken | 114 611111 | |
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| I also agree that a trained t | rechnologist shall be assign | ed for his/her guidance. |
| I also agree that a demos | | C N : |
| | | (Apprentice Master) Name and address of Institution |
| | Section IV | Rakah kumae |
| 1. | or at the a | as undergone 160 hours training |
| I certify thatHusank | ths in accordance with det | as undergone 160 hours training ails enumerated in section III |
| spread overImor | | |
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| I certify that | in Parcet Kaus ha | s completed in all respect his/her |
| practical training as per | JI Billians | abi University, Patiala, under the rules |
| from UGC New Delhi. | Vandor | 6) C |
| Date 12-9-2029 | Nodal Officer | Principal |
| | B Voc (MLMDT) | S.D. College, Barner BARLL |
| | | ghi- |
| | Principal S. | D. Collega Barnala . |
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PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



| | S.D. Co'lege, BARNAL |
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| SECTION I, | |
| Nanisha | |
| This form has been issued to Mr./Ms. Marcs Mr. Kakla | khan |
| Regd.No. 114-2021-1057-Son of /daughter of Sh. Kahla | as and |
| who has produced evidence before me that He/She is entitled to who has produced evidence before me that He/She is entitled to who has produced evidence before me that He/She is entitled to who has produced evidence before me that He/She is entitled to | der the rules from UGC |
| Date | S.D.College, Barnal BARNALA |
| B Vos (MLMDT) | S.D. College, BARNALA |
| Section II I. Manisha accept Latif Hohd: of Khan (Name of Trainer) | clinical |
| (Name of Student) (Name of the Hospital / Laboratory) as my training and agree to obey and respect him/her during the entire per | iod of my training. |
| training and agree to obey and respect him, not be a | Manisha |
| | Student |
| Section III | |
| I Latif Mohd: accept | I agree to give |
| (Name of Trainer) | er training neysite way |
| 1. Working knowledge of keeping of records related to clinical labora | atory. |
| 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/he (Application) (Application) | prentice Master) & Lett Mort |
| Section IV | nd address of Institution |
| I certify thathas undergon spread overOncmonths in accordance with details enumeral | ted in section III |
| Section V | 13/5/ |
| O , | Principal |
| B Voc (MLMDT) Attested | and the state of t |

Principal S.D. College W

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



Principal

| This form has been issued to Mr./Ms. Mukesh Tindal. Collect Mukesh Jir Regd.No. 114-2020-862 Son of /daughter of Sh. Bipin K. Jindal |
|--|
| Read No. 114 2 22 20 4 4 5 12 2021 |
| Negu. No. 119-2020-862 Son of /daughter of Sh. Bipin K. Jindal |
| Who has produced evidence before me that He/She is entitled to receive the Practical New Delhi. |
| Date. C.L. 69.2.2 Nodal Officer Principal Area |
| B Voc (MLMDT) S.D. College, Barnala |
| Section II I. Muhith Lindal accept Paul Coyal of Sahal Compatibility (Name of Student) (Name of Trainer) training and agree to obey and respect him/her during the entire period of my training. Student |
| (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training he/she may |
| Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples. |
| I also agree that a trained technologist shall be assigned for his/her guidance. |
| I certify that Muhath Jirdal has undergone hours training spread over months in accordance with details enumerated in section III Section V Section V Section V Section V Computerised Lab. (Apprentice Master) Name and address of Institution |
| I certify that Mukish Indal has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules |

Nodal Officer

B Voc (MLMDT)

Date 01:10:22

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



| | SECTION I | . 9 | .D. Collecti | |
|---|--|-------------------------------------|--|---|
| This form has been is | sued to Mr./Ms. Sahil | Goyal | | |
| Regd.No. 114-202 | sued to Mr./Ms. Sahil O-864 Son of /daughter of Sh nala State Ponyidence before me that Ho/She | Bhoj Ra | | |
| residing at Bac | nala State | unjas | | |
| F | evidence before me that He/She ances framed by Punjabi Universi | : 13 CHULIOU LV | income and a comment | |
| New Delhi. | 1 - 21 | , | | |
| Date.01:9:22 | LV West P | | 100 | |
| | Nodal Officer B Vog (MLMDT) | 9 | Principal (*/// S.D.College, Barnala | |
| | Faction II | | The state of the s | |
| - Sahil hoyal | name of the Hospital / Labora | -Salyle | ampleterised. | |
| (Name of Student) | (Name of Trainer) | OT | on year | |
| training and agree to | Name of the Hospital / Labora obey and respect him/her during | story) as my ti the entire perio | rainer for the above d of my training. | |
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| (Name of Trainer) | (Name of Student) | a trainee and I a | agree to give | |
| Him/her training facil acquire:- | ities in my organization so that | during his/her | training he/she may | |
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| 2. Practical Experience | | clinical laborato | ry. | |
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| c) Hematological ana d) Biochemical analys | lysis. | | | |
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| I also agree that a trai | ned technologist shall be assign | ed for his/her g | uidance. hil hoyou | |
| • | | Sahil (| omputerised Lab | |
| | | (мррге | entice Master) LaD. address of Institution | |
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| spread over | months in accordance with detai | Is enumerated i | n section III will hagel | |
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| I certify that | r ordinances framed by Punjabi | completed in University, Pa | all respect his/her | |
| from UGC New Beini. | Visale | *, | and the fuses | |
| Date 1:10:22 | Wasal | | 0/- | |
| | Nodal Officer B Voc (MLMDT) | a shootest | Principal S.D.College, Barnala Principa | 1 |
| | | 0 | S.D.College, Barnala Principa S.D. College, BARNALA | |
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| | Reins | BT. S. V | 10,000,000 | |
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PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

| SECTION 1 | |
|---|---|
| This form has been issued to Mr./Ms. SECTION I | |
| Regd.No. 14-2028 - 861 Son of /daughter of Sh. | Kelchan Kumae |
| residing at Manch Kalan | Soh. |
| Training as per ordinances framed by Punjabi Universit New Delhi. | is entitled to receive the Practical |
| Date 11-8-21 Nodal Officer | Dringing Coching |
| B Voc (MLMDT) | SP Sollege Barnela RILALA |
| Section II | |
| I. MONT accept Lakely Kunne (Name of Student) (Name of Trainer) (Name of Student) (Name of the Hospital / Labora training and agree to obey and respect him/her during | |
| ÷ | Mohet |
| Section III | Student |
| (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that acquire:- | |
| Working knowledge of keeping of records related to a control of the control of the | Clinical laboratory. |
| I also agree that a trained technologist shall be assign | ed for his/her guidance. |
| Section IV | (Apprentice Master) Name and address of Institution Pakash Kumas |
| I certify thathaspread over months in accordance with detail | ils enumerated in section III |
| Section V | Head of the Training Institution KOON KUMA |
| I certify that | completed in all respect his/her i University, Patiala, under the rules |
| B Voc (MLMDT) | Principal S.D.College, Barnala D. College, BARNALA |

Attested

Principal S.D. 60 11

| College, BARMALA |
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| he Practical es from UGC |
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| His dealining Table Shanti Hall Gale Shivare |
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| | SECTION I | S.D. College, Barrell |
| This form has been issued to Mr./Ms. | sem singh | |
| Pend No. 114-2020-1025son of /d | aughter of Sh. Ra | m Bahadu Sigh |
| This form has been issued to Mr./Ms. Regd.No. 114-2020-1025son of /d residing at Barnala Who has produced evidence before me Training as per ordinances framed by Pu New Delhi. | | · · |
| 11-8-22 | | 0 |
| Date | r | Principal Baninsipal |
| . B Vog (MLME | OT) | S. College, BARNALA |
| * | Section II | S.D. Conego, |
| Nodal Office B Vog (MLME (Name of Student) (Name of the Host training and agree to obey and respect him | lame of Trainer) | Janta Computer |
| training and agree to obey and respect h | pital / Laboratory) im/her during the en | tire period of my training. |
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| | Section III | |
| Shirpal Peri | n Shalk | as and I agree to give |
| Shurpal accept State (Name of Trainer) (Name of Stud Him/her training facilities in my organic | lent) / zation so that during | his/her training he/she may |
| 1. Working knowledge of keeping of record 2. Practical Experience in, a) Sample collection, processing and property of the processing and processing an | eservation. boratory ples. Jal Ram Shall be assigned for in the state of the st | Bagh Road, Shanti Hall Gate to Shop No. 2. Shivam Sweet on 1981 (Apprentice Master) ime and address of Institution |
| | Hea | d of the Training Institution |
| I certify that | | |
| Nodal Office B Voc (MLMI | Att. | Principal Principal School, Barnas ARNALA |
| | Principal S.D. C | West 11 |



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| mit to been ignie | SECTION I | Singly |
| This form has been issue | Of Comments of the contract of the | s Skhder Sigh |
| Regd.No. 119-1020 | $\frac{-868}{0}$ Son of /daugnter of : | Principle |
| residing at <u>binda</u> , Who has produced evid Training as per ordinand New Delhi. | ence before me that He/S es framed by Punjabi Unive | Singly Sh. Sikhdly Sigh Sinjak he is entitled to receive the Practical raity, Patiala, under the rules from UGC |
| Date0108:22 | KNOODE | Principal S.D.College, Barnala |
| , | Nodal Officer B Voc (MLMDT) | S.D.College, Barnala |
| | | |
| · Vachiter Singh | accept Suil hour | oratory) as my trainer for the above |
| A ACAM ON MANAGEMENT | me of the Hospital / Lab | pratory) as my trainer for the above |
| training and agree to ob | ey and respect him/her duri | ng the entire period of my training. |
| | Section III | |
| (Name of Trainer) | (Name of Student) | as a trainee and I agree to give at during his/her training he/she may |
| • | f keeping of records related | to clinical laboratory. |
| 2. Practical Experience in | n, rocessing and preservation. ken in clinical laboratory sis. s of various samples. | |
| T also agree that a train | ed technologist shall be assi | gned for his/her guidance. |
| z uiov ugi oo uiii u | | Sahil Computerised Lab. (Apprentice Master) Name and address of Institution |
| | | (Apprentice Master) |
| | Section IV | Name and address of Institution |
| I certify that Vocal | a Sirolh | has undergone hours training tails enumerated in section III |
| Spr caa over | | Sahil Computerised Lab. |
| | | Head of the Training Institution |
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| I certify that | ordinances franted by Punj | s completed in all respect his/her abi University, Patiala, under the rules |
| Date 01.09:22 | 1000/ | 6 P |
| Frank de de valle de para a de carrecta | Nodal Officer B Voc (MLMDT) | Arios and Principal |
| | DADE (1.1mm, 1m. 1.) | S.D.College, Barnala Principal B.D. College, BARNALA |
| | | S.D. College |
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| 9 | SECTION I | | |
|--|-----------------------------------|--|---|
| This form has been issued to Mr./Ms | Lovepseet | Singh | 3,2, |
| Regd.No. 1/4-2019-1054 Son of /d | aughter of Sh. | Guichara | n Singh |
| residing at Raisar s | State Pur | Jab. | Practical |
| This form has been issued to Mr./Ms | that He/She njabi Universit | is entitled to r y, Patiala, unde | r the rules from UGC |
| Date 20 1 4 1 2 0 2 2 Nodal Office B Voc (MLMI | er >T) | S | Principal D.College, Barnala |
| | Section II | | |
| (Name of Student) (Name of the Host training and agree to obey and respect h | wame of Trainer) | tory) as my tr | ainer for the above |
| training and agree to obey and respect h | im/her during | the entire period | |
| | | | Lovepneel Singh |
| | Section III | | |
| (Name of Training facilities in my organiacquire: | zation so that | during his/her | training he/she may |
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| I also agree that a trained technologist | shall be assign | ed for his/her g | entice Master) |
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| spread over | | Head of the | Training Institution |
| | Section V | | |
| I certify that | med by Punja | completed in bi University, Pa | all respect his/her atiala, under the rules |
| from UGC New Delini | 1 | | 0/ |
| Date | cer 1DT) | E S | Principal principal S.D. College, Barnala D. College, BARNALA |
| | 7 | A CONTRACTOR | |
| | p _{riec} ios | 3.D. College Barnal | 4 / |
| | • | - Comment | |

| SECTIO | NI Garage |
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| This form has been issued to Mr./Ms. | anty |
| This form has been issued to Mr./Ms. Regd.No. 14-2019-1052 Son of /daughter residing at Rangua Phul State Who has produced evidence before me that I Training as per ordinances framed by Punjabi U | of sh. Jag seer Single |
| residing at Rampura Phul State | lunjab. |
| Who has produced evidence before me that I Training as per ordinances framed by Punjabi U | le/She is entitled to receive the Practical niversity, Patiala, under the rules from UGC |
| New Delhi. | En V. |
| Date A.C. 14,2022 Nodal Officer | Principal Princi |
| Nodal Öfficer B Voc (MLMDT) | . S.D.College, Barnald |
| V × | - TT |
| Shanty accept Dr. Harris | der Koume Civil Hospital |
| (Name of Student) (Name of | Trainer) |
| (Name of Student) (Name of the Hospital / training and agree to obey and respect him/her | during the entire period of my training. |
| training and agree to obey and top | Chanty |
| | Student |
| Section Classic | 1 III |
| Name of Trainer) (Name of Student) (Name of Student) | 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/sne may |
| acquire:- | |
| 1. Working knowledge of keeping of records re 2. Practical Experience in, a) Sample collection, processing and preserve b) Precautions to be taken in clinical laborate c) Hematological analysis. | ation. |
| d) Biochemical analysis of various samples. e) Microbiological analysis of samples. | |
| | and for his /her guidance. |
| I also agree that a trained technologist shall i | (Apprentice Master) |
| | (Apprentice Master) |
| · | Name and address of Institution |
| I certify thatmonths in accordance | on IV |
| T cartify that Sharly | has undergone A.A. hours training with details enumerated in section III |
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| | Head of the Training Institution |
| Sec | ion V |
| Sharty | has completed in all respect his/her by Punjabi University, Patiala, under the rules |
| practical training as per ordinances framed | by Punjabi University, Fatially allow |
| from UGC New Domini | |
| Date 14.7.22- Nodal Officer | Principal Principal S.D. College, BANNALA |
| B Voc (MLMDT) | A |
| • | Reipal S.D. Cellett |
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| | SECTION I | | S.C. Sottener BASA |
|--|---|--|--|
| This form has been issued to Mr./Ms | Dilgreet | Sign | |
| Regd.No. 1/4-2019-1053 Son of | daughter of Sh. | Darshan | Singh |
| This form has been issued to Mr./Ms Regd.No. 1/4-2019-1053 Son of residing at | State un me that He/She Punjabi University | s entitled to rece , Patiala, under th | ive the Practical e rules from UGC |
| Date 20 14 12022 Nodal Off B Voc (ML | | .s.p.4 | Principal Princi |
| (Name of Student) (Name of the Harining and agree to obey and respect | t him/her during ti | ofGNIJMD. ory) as my traine he entire period of | spilial or the above my training. Dilpul Student |
| (Name of Trainer) (Name of Stephen training facilities in my organical acquire:- | Section III Lift Single as a tudent) Inization so that d | trainee and I agre | e to give |
| Working knowledge of keeping of realized experience in, Practical Experience in, Sample collection, processing and Precautions to be taken in clinical c) Hematological analysis. Biochemical analysis of various sample Microbiological analysis of sample | preservation. laboratory mples. | inical laboratory. | |
| I also agree that a trained technologi | Section IV | (Apprentic Name and addi | e Master) ress of Institution |
| I certify that | has rdance with detail | undergone 2.0. | hours training |
| I certify that | ice by Punjabi | S.D. | respect his/her a, under the rules Principal College, Barnalincipal College, BARNALA |
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Barnala

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

| S.No. | ROLL NO | Candidate Name |
|-------|---------|--|
| | | PARNEET KAUR BHATHAL |
| 1 | 19101 | Appropriate Approp |
| 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

Nutrition and Health care

Principal S.D. College Barnala

Attested

Principal S.D. Carring

B

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



SECTION I

This form has been issued to Ms. Paracet Kaur Bhathal Reg.No. 859104 D/o of Sh. Jagseer Singh residing at Vikas Nagar Street no. 1, Barnala State Puniab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date

Nodal Officer B Voc (NHCST)

Principal S.D.College, Barnala

Section II

I Ms. Parnust Kaur Bhathai accept Dr. Partap Sinch 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

1 2 mest Kneep

Section III

I <u>Dr. Partan Sinch accept Ms. Parnect Kaur Bhathel</u> as a trainee and I agree to give her training facilities in my organization so that during her training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.

2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.

3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

(Apprentice Master)
Name and address of Institution

Section IV

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

Head of the Training Institution

Section V

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

Date.....

of 10 1 10 1 109/1021)

Nodal Officer B Voc (NHCST)

Principal Principal

B.D. College ligner statement

Attasted

Principal S.D. College

PRACTICAL TRAINING CONTRACT FORM FOR NUTRITIONIST



SECTION I

This form has been issued to Mr. Karan Kumar Reg.No. <u>859114</u> S/o of <u>Sh. Rai Kumar</u> residing at <u>Street no. 03. Patti Road. Barnaja</u> State <u>Punjab</u> who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date

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

Section II

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

Student

Section III

I Dr. Partan 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

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 Punjabl University, Patials, under the rules from UGC New Delhi.

Date....

01/01/2021 40 11/04 12021

Nodal Officer B Voc (NHCST) Principal F

Attested

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

Date

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

Section II

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

Student

Section III

I Dr. Partan Singh accept Ms. Ashima Aggarwal as a traines 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. Ashima Aggarwal has undergone <u>04</u> hours training spread over <u>02</u> Week in accordance with details enumerated in section III (ask as the block)

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.

Datemanna

Nodal Officer B Voc (NHCST) Principal principal

Attested

Principal S.D. College Barnala

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. Sarabilt 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.

Nodal Officer B Voc (NHCST)

Principal Page S.D.College, Barnala

Section II

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

Student

Section III

I <u>Dr. Partan Singh</u> accept <u>Ms. Simran Grover</u> as a trainee and I agree to give her training facilities in my organization so that during her training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.

2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.

3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

(Apprentice Mester)
Name and address of Institution

Section IV

I cartify that <u>Ms. Simran Greyer</u> has undergone <u>04</u> hours training spread over <u>03</u> Week in accordance with details enumerated in section III

(09/09/2021 to 11/09/2001)

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.....

Nodel Officer B Voc (NHCST)

Principal panala

Attested

Principal S.D. College Barnals



SECTIONI

This form has been issued to Mr. Jaspreat Singh Reg.No. <u>859116</u> S/o of <u>Sh. Alit Singh</u> residing at <u>V.P.O. Moom. Barnela</u> State <u>Puniab</u> who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabl University, Patiala, under the rules from UGC New Delhi.

Date....

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

Section II

I Mr. Jaspreet Singh accept Dr. Parten Singh of Parten 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,
- Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, SMR & 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

(o4 9 2021 to 11 04 2021)

Head of the Training Institution

Section V

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

Date....

Nodal Officer B Voc (NHCST)

Principe: A toine S.D. College, almais

Attested

Principal S.D. College

Barnala



SECTION I

This form has been issued to Mr. Ekemot Singh Reg.No. 859121 S/o of Sh. Parminder Singh residing at Krishna enclave. Sanghera Road. Barnala State Puniab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patials, under the rules from UGC New Delhi.

Date:23.48.85...

Noda/Officer B Voc (NHCST) S.D. Colleggps Swan

Section IX

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

(14/9/ Just to Hog 2021)

Head of the Training Institution

Section V

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

Date Ushinali.

Nodel Officer 5 Voc (NHCST) Principal S.D. College, Garriala

Principal S.D. College Barnalu



SECTION I

This form has been issued to Mr. Ashir Sharma Reg.No. <u>859107</u> S/o of <u>Sh. Vineet Kumar Sharma</u> residing at <u>Street no. 01 Dhillon Nagar. Barnala</u> State <u>Puniab</u> who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patials, under the rules from UGC New Deini.

Date

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

Section II

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

Student

Section III

- I Dr. Partan 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.

(Apprentice Master)
Name and address of Institution

Section IV

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

(4/9/2021 +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.....

Nodal Officer B Voc (NHCST)

Principat
S.D. College, Earnala
B.D. College, Barnala

Attested

Principal S.D. College Barnala



SECTION I

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

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

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

Section III

I Dr. Partan Singh accept Mr. Gurinder Singh as a traince 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. Gurinder Singh has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

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

Nodel Officer B Voc (NHCST)

& Cain Colleg

Attested

Principal S.D. College

Barnala



SECTION I

This form has been issued to Ms. Harmanprest Kaur_Reg.No. 859105 D/c of Sh. Kuldeep Singh residing at VPO Jodhpur Barnala State Punjab Who has produced evidence before me that she is antitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiela, under the rules from UGC New Deihi.

Date....

Nodal Officer B Voc (NHCST)

Principal S.D.College, Barnala

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

> Hermandaret Student

Section III

I Dr. Partan 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 (04/2/2020) to 11/09/2021)

Head of the Training Institution

Section V

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

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Nodal Officer B Voc (NHCST)

Principal Principal & D. CSD College, Baga ala

Principal S.D. Barnala

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR NUTRITIONIST



SECTIONI

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.....

Nodal Officer B Voc (NHCST) Principal S.D. Cólioge, Barhala

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.
- 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

Head of the Training Institution

Section V

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

Date.....

2031 10 11 9 10 21/

Nodal Officer B Voc (NHCST)

Principal Principal

Attested
Principal S.B. College
Barn



SECTIONI

This form has been issued to <u>Mr. Karamiest Singh</u> Reg.No. <u>859115</u> S/o of <u>Sh. Mohinder Singh</u> residing at <u>Bhatthal Street</u>, <u>Barnala</u> State <u>Punjab</u> who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Deihl.

Date

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

Section II

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

Student

Section III

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

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

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

(Apprentice Master)
Name and address of Institution

Section IV

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

Head of the Training Institution

Section Y

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

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(04 14 1202 to 11 09 (30H)

Nodal Officer

B Voc (NHCST)

Principal Barnala

Attested

Principal 3.



SECTION I

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

Date 22/01/241

Nodal Officer B Voc (NHCST)

S.D. College, Barrielle

Section II

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

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.

 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. Harshdeen Singh Virk has undergone Q4 hours training spread over Q2 Week in accordance with details enumerated in section III

(29/9/2021 to 1A9/2021)

Head of the Training Institution

Section V

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

Date...11 29/29.14

Nodal Officer
B Voc (NHCST)

Principal S.D. College, Carvala

Attested

Principal S.D. College Barnala



SECTION I

This form has been issued to Mr. Raminderveer Singh_Reg.No. 259111 S/c of Sh. Sukhpal Singh residing at VPO Jogs, Distr. Mansa State Punish who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabl University, Patiala, under the rules from UGC New Delhi.

Date

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

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

Ramondoubler Sal

Section III

I Dr. Partan Singh accept Mr. Reminderveer 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.

Taiso 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

Head of the Training Institution

Section V

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

Date.....

Nodal Officer B Voc (NHCST)

Principal Principal



SECTION I

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

Data....

Nodal Officer B Voc (NHCST) Principal

Section II

I Mr. Samanpreat Sinch 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

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
- 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. Samanproot Singh has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III [04]4 | 10H +011 | 14 302+)

Head of the Training Institution

Section V

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

Date.....

Nodal Officer B Voc (NHCST)

Principal S.D. Colleges Raimala

S.D. College, BARNAL

Attested Principal S.D. Coll



SECTION I

This form has been issued to <u>Ms. Robinpreet Kaur</u> Reg.No. <u>859103</u> D/o of <u>Sh. Lakhwinder Singh</u> residing at <u>Vill. Kalabula. The Dhuri, Distt. Sangrur</u> State <u>Punjab</u> Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjab! University, Patiala, under the rules from UGC New Daihi.

Date.....

Nodaí Ófficer B Voc (NHCST)

Principal S.D.College, Sarnala

Section II

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

Student

Section III

I <u>Dr. Partup Singh</u> accept <u>Ms. Robinpraet Kaur</u> as a trainee and I agree to give her training facilities in my organization so that during her training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.

2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.

3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

(Apprentice Master)
Name and address of Institution

Section IV

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

(04 9 2021 70 11 09 2021)

Head of the Training Institution

Section V

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

Date

Notal Officer B Voc (NHCST) Principal Tipo Pala

Principal S.B.

Der ridia



SECTION I

This form has been issued to Mr. Navdeep Singh Reg.No. 859113 5/o of Sh. Bandhir Singh residing at Hakamwais. Mansa State Puniab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Nedal Officer B Voc (NHCST)

Section II

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

Student

Section III

- I Dr. Partan Singh accept Mr. Navdeen Singh as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-
- 1. Working knowledge of keeping of records related to clinical conditions of patients.
- 2. Practical Experience in measuring physical parameters like height, Body weight, Blood
- 3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

(Apprentice Mester) Name and address of Institution

Section IV

I certify that Mr. Nevdeep Singh has undergone Q4 hours training spread over Q2 Week in accordance with details enumerated in section III (1/9 2021 to 11/08 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, Patials, under the rules from UGC New Delhi.

Datamentergesensien

Nodal Officer B Voc (NHCST)

Principal Princip 8.D. College Barnala

Attested

Principal S.D



SECTION I

This form has been issued to Mr. Rajkamal Singh Reg.No. 859112 S/o of Sh. Bhagatpal Singh residing at Bhaini Patti, Sakha, Barnala State Puniah who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Purgabi University, Patiala, under the rules from UGC New Delhi.

Date

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

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

Section III

I Dr. Partsp 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 3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

(Apprentice Master) Name and address of Institution

Section IV

I certify that Mr. Raikamal Singh has undergone Q4 hours training spread over Q2 Week in accordance with details enumerated in section III 10 22 09 (2021)

Head of the Training Institution

Saction V

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

Date

Nodal Officer B Voc (NHCST)

Principal Principal 8.D. Collectel egg, Richala

Principal S.D.



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 Goeta Bhawan, Barnala State Punish who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Deihi.

Date....

Notial Officer B Voc (NHCST)

Principal. S.D. College, Barnela

Section II

I Mr. Rishav Govel 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. Partan Singh accept Mr. Rishav Goyal as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.

2. Practical Experience in measuring physical parameters like height, Body weight, Blood

3. Preparation of Diet plan according to Nutritional requirement of patient condition.

Talso 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 Goval has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III 2-21 -0 11 09 2-021

Head of the Training Institution

Section V

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

Date....

Nedal Officer B Voc (NHCST)

Principal S.D. College, Stimala S.D. College, BARNALA

Principal 3. J. College Barnala



SECTION I

This form has been issued to Ms. Sherrel Shandlive Reg.No. 859102 D/o of Sh. S. K. Bakshi residing at Street no. 3 K.C. Road. Barnala State Puniah Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabl University, Patiala, under the rules from UGC New Deibi.

Date.....

Nodal Officer B Voc (NHCST)

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

KINERU Student

Section III

- I Dr. Partan Singh accept Ms. Sherral Shandliva as a trainee and I agree to give her training facilities in my organization so that during her training he may acquire;-
- 1. Worlding knowledge of keeping of records related to clinical conditions of patients.
- 2. Practical Experience in measuring physical parameters like height, Body weight, Blood
- 3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

(Apprentice Master) Name and address of Institution

Section IV

Partin Aresi o de Hep a ga la como I certify that Ms. Sherral Shandlive has undergone Q4 hours training spread over Q2 Week

Head of the Training Institution

Section V

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

Date

Nodal Officer B Voc (NHCST)

Principal P Barnata

Principal S.D. College



SECTION I

This form has been issued to Mr. Gitanshu Dutta Reg.No. 859120 S/o of Sh. Saniesy Dutta residing at Rampura Phul. Distt. Bathinda State Puniab Who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabl University, Patials, under the rules from UGC New Delhi.

Date

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

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

> aldandry DW79 Student

Section III

I Dr. Partan 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 cortify that Mr. Gitanshu Dutta has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

Head of the Training Institution

Section V

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

Date....

1406 Poll of Line 19

Nodal Officer B Voc (NHCST)

Principa Principal 8.D. Oosse College Rireals

Set Helde



SECTION I

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

Date.

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

Section II

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

Augustude Single

Section III

I Dr. Partap Singh accept Fr. Arshdeen 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. Archdeep Singh has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III (4/4)/4/2021 + 4/4/2021

Head of the Training Institution

Section V

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

Date

Nodal Officer B Voc (NHCST)

Principal rincipal

Attested

Principal S. B. College

Barnala



SECTION I

This form has been issued to Ms. Amandeen Kaur Reg.No. 859106 D/o of Sh. Sukhwinder Singh residing at VPO Cheema, Jodhpur, Distt. Barnala State Punish 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.

B Voc (NHCST)

incload S.D. College Barnala

Section II

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

aandeen Valle Student

Section III

I Dr. Partan Singh accept Ms. Amandean Kaur as a trainee and I agree to give her training facilities in my organization so that during her training he may acquire;-

1. Worlding knowledge of keeping of records related to clinical conditions of patients.

2. Practical Experience in measuring physical parameters like height, Body weight, Blood

3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

(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. Amandeen Keur has completed in all respect her practical training as per ordinances framed by Punjabl University, Patiala, under the rules from UGC New Delhi.

Date III 09

Nodal Officer B Voc (NHCST)

S.D. College College Principa

Attested

Principal S.B. College Barnala



SECTION I

This form has been issued to he. Hasteen Kaur Reg.No. 859106 of Sh. Gurwinder Sinch residing at Battr Patti, vpo Thullwal, Distt. Barnala State Puniab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances fremed by Punjabi University, Patiels, under the rules from UGC New Delhi.

Nodal Officer B Voc (NHCST)

S.D. College, Barnela

Section II

I Ms. Hacloen 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. Parten 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

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 Hs. Haeleen Kaur has undergone 04 hours training spread over 02 Week in accordance with details enumerated in section III

(44 9 July to 11 (4 (2001)

Head of the Training Institution

Saction V

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

Nodal Officer B Voc (NHCST)

Principal

Principal S. B. College

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 | 7 2 7 9 | ISHU SHARMA |
| 7 | 19111 | KARAMJEET SINGH |
| 8 | 19112 | HARSHDEEP SINGH VIRK |
| 9 | 19119 | SHERRAL SHANDILYA |
| 10 | 19121 | ARSHDEEP SINGH |
| .1 | 19122 | AMANDEEP KAUR |
| 12 | 19 | HARLEEN KAUR |

Incharge

Nutrition and Health care

Attested

Principal S.D. College Barnala

Principal Attested

Ermagai S.D. College Saraala



SECTION I

This form has been issued to Ms. Parnest Kaur Shathal Reg. No. 859104 D/o of Sh. Jagsoer Singh residing at Vikas Nagar Street no. 1. Barnals State Puniab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....

Nodal Officer B Voc (NHCST)

Principal S.D.College, Barnala

Section II

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

Section III

I Dr. Partap Singh accept Ms. Parnest 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

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

Parton Nursing Home

Section IV

I certify that Hs. Parnect Kaur Bhathal has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III 12012 1078 09/2022

Head of the Training Institution

Section V

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

Date.....

Nodal Officer B Voc (NHCST)

Principal-B.D. Chillian St. Availa

Principal S.D. College



SECTION I

This form has been issued to Mr. Karan Kumar Reg.No. 859114 S/o of Sh. Ref Kumar residing at Street no. 03. Patti Road. Barnsia State Puniab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date

Nodal Officer B Voc (NHCST)

Principal SID Com Burgaring ale

Section II

I Mr. Keran 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.

Section III

I Dr. Partan Singh accept Mr. Karen 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. Fractical Experience in measuring physical parameters like height, Body weight, Blood

3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

(Apprentice Master) Name and address of Institution

Section IV

I certify that Mr. Karan Kumar has undergone Q5 hours training spread over Q3 Week in accordance with details enumerated in section III

Head of the Training Institution

Section V

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

Date 2) -4/1-12

B Voc (NHCST)

Principal

Principal S.D. Ph



SECTION I

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

Date.....

Nodal Officer B Voc (NHCST)

RMECIDA Rrincipal -----S.D.College, Barnala

Section II

I Ms. Ashima Accepted 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

Student

Section III

I Dr. Partan 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

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. Ashima Aggarwal has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III 09 4/2012 4023/04/2022

Head of the Training Institution

Section V

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

Nodal Officer B Voc (NHCST)

Principal : S.D.College, Bernala

Principal S.D. College



SECTION I

This form has been issued to Ms. Simran Grover Reg.No. 859101 D/o of Sh. Sarabjit Singh Grover reelding at Shaktinagar, Street no.02, Bajakhana Road, Barnala State Puniab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabl University, Patials, under the rules from UGC New Daihi.

Date

Nodal Officer B Voc (NHCST)

Principal S.D.College, Bernela

Section II

I Ms. Simran Grover accept Dr. Partap Sinch 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

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 05 hours training spread over 03 Week in accordance with details enumerated in section III 14/2022 10 23/04/2022

Head of the Training Institution

Section V

I certify that Ms. Similar 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.....

Nodel Officer B Voc (NHCST)

8.D. Principal Principal Orbo GAB Bittelan

RHSite war



SECTION I

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

Date....

Nodal Officer B Voc (NHCST)

ncloal S.D. College, Barnala

Section II

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

Student

Section III

I Gr. Partup Singh accept Mr. Gurinder Singh as a trained 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

MAD MARIE

Section IV.

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

Head of the Training Institution

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

4/22-1-23/4/2022)

Nedal Officer B Voc (NHCST) Principal Lb) College, Barnala

Principal S.D. Sollage



SECTIONI

This form has been issued to Mr. Ishu Sharma Reg.No. 859117 5/o of Sh. Sukhwinder Kumar residing at <u>V.P.O. Main Bazar. Shaina State Puniab</u> who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

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Nodel Officer B Voc (NHCST)

Principal Principal S.D. College, Barnala

Section II

I Mr. Tshu 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 Or. 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

(9/04/2022-102)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.

Data

Nodal Officer B Voc (NHCST)

Principa) S.D. College Bamal & D. College, BARNALA

Principal S.D.



SECTION I

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

Date.....

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

Section II

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

Student

Section III

I <u>Dr. Partao Singh</u> accept <u>Mr. Karamteet Singh</u> as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.

2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.

3. Preparation of Diet plan according to Nutritional requirement of patient condition.

I sise egree that a trained technologist shall be assigned for his guidance.

(Apprentice Master)
Name and address of Institution

Section IV

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

Head of the Training Institution

Section V

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

Date.....

Nousi Officer B Voc (NHCST)

Principal S.D. College, Barriata D. College, BARNALA

Principal S. P.



SECTIONI

This form has been issued to Mr. Harshdeep Singh Virk Reg.No. 859118 S/o of Sh. Gurpark Singh Virk residing at Balakhana Road, Near Tarakshii 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.....

Nodal Officer B Voc (NHCST)

Principal S.D. College, Barnala

Section II

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

Student

Section III

I <u>Dr. Partan Singh</u> accept <u>Mr. Harshdeen Singh Virk</u> as a trainee and I agree to give him training facilities in my organization so that during his training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.

- 2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.
- 3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

(Apprentice Muster)
Name and address of Institution

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

Head of the Training Institution

Section V

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

Date.....g.mg......

40 21/4/2022

Nodal Officer B Voc (NHCST) Principal parmila

Principal Streeted



SECTION.I

This form has been issued to Ms. Sharral Shandilya Reg.No. 859102 D/o of Sh. S. K. Bakshi residing at Street no. 3 K.C. Road, Barnala State Puniab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date

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

Section II

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

Student

Section III

I Dr. Partso 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

Section IV

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

Head of the Training Institution

Section V

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

Date 23 4 7-22

2022 +0 23/04/2022

Nodal Officer B Voc (NHCST)

Principal

5.0 College Salviala

College Balviala

Attested

Principal S.D.



SECTION I

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

Date.....

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

Section II

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

Student

Bardholle So

Section III

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

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.

加 23/

Nodal Officer
B Voc (NHCST)

Principal
S.P. College Siripale

Atiested
Principal 3.D. College
Barnua

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR NUTRITIONIST



SECTION 1

This form has been issued to Ms. Amandean Kaur Reg.No. 859108 D/o of Sh. Sukhwinder Singh residing at VPO Cheema. Jodhpur. Distr. 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 Daihl.

Date....

Nodel Officer B Vac (NHCST)

Principal S.D.College, Barnala

Section II

I Ms. Amandeen 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 <u>Dr. Partab Singh</u> accept <u>Ms. Amandaab Kaur</u> as a trained 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 Haster)
Name and address of Institution

Section IV

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

09/4/2022 to 26/04/2022)

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 Dalhi.

Date....

Nodal Officer B Voc (NHCST)

Principal Parnela

Principal 3. Policy W



SECTION I

This form has been Issued to Ms. Hacleen Kaur Reg.No. 859106 of Sh. Gurwinder Singh residing at Battr Pattl. VPO Thuliwal. Diett. 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....

Nodal Officer B Voc (NHCST)

Principal S.D.College, Barnala

Section II

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

Section III

Student

<u>I Dr. Partan Singh</u> accept <u>Ms. Hasiean Kaur</u> as a trainee and I agree to give her training facilities in my organization so that during her training he may acquire:-

1. Working knowledge of keeping of records related to clinical conditions of patients.

2. Practical Experience in measuring physical parameters like height, Body weight, Blood pressure, BMR & IBW.

3. Preparation of Diet plan according to Nutritional requirement of patient condition.

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

(Apprentice Meater)
Name and address of Institution

Section IV.

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

Head of the Training Institution

Section Y

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

Date.....

Noda: Officer B Voc (NHCST)

Principal

Principal & Da