

**Student  
Trainings/Internships  
SD College Barnala,  
Punjab**

# Certificate of Training

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No. INF012642022/135

This is certified that Mr./Ms. SARAH S/D/o. Sh. RANJAY SINGH

of SD College, BARNALA has successfully undergone Training Course DIGITAL MARKETING  
From 27<sup>th</sup> JAN. 2022 to 23<sup>rd</sup> 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.

Technical Head

Principal S.D. College



Chandigarh : 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

Managing Director



Dated: 28<sup>th</sup> 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 **1<sup>st</sup> February, 2022 to 30<sup>th</sup> 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.B. College  
Barnala

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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: 28<sup>th</sup> May, 2022

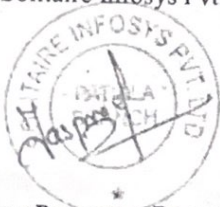
CERTIFICATE

This certificate has been awarded to **Navneet Kaur** from **SD College, Barnala** who has undertaken an industrial training program **6 Months** from **1<sup>st</sup> February, 2022 to 30<sup>th</sup> 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  
Barnala

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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: 28<sup>th</sup> May, 2022

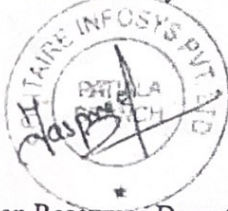
CERTIFICATE

This certificate has been awarded to **Ishika Laroia** from **SD College, Barnala** who has undertaken an industrial training program **6 Months** from **1<sup>st</sup> February, 2022 to 30<sup>th</sup> 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

*Sh*  
Principal S.D. College  
Barnala

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

Dated: 28<sup>th</sup> 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 **1<sup>st</sup> February, 2022 to 30<sup>th</sup> 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.

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

Dated: 28<sup>th</sup> 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 **1<sup>st</sup> February, 2022 to 30<sup>th</sup> 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

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CANADA (Branch Office) :- SUITE 3, 3474-93 STREET NW EDMONTON ALBERTA-T6E 6A4, CANADA | (917)-829-3700  
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## Certificate of Training

# Certificate

No. INFOWIZ/6M2022/23

This is certified that Mr./Ms. TUSHAR GOYAL S/D/o. Sh. PARVEEN KUMAR

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 him/her a hardworking & innovative individual.

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



Attested

Tushar  
Principal S.D. College  
Barnala  
Technical Head



Managing Director

Chandigarh : 0172 4567888, 9023400888, 96460 00952  
Bathinda : 0164 5007088, 90235 00888, 90236 00888





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# Certificate

No. INFOWIZ/EM2022/17

This is certified that Mr./Ms. SARBIOT SINGH S/D/o. RAGHYR 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 him/her  
a hardworking & innovative individual.

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

Technical Head 

Attested  
Principal S.D. College  
Barnala



Managing Director

Chandigarh : 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

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## Certificate

No. INFOWIZ/6M2022/20

This is certified that Mr./Ms. RAHUL MITTAL S/D/o. Sh. NARESH KUMAR

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

From 27th JAN. 2022 to 23rd 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.

Technical Head

Attested  
Principal S.D. College  
Barnala



Managing Director

Chandigarh : 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888



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# Certificate

## Certificate of Training

No. INF012/SM2022/99


This is certified that Mr./Ms. PRANAV GUPTA S/D/o. Sh. NABINDER KUMAR  
of S.D COLLEGE, BARNALA has successfully undergone Training Course HR

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.

Technical Head 



  
Principal S.D. College, Barnala  
Managing Director

Chandigarh : 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

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## Certificate

### Certificate of Training

No. INF/012/6M2022/21

This is certified that Mr./Ms. Ogesh Singh 5/D/o. Sh. Vinod Singh  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course DIGITAL MARKETING  
From 01st 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.

Technical Head

Principal S.D. College  
Barnala

Affected



Managing Director



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# Certificate of Training

No. INFOWIZ/EM2022/96

This is certified that Mr./Ms. NITISH GARG S/D/o. Sh. SURESH KUMAR

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

From 01st 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.

*Jishu*  
Technical Head



0164 5007088

Bathinda : 0164 5007088, 90235 00888, 90236 00888

**Principal S.D. College**  
Barnala Managing Director

Attested

*[Signature]*

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# Certificate

No. INFOWIZ/6102022/36

This is certified that Mr./Ms. MUKUL SADIORA S/D/o. Sh. RAVINDER KUMAR  
of S.D COLLEGE, BARNALA has successfully undergone Training Course HR  
From 13th APRIL 2022 to 28th 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.

  
Technical Head

Chandigarh : 0172 4567888, 9023400888, 96460 00952



  
Principal S.D. College  
Barnala

  
Managing Director



Bathinda : 0164 5007088, 90235 00888, 90236 00888  
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## Certificate

No. INFOWIZ/6M2022/111

This is certified that Mr./Ms. MOHNIISH KUMAR S/D/o. Sh. RAVINDER KUMAR  
of S.D COLLEGE, BARNALA has successfully undergone Training Course MARKETING  
From 01st FEB. 2022 to 30th 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.

  
Technical Head



  
Principal S.D. College  
Bathinda  
Managing Director



Chandigarh : 0172 4567888. 9023400888. 96460 00952

Bathinda : 0184 5007000. 9023400888

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# Certificate

## Certificate of Training

No. INFOWIZ/6M2022/22

This is certified that Mr./Ms. MAYANK SINGLA S/D/o. Sh. ANIL KUMAR SINGLA

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



**Principal S.D. College**  
Barnala  
*Signature*  
Managing Director

*Signature*  
Technical Head

Chandigarh : 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888



Dated: 28<sup>th</sup> May, 2022

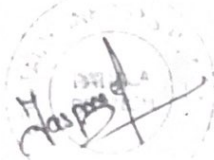
**CERTIFICATE**

This certificate has been awarded to **Manpreet Singh** from **SD College, Barnala** who has undertaken an industrial training program **6 Months** from **1<sup>st</sup> February, 2022** to **30<sup>th</sup> 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  
*[Signature]*  
Principal S.D. College  
Barnala

**Solitaire Infosys Pvt. Ltd**

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## Certificate of Training

No. INFOWIZ/SM2022/131

This is certified that Mr./Ms. MANJINDER SINGH S/D/o. Sh. JAGSIR SINGH  
of S.D COLLEGE, BARNALA has successfully undergone Training Course DIGITAL MARKETING  
From 25<sup>th</sup> JAN. 2022 to 25<sup>th</sup> 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.

  
Technical Head

Chandigarh : 0172 4567888, 9023400888, 96460 00952



  
Managing Director  
Bathinda : 0164 5007088, 90235 00888, 90236 00888

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# Certificate

No. INFOWIZ/CM/2022/86

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 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.

Technical Head 


Principal S.D. College Barnala 



Chandigarh : 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888



Managing Director 

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## Certificate

## Certificate of Training

No. INF/012/SEM 2022/28

This is certified that Mr./Ms. KIRANVEER SINGH S/D/o. Sh. MAKEET SINGH  
of S.D COLLEGE, BARNALA has successfully undergone Training Course DIGITAL MARKETING  
From 25<sup>th</sup> JAN. 2022 to 25<sup>th</sup> 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.

Technical Head

Chandigarh : 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

*Jishu*

Principal

S.D. College  
Barnala



Managing Director



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# Certificate

No. INFOWIZ/6M2022/18

This is certified that Mr./Ms. KANWARJEET SINGH S/D/o. Sh. RUSHPINDERPAL SINGH of S.D. COLLEGE, BARNANA has successfully undergone Training Course DIGITAL MARKETING From 25<sup>th</sup> JAN. 2022 to 25<sup>th</sup> 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.

# Certificate of Training

*[Signature]*  
 Technical Head

*[Signature]*  
 Principal S. D. College  
 Barnana



*[Signature]*  
 Managing Director

Chandigarh : 0172-4547888, 9023400888, 96440 00952

Bathinda : 0164-5097088, 90235 00888, 90236 00888

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## Certificate

No. INFOWIZ/6M2022/21

This is certified that Mr./Ms. JATIN GARG S/D/o. Sh. DHARMPAL  
of S.D College, BARNALA has successfully undergone Training Course HR  
From 27th JAN. 2022 to 23rd 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.

Technical Head

Principal S.D. College  
Barnala



Chandigarh : 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

Managing Director

Dated: 28<sup>th</sup> May, 2022

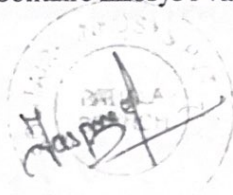
CERTIFICATE

This certificate has been awarded to **Jaspreet Singh** from **SD College, Barnala** who has undertaken an industrial training program **6 Months** from **1<sup>st</sup> February, 2022 to 30<sup>th</sup> 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**

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Creative  
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Dated: 28<sup>th</sup> May, 2022

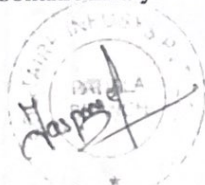
**CERTIFICATE**

This certificate has been awarded to **Jashandeep Singh** from **SD College, Barnala** who has undertaken an industrial training program **6 Months** from **1<sup>st</sup> February, 2022** to **30<sup>th</sup> 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  
*[Signature]*  
Principal S.D. College  
Barnala

**Solitaire Infosys Pvt. Ltd**

Simple  
Creative  
innovative

INDIA (Head Office) · Plot No. C 110, Industrial Area, Phase 7 Mahali (Pb) | Ph: 0172 5090856  
INDIA (Branch Office) · SCO B-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



# INFOWIZ®

A S O F T W A R E S O L U T I O N



H.O.: SCO 118 - 120, Sector 34 - A, CHANDIGARH  
B.O.: First Floor, Crown Tower, 100 Ft. Road, BATHINDA  
Web: [www.infowiz.co.in](http://www.infowiz.co.in) E-mail: [info@infowiz.co.in](mailto:info@infowiz.co.in)

## Certificate

No. INFOWIZPM2022/15

This is certified that Mr./Ms. GURTEJ SINGH S/D/o. Sh. SHER SINGH  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course HR  
From 21<sup>st</sup> JAN. 2022 to 23<sup>rd</sup> 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.

Technical Head



Principal S.D. College

Managing Director

Chandigarh : 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

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## Certificate

No. INFOWIZ/HR/2022/19

This is certified that Mr./Ms. GURLOVEEEN SINGH S/D/o. Sh. JASWINDER SINGH  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course HR  
From 21<sup>st</sup> JAN. 2022 to 23<sup>rd</sup> 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.

## Certificate of Training

Attested

Principal S.D. College  
Barnala

Technical Head



Managing Director

Chandigarh : 0172 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

Dated: 24<sup>th</sup> 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 **1<sup>st</sup> February, 2022 to 30<sup>th</sup> 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**

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Innovative

INDIA (Head Office) :- Plot No : C-110, Industrial Area, Phase-7 Mahali (Pb.) | Ph : 0172 5090856  
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US (Corporate Office) :- 24981, OWENS LAKE CIR, LAKE FOREST CA 92630-2522

# INFOWIZ<sup>(R)</sup>

A S O F T W A R E S O L U T I O N

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

B.O.: First Floor, Crown Tower, 100 Ft. Road, BATHINDA

Web.: [www.infowiz.co.in](http://www.infowiz.co.in)

E-mail : [info@infowiz.co.in](mailto:info@infowiz.co.in)



ISO 9001 CERTIFIED

11 YEAR OF EXCELLENCE

Certificate of Training

## Certificate

No. INFOWIZ/0412022/100

This is certified that Mr./Ms. ASHISH GARG S/D/o. Sh. SANJEEV KUMAR  
of S.D COLLEGE, BARNALA has successfully undergone Training Course HR  
From 26<sup>th</sup> JAN. 2022 to 25<sup>th</sup> MAY 2022. During the tenure of the above course, we found him/her  
a hardworking & innovative individual.

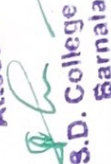
We wish him/her a very bright and prosperous future.

  
Technical Head

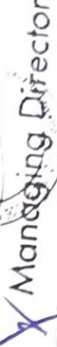
Chandigarh : 0172 4567888, 9023400888, 96460 00952



Attested

  
Principal S.D. College  
Barnala



  
Managing Director

Bathinda : 0144 5007222

**INFOWIZ**<sup>®</sup>  
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## EXPERIENCE Certificate

Reference no :- 1823

This is to certify that Mr/Ms. Anish Kumar  
S/D/o. Sh. Manoj Kumar  
was working as a Trainee in Digital Marketing with our organization  
INFOWIZ - A Software Solution, Chandigarh from 27, Jan 2022 to 23, May 2022

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

Attested

Principal S.D. College  
Barnala

Managing Director

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



**SECTION I**

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

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

Date 1.8.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Amritpreet Kaur  
Student

**Section III**

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

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

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

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

**Section IV**

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

[Signature]  
Head of the Training Institution

**Section V**

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

Date 1.9.22

[Signature]  
Nodal Office  
B Voc (MLMDT)

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

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



S.D. College,

**SECTION I**

This form has been issued to Mr./Ms. Pushkar Singla  
Regd.No. 114-2021-828 Son of /daughter of Sh. Deepak Singla  
residing at Barnala State Punjab  
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.  
Date...11.8.22

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

I...Pushkar Singla..... accept Balwant Singh..... of B.S. Computerised Laboratory  
(Name of Student) (Name of Trainer)  
Phagwara..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Student

**Section III**

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

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

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

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

**Section IV**

I certify that Pushkar Singla..... has undergone 120 hours training spread over one months in accordance with details enumerated in Section III

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

**Section V**

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

Date...12.9.22

Nodal Officer  
B Voc (MLMDT)

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

Principal S.D. College  
Barnala

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



This form has been issued to Mr./Ms. Mitesh Garg **S.D. College, BARNALA**  
Regd.No. 114-2021-824 Son of /daughter of Sh. Bhanchand Garg  
residing at Barnala State Punjab.

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

Date: 1.9.22

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Student

**Section III**

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

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

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

**RAVI BHUSHAN**  
Med. Technologist  
**SAHARA COMPUTERISED LAB**  
Near Old Ram Leela Ground  
Barnala-148101 (Pb.)  
(Apprentice Master)  
Name and address of Institution

**Section IV**

I certify that MITESH GARG has undergone 220 hours training spread over 1 months in accordance with details enumerated in section III

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

**Section V**

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

Date: 1.9.22

Nodal Officer  
B Voc (MLMDT)

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

Attested  
  
Principal S.D. College  
Barnala



S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

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

residing at Fazilka State Punjab.

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

Date.....11.8.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

Section II

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

Jony Kumar  
Student

Section III

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

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

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

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

Section IV

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

[Signature]  
Dr. Ashok Sidana  
M.D. ( Pathology )  
Head of the Training Institution /11434  
J. Sidana, s Diagnostic Laboratory  
4-E, 3 Jawahar Nagar, Near Housing Board Chowk  
SRI GANGANAGAR-335001

Section V

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

Date.....12.9.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

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



**SECTION I**

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

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

residing at V.P.O Kaleke State Punjab.

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

Date...1.8.22..

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Manpreet Kaur  
Student

**Section III**

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

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

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

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

**Section IV**

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

[Signature]  
Head of the Training Institution

**Section V**

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

Date...1.9.22..

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

Principal S.D. College, **BARNALA**

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



Principal  
S.D. College, BARNALA

**SECTION I**

This form has been issued to Mr./Ms. Jai Pratap Singh Virk.  
Regd.No. 114-2021-821 Son of / daughter of Sh. Sewa Singh  
residing at Barnala State Punjab

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

Date...11.8.22

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

I JAI PARTAP SINGH VIRK accept KULDEEP SINGH of FRIENDS COMPUTERISED  
(Name of Student) (Name of Trainer)  
LABORATORY (CND) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Student

**Section III**

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

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

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

Friends Computerised Laboratory  
Near Civil Hospital BARNALA  
(Apprentice Master)  
Name and address of Institution

**Section IV**

I certify that Jai Pratap Singh Virk has undergone 180 hours training spread over.....3 months in accordance with details enumerated in section III

**Section V**

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

Date...12.9.22

Nodal Officer  
B Voc (MLMDT)

Head of the Training Institution  
Near Civil Hospital BARNALA

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

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



**SECTION I**

This form has been issued to Mr./Ms. Poonam **S.D. College, B**  
Regd.No. 114-2021-813 Son of / daughter of Sh. Suinder Kumar  
residing at Barnala State Punjab.

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

Date.....1.8.22

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Poonam  
Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

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

Head of the Training Institution

**Section V**

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

Date.....1.9.22

Nodal Officer  
B Voc (MLMDT)

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

Principal S.D. College  
Barnala

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



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

**SECTION I**

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

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

Date...1.8.22

*[Signature]*  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

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

**Section IV**

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date...1.9.22

*[Signature]*  
Nodal Officer  
B Voc (MLMDT)

Attested

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

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

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

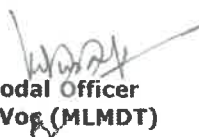


**SECTION I**

This form has been issued to Mr./Ms. Prabhjot Singh S.D. College,  
Regd.No. 114-2021-827 Son of /daughter of Sh. Gurmeet Singh  
residing at Barnala State Punjab

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

Date.. 11-8-22

  
Nodal Officer  
B Voc (MLMDT)

  
Principal  
S.D. College, BARNALA

**Section II**

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

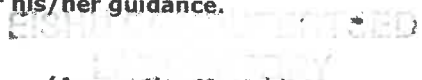
  
Student

**Section III**

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

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

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

  
(Apprentice Master)  
Name and address of Institution  
Rakesh Kumar

**Section IV**

I certify that... Prabhjot Singh has undergone 160 hours training spread over... 1 months in accordance with details enumerated in section III

**Section V**

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

Date.. 18-9-22

  
Nodal Officer  
B Voc (MLMDT)

  
Principal  
S.D. College, BARNALA

  
Principal S.D. College

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



**SECTION I**

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

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

residing at Kheri State Punjab.

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

Date...1.8.22...

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Ramandeep Singh  
Student

**Section III**

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

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

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

Harjinder Kaur  
(Apprentice Master)  
Name and address of Institution

**Section IV**

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

Harjinder Kaur  
Head of the Training Institution

**Section V**

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

Date...1.9.22...

Nodal Officer  
B Voc (MLMDT)

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

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



**SECTION I**

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

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

Date...1.8.22

[Signature]  
 Nodal Officer  
 B Voc (MLMDT)

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

**Section II**

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

[Signature]  
 Student

**Section III**

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

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

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

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

**Section IV**

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

[Signature]  
 Head of the Training Institution

**Section V**

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

Date...1.9.22

[Signature]  
 Nodal Officer  
 B Voc (MLMDT)

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



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



**SECTION I**

S.D. College,

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

Regd.No. 114-2016-1035 Son of /daughter of Sh. Ajmer Singh

residing at Sehisa, Barnala State Punjab

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

Date...1:8:22

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

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

Head of the Training Institution

**Section V**

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

Date...1:9:22

Nodal Officer  
B Voc (MLMDT)

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

**Attested**  
  
Principal S.D. College, Barnala

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



**SECTION I**

This form has been issued to Mr./Ms. Jatinder Pal Singh **S.D. College, BARNALA**  
Regd.No. 114-2021-822 Son of / daughter of Sh. Sewa Singh  
residing at Barnala State Punjab.

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

Date...11.8.22  
Nodal Officer B Voc (MLMDT)   
Principal **S.D. College, Barnala**   
**S.D. College, BARNALA**

**Section II**

I JATINDERPAL SINGH accept GURJEET SINGH of FRIENDS COMPUTERISED  
(Name of Student) (Name of Trainer)  
LASALABORY (P.NL) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Jatinderpal Singh  
Student

**Section III**

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

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

I also agree that a trained technologist shall be assigned for his/her guidance.  
Friends Computerised Laboratory  
Near Civil Hospital BARNALA  
(Apprentice Master)  
Name and address of Institution

**Section IV**

I certify that Jatinderpal Singh has undergone 180 hours training spread over 3 months in accordance with details enumerated in section III

**Section V**

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

Date...12.9.22  
Nodal Officer B Voc (MLMDT)   
Principal **S.D. College, Barnala**   
**S.D. College, BARNALA**  
Principal **S.D. College, Barnala**   
**S.D. College, BARNALA**

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



**SECTION I**

This form has been issued to Mr./Ms. Aashpreet Kaur S.D. College, BARNALA  
 Regd.No. 114-2021-807 Son of /daughter of Sh. Manpreet Singh  
 residing at Sargam State Punjab

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

Date...1.8.22

*[Signature]*  
 Nodal Officer  
 B Voc (MLMDT)

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

**Section II**

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

*Aashpreet Kaur*  
 Student

**Section III**

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

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

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

*Harjinder Kaur*  
 (Apprentice Master)  
 Name and address of Institution

**Section IV**

I certify that Aashpreet Kaur has undergone 180 hours training spread over 3 months in accordance with details enumerated in section III

*Harjinder Kaur*  
 Head of the Training Institution

**Section V**

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

Date...1.9.22

*[Signature]*  
 Nodal Officer  
 B Voc (MLMDT)

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

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



S.D. College, BARNALA

**SECTION I**

This form has been issued to Mr./Ms. Shakshi  
Regd.No. 114-2021-816 Son of /daughter of Sh. Hemant Singh  
residing at Barnala State Punjab

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

Date...1.8.22

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

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

Head of the Training Institution

**Section V**

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

Date...1.9.22

Nodal Officer  
B Voc (MLMDT)

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

Principal S.D. College  
Barnala

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



**SECTION I**

This form has been issued to Mr./Ms. Monu Kumar  
Regd.No. 114-2021-825 Son of /daughter of Sh. Radhe Shyam  
residing at Barnala State Punjab  
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 1 Aug 2022

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Monu Kumar  
Student

**Section III**

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

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

I also agree that a trained technologist shall be assigned for his/her guidance. RAVI BHUSHAN  
Med Technologist  
SAHARA COMPUTERISED LAB  
(Approved by Punjab University, Patiala)  
Near Old Ram Leela Ground  
Barnala-148101 (Pb.)

**Section IV**

I certify that MONU KUMAR..... has undergone 220..... hours training spread over 0.9..... months in accordance with details enumerated in section III

RAVI BHUSHAN  
Med. Technologist

Head of the SAHARA COMPUTERISED LAB  
Near Old Ram Leela Ground  
Barnala-148101 (Pb.)

**Section V**

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

Date: 1.9.22

Nodal Officer  
B Voc (MLMDT)

Attested

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

Principal S.D. College, BARNALA

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. College,

SECTION I

This form has been issued to Mr./Ms. Harpreet Kaur  
Regd.No. 114-2021-908 Son of / daughter of Sh. Arvinder Dev Singh  
residing at Bathinda State Punjab

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

Date 11.8.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Harpreet Kaur accept Manjinder Singh of Mehak Computerized  
(Name of Student) (Name of Trainer)  
Mehak (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.

Harpreet Kaur  
Student

Section III

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

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

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

Section IV

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

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

Section V

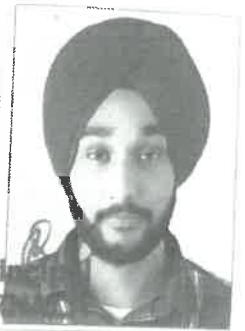
I certify that Harpreet Kaur has completed in full respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 14.9.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

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



**SECTION I**

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

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

residing at Barnala State Punjab

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

Date...11.8.22

[Signature]  
 Nodal Officer  
 B Voc (MLMDT)

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

**Section II**

I...Sethi Singh..... accept Kul Bhanu Gupta of Public  
 (Name of Student) (Name of Trainer)

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

[Signature]  
 Student

**Section III**

I...Kul Bhanu Gupta accept Sethi Singh.....as a trainee and I agree to give  
 (Name of Trainer) (Name of Student)

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

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

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

[Signature]  
 Kul Bhanu Gupta  
 Public Computerised Lab.  
 Name and designation  
 Ph. 01679-230255

**Section IV**

I certify that...Sethi Singh.....has undergone 10 hours training spread over...01.....months in accordance with details enumerated in section III

[Signature]  
 Kul Bhanu Gupta  
 Public Computerised Lab.  
 Head of the Training Institution  
 Jain Market, Barnala  
 Ph. 01679-230255

**Section V**

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

Date...12.9.22

[Signature]  
 Nodal Officer  
 B Voc (MLMDT)

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

[Signature]  
 Principal S.D. College

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



**SECTION I**


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

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

residing at Sangrur, Khadiak <sup>K<sup>th</sup>e</sup> State Punjab.

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

Date...11.8.22

  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

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

Pardeep Singh  
Student

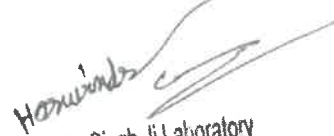
**Section III**

I...Harvinder Singh accept ...Pardeep Singh..... as a trainee and I agree to give  
(Name of Trainer) (Name of Student)

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

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

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

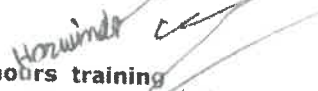
  
Sant Baba Attar Singh Ji Laboratory  
Opp. Municipal Corporation  
Guga Mari Road, Sunam

(Apprentice Master)

Name and address of Institution

**Section IV**

I certify that...Pardeep Singh.....has undergone 150 hours training spread over...2.....months in accordance with details enumerated in section III.

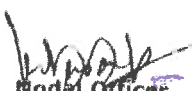
  
Sant Baba Attar Singh Ji Laboratory  
Opp. Municipal Corporation  
Guga Mari Road, Sunam

Head of the Training Institution

**Section V**

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

Date...12.9.22

  
Nodal Officer  
B Voc (MLMDT)

Attester

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

Principal S.D. College  
Barnala



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



**SECTION I**

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

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

residing at Barnala State Punjab

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

Date 27.7.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

I Navjot kaur accept Dr. Komal Singh of Max Hospital  
(Name of Student) (Name of Trainer)  
Bathinda (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Navjot Kaur  
Student

**Section III**

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

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

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

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

**Section IV**

I certify that Navjot Kaur has undergone 220 hours training spread over 11 months in accordance with details enumerated in section III

[Signature]  
Head of the Training Institution

**Section V**

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

Date 30.9.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

Principal S.D. College  
Barnala

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



**SECTION I**

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

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

residing at Ranipura Phul State Punjab

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

Date...1.8.22...

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

[Signature]  
Student

**Section III**

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

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

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

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

**Section IV**

I certify that...Sapna...has undergone 180 hours training spread over...3 months in accordance with details enumerated in section III

[Signature]  
Head of the Training Institution

**Section V**

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

Date...1.9.22...

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

[Signature]  
Principal S.D. College  
Barnala

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



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

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

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

Date...1.8.22

*[Signature]*  
 Nodal Officer  
 B Voc (MLMDT)

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

**Section II**

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

*[Signature]*  
 Student

**Section III**

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

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

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

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

**Section IV**

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

*[Signature]*  
 Head of the Training Institution

**Section V**

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

Date...1.9.22

*[Signature]*  
 Nodal Officer  
 B Voc (MLMDT)

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

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



**SECTION I**

This form has been issued to Mr./Ms. Rajkumari

Regd.No. 114-2021-817 Son of /daughter of Sh. Sushil Kumar

residing at Barnala State Punjab

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

Date 8-8-22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

[Signature]  
Student

**Section III**

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

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

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

City Lab Near Civil Hospital  
FOR CITY HEALTH CENTRE  
(Apprentice Master)

Name and address of Institution  
Prop.

**Section IV**

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

[Signature]  
Head of the Training Institution

**Section V**

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

Date 14-9-22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

[Signature]  
Principal  
S.D. College, Barnala

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



**SECTION I**

S.D. College,

This form has been issued to Mr./Ms. Babli

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

residing at Rajia, State Punjab

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

Date...1.8.22

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Babli  
Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

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

Head of the Training Institution

**Section V**

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

Date...1.9.22

Nodal Officer  
B Voc (MLMDT)

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

Principal S.D. College  
Barnala

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



**SECTION I**

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

Regd.No. 114-2021-832 Son of /daughter of Sh. Manohar Lal

residing at Rampura Khul State Punjab.

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

Date 1.8.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Student Jaya Sharma

**Section III**

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

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

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

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

**Section IV**

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

[Signature]  
Head of the Training Institution

**Section V**

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

Date 1.9.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

Principal S.D. College, Barnala

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



**SECTION I**

This form has been issued to Mr./Ms. Jagdeep Singh S.D. Coll.  
Regd.No. 114-2021-986 Son of /daughter of Sh. Davinder Singh  
residing at Dharaula State Punjab.

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

Date...01.09.22

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Jagdeep Singh  
Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

I certify that Jagdeep Singh has undergone 120 hours training spread over 6 months in accordance with details enumerated in section III

Head of the Training Institution

**Section V**

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

Date...01.10.22

Nodal Officer  
B Voc (MLMDT)

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

Principal S.D. College, Barnala

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



**SECTION I**

This form has been issued to Mr./Ms. Manpreet Kaur S.D. College, BARNALA  
Regd.No. 114-2021-811 Son of /daughter of Sh. Ranjit Singh  
residing at Joga, Mansa State Punjab  
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...1.8.22..

[Signature]  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D. College, BARNALA

**Section II**

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

Manpreet Kaur  
Student

**Section III**

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

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

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

Harjinder Kaur  
(Apprentice Master)  
Name and address of Institution

**Section IV**

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

Harjinder Kaur  
Head of the Training Institution..

**Section V**

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

Date...1.9.22..

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

[Signature]  
Principal S.D. College, Barnala



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



**SECTION I**

This form has been issued to Mr./Ms. Dildeep Singh

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

residing at Barnala State Punjab

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

Date...1.8.22.....

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Dildeep Singh  
Student

**Section III**

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

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

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

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

**Section IV**

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

[Signature]  
Head of the Training Institution

**Section V**

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

Date...1.9.22.....

[Signature]  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal S.D. College, BARNALA

[Signature]  
Principal S.D. College, BARNALA

[Signature]  
Principal S.D. College, BARNALA

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



This form has been issued to Mr./Ms. Husanpreet Kaur  
Regd.No. 114-2021-1034 Son of / daughter of Sh. Gurjant Singh

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

Date 11-8-2020

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

[Signature]  
Student

**Section III**

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

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

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

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

**Section IV**

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

[Signature]  
LABORATORY  
Head of the Training Institution

**Section V**

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

Date 12-9-2020

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

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



S.D. College, BARNALA

SECTION I

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

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

residing at Pharwahi State Punjab

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

Date 11.8.22

Nodal Officer  
B Voc (MLMDT)

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

Section II

I, Manisha (Name of Student) accept Latif Mohd (Name of Trainer) of Khan clinical Lab: Hathian (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Manisha  
Student

Section III

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

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

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

(Apprentice Master) Latif Mohd  
Name and address of Institution

Section IV

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

Head of the Training Institution Latif Mohd

Section V

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

Date 12.9.22

Nodal Officer  
B Voc (MLMDT)

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

Principal S.D. College

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



**SECTION I**  
This form has been issued to Mr./Ms. Mukesh Jindal S.D. College  
Regd.No. 114-2020-862 Son of / daughter of Sh. Bipin K. Jindal  
residing at Barnala State Punjab  
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.  
Date. 01.09.22

*[Signature]*  
Nodal Officer  
B Voc (MLMDT)

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

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

*[Signature]*  
Student

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

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

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

**Section IV**  
I certify that Mukesh Jindal has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

*[Signature]*  
**Sahil Computerised Lab**  
Head of the Training Institution

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

Date. 01.10.22  
*[Signature]*  
Nodal Officer  
B Voc (MLMDT)

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

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



SECTION I

S.D. College

This form has been issued to Mr./Ms. Sahil Goyal

Regd.No. 114-2020-864 Son of / daughter of Sh. Bhaji Raj

residing at Barnala State Punjab

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

Date 01.09.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D. College, Barnala

Section II

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

[Signature]  
Student

Section III

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

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

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

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

Section IV

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

Sahil Goyal  
**Sahil Computerised Lab.**  
Head of the Training Institution

Section V

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

Date 1.10.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

Attested [Signature]

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



**SECTION I**

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

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

Date 11-8-22

*[Signature]*  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

**LABORATORY**  
(Apprentice Master)  
Name and address of Institution  
Rakesh Kumar

**Section IV**

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

**Section V**

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

Date 19-9-22

*[Signature]*  
Nodal Officer  
B Voc (MLMDT)

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

Attested

Principal S.D. College, Barnala

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



**SECTION I**

This form has been issued to Mr./Ms. Prem Singh  
 Regd.No. 114-2020-1025 Son of /daughter of Sh. Ram Bahadur Singh  
 residing at Barnala State Punjab  
 Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.  
 Date 11-8-22

*[Signature]*  
 Nodal Officer  
 B Voc (MLMDT)

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

**Section II**

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

*[Signature]*  
 Student

**Section III**

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

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

I also agree that a trained technologist shall be assigned for his/BARNALA  
 (Apprentice Master)  
 Name and address of Institution

**Janta Computerised Laboratory**  
 Ram Bagh Road, Shanti Hall Gate  
 Shop No. 2, Shivam Sweet  
 BARNALA-148101 (PUNJ)  
 MOB 96536-980701

**Section IV**

I certify that Prem Singh has undergone 180 hours training  
 spread over 1 months in accordance with details enumerated in Section III  
 Head of the Training Institution  
 BARNALA-148101  
 MOB 96536-980701

**Section V**

I certify that Prem Singh has completed in all respect his/her  
 practical training as per ordinances framed by Punjabi University, Patiala, under the rules  
 from UGC New Delhi.  
 Date 19/9/22

Nodal Officer  
 B Voc (MLMDT)

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

**Principal S.D. College**  
 BARNALA

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



**SECTION I**

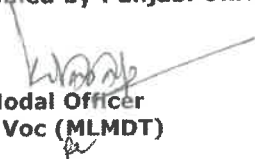
This form has been issued to Mr./Ms. Vachiter Singh S.D. College

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

residing at Bihla, Barnala State Punjab

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

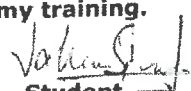
Date...01.08.22

  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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


  
Student

**Section III**

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

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

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

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

**Section IV**


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

  
**Sahil Computerised Lab.**  
Head of the Training Institution


**Section V**

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

Date...01.09.22

  
Nodal Officer  
B Voc (MLMDT)

Attested

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

  
Principal S.D. College  
Barnala



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



**SECTION I**

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

Regd.No. 114-2019-1054 Son of /daughter of Sh. Gurcharan Singh

residing at Raisak State Punjab

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

Date 20/4/2022

Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

**Section II**

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

Lovepreet Singh  
Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

I certify that Lovepreet Singh has undergone 90 hours training spread over 3 months in accordance with details enumerated in section III

Head of the Training Institution

**Section V**

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

Date 14.7.22

Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Principal S.D. College  
Barnala

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



**SECTION I**

This form has been issued to Mr./Ms. Shanty  
Regd.No. 114-2019-4052 Son of /daughter of Sh. Jagseer Singh  
residing at Rampura Phul State Punjab  
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 20/4/2022

[Signature]  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

**Section II**

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

Shanty  
Student

**Section III**

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

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

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

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

**Section IV**

I certify that Shanty has undergone 200 hours training  
spread over two months in accordance with details enumerated in section III

Dr. Harjinder Kaur  
Head of the Training Institution

**Section V**

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

Date 14.7.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D. College, BARNALA

[Signature]  
Principal S.D. College  
Barnala

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



**SECTION I**

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

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

Date 20/4/2022

[Signature]  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

**Section II**

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

Dilpreet Singh  
Student

**Section III**

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

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

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

Harjinder Kaur  
(Apprentice Master)  
Name and address of Institution

**Section IV**

I certify that Dilpreet Singh has undergone 200 hours training spread over Two months in accordance with details enumerated in section III

Harjinder Kaur  
Head of the Training Institution

**Section V**

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

Date 14.7.22

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

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

S.No.	ROLL NO	Candidate Name
		PARNEET KAUR BHATHAL
1	19101	
2	19102	KARAN KUMAR
3	19103	ASHIMA AGGARWAL
4	19104	SIMRAN GROVER
5	19105	JASPREET SINGH
6	19106	EKAMJOT SINGH
7	19107	ASHIR SHARMA
8	19108	GURINDER SINGH
9	19109	HARMANPREET KAUR
10	19110	ISHU SHARMA
11	19111	KARAMJEET SINGH
12	19112	HARSHDEEP SINGH VIRK
13	19113	RAMINDERVEER SINGH
		SAMANPREET SINGH
14	19114	
15	19115	ROBINPREET KAUR
16	19116	NAYDEEP 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

*W. D. D. D.*  
Nutrition and Health care

Attested

*Ph*  
Principal S.D. College  
Barnala

Attested

*Ph*  
Principal S.D. College

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



**SECTION I**

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

Date.....02/09/2021

[Signature]  
Nodal Officer  
B Voc (NHCST)

[Signature]  
Principal  
S.D.College, Barnala

**Section II**

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

[Signature]  
Student

**Section III**

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

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

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

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

**Section IV**

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

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

[Signature]  
Head of the Training Institution

**Section V**

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

Date.....11/09/2021

[Signature]  
Nodal Officer  
B Voc (NHCST)

[Signature]  
Principal  
S.D.College, Barnala

Attested

[Signature]  
Principal S.D. College

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



**SECTION I**

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

Date.....02/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

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

**Section IV**

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

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date.....11/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested  
*[Signature]*  
Principal S.D. College  
Barnala

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



**SECTION I**

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

Date: 21-9/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*Ashima*  
Student

**Section III**

I Dr. Partap Singh accept Ms. Ashima Aggarwal as a trainee and I agree to give her training facilities in my organization so that during her training he may acquire:-

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

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

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

**Section IV**

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date: 11/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested

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

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



**SECTION I**

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

Date...09/09/2021

  
Nodal Officer  
B Voc (NHCST)

  
Principal  
S.D.College, Barnala

**Section II**

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

  
Student

**Section III**

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

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

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

  
(Apprentice Master)  
Name and address of Institution

**Section IV**

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

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

  
Head of the Training Institution

**Section V**

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

Date...11/09/2021

  
Nodal Officer  
B Voc (NHCST)

  
Principal  
S.D. College, Barnala

Attested

  
Principal S.D. College  
Barnala



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



**SECTION I**

This form has been issued to Mr. Jaspreet Singh Reg.No. 859116 S/o of Sh. Ait Singh residing at V.P.O. Moon, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 02/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

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

**Section IV**

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

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date: 11/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested

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

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



**SECTION I**

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

Date: 23/02/2021

  
Nodal Officer  
B Voc (NHCST)

  
Principal  
S.D. College, Barnala

**Section II**

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

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

  
Head of the Training Institution

**Section V**

I certify that Mr. Ekamjit 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: 11/09/2021

  
Nodal Officer  
B Voc (NHCST)

  
Principal  
S.D. College, Barnala

Attested  
  
Principal S.D. College  
Barnala

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



**SECTION I**

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

Date: 02/9/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

**Section IV**

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

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

*[Signature]*  
(Apprentice Master)  
Name and address of Institution  
Partap Nursing Home  
Partap Nagar, Barnala

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date: 11/9/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested  
*[Signature]*  
Principal S.D. College  
Barnala

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



**SECTION I**

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

Date.....07/09/2021.....

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

**Section IV**

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

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

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

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

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested  
*[Signature]*  
Principal S.D. College  
Barnala

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



**SECTION I**

This form has been issued to Ms. Harmanpreet Kaur Reg.No. 859105 D/o of Sh. Kuldeep Singh residing at VPO Jodhpur, Barnala State Punjab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 02/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

*[Signature]*  
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 training.

*[Signature]*  
Student

**Section III**

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

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

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

*[Signature]*  
(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

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date 11/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested  
*[Signature]*  
Principal S.D. College  
Barnala

**S.D.COLLEGE, BARNALA**

**PRACTICAL TRAINING CONTRACT FORM FOR NUTRITIONIST**



**SECTION I**

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

Date.....02/09/2021.....

[Signature]  
Nodal Officer  
B Voc (NHCST)

[Signature]  
Principal  
S.D. College, Barnala

**Section II**

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

[Signature]  
Student

**Section III**

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

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

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

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

**Section IV**

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

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

[Signature]  
Head of the Training Institution

**Section V**

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

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

[Signature]  
Nodal Officer  
B Voc (NHCST)

[Signature]  
Principal  
S.D. College, Barnala

Attested  
[Signature]  
Principal S.D. College  
Barnala

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



**SECTION I**

This form has been issued to Mr. Karamjeet Singh Reg.No. 259115 S/o of Sh. Mohinder Singh residing at Bhatthal Street, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

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

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

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

**Section IV**

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

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

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

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested

*[Signature]*  
Principal S.D. College

B Voc

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



**SECTION I**

This form has been issued to Mr. Harshdeep Singh Virk Reg.No. 859118 S/o of Sh. Gurnark Singh Virk residing at Baikhana Road, Near Tarakhil 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...22/02/2021

*Woot*  
Nodal Officer  
B Voc (NHCST)

*Principal*  
Principal  
S.D. College, Barnala

**Section II**

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

*Harshdeep Singh Virk*  
Student

**Section III**

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

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

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

*Partap Singh*  
(Apprentice Master)  
Name and address of Institution

**Section IV**

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

(29/9/2021 to 1/10/2021)

*Partap Singh*  
Head of the Training Institution

**Section V**

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

Date...22/09/2021

*Woot*  
Nodal Officer  
B Voc (NHCST)

*Principal*  
Principal  
S.D. College, BARNALA

Attested

*Principal*  
Principal S.D. College  
Barnala



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



**SECTION I**

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

Date: 07/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

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

**Section IV**

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

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date: 11/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested

*[Signature]*  
Principal S.D.

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



**SECTION I**

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

Date.....07/09/2021.....

  
Nodal Officer  
B Voc (NHCST)

  
Principal  
S.D. College, Barnala

**Section II**

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

  
Student

**Section III**

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

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

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

  
(Apprentice Master)  
Name and address of Institution

**Section IV**

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

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

  
Head of the Training Institution

**Section V**

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

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

  
Nodal Officer  
B Voc (NHCST)

  
Principal  
S.D. College, Barnala

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. Robinpreet Kaur Reg.No. 859103 D/o of Sh. Lakhwinder Singh residing at VIII, Kalabula, The, Dhuri, Distt. Sangrur State Punjab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....04/09/2021.....

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

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

**Section IV**

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

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

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

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested

*[Signature]*  
Principal S.D. College

Barnala

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



**SECTION I**

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

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

*W. S. Dhillon*  
Nodal Officer  
B Voc (NHCST)

*P. S. Dhillon*  
Principal  
S.D. College, Barnala

**Section II**

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

*Navdeep Singh*  
Student

**Section III**

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

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

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

*Dr. Partap Singh*  
(Apprentice Master)  
Name and address of Institution

**Section IV**

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

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

*Dr. Partap Singh*  
Head of the Training Institution

**Section V**

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

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

*W. S. Dhillon*  
Nodal Officer  
B Voc (NHCST)

*P. S. Dhillon*  
Principal  
S.D. College, Barnala

Attested

*P. S. Dhillon*  
Principal S.D. College  
Barnala

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



**SECTION I**

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

Date: 02/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

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

**Section IV**

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

(09/09/2021 to 22/09/2021)

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date: 11/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested

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

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



**SECTION I**

This form has been issued to Mr. Rishav Goyal Reg.No. 959110 S/o of Sh. Jiwan Kumar residing at Street no. 02, Near Gesta Bhawan, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

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

Nodal Officer  
B Voc (NHCST)

Principal  
S.D. College, Barnala

**Section II**

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

Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

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

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

Head of the Training Institution

**Section V**

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

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

Nodal Officer  
B Voc (NHCST)

Principal  
S.D. College, BARNALA

Principal S.D. College  
Barnala

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



**SECTION I**

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

Date: 02/09/2021

Nodal Officer  
B Voc (NHCST)

Principal  
S.D. College, Barnala

**Section II**

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

Student

**Section III**

I Dr. Partap Singh accept Ms. Sherral Shandilva as a trainee and I agree to give her training facilities in my organization so that during her training he may acquire:-

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

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

**Section IV**

(Apprentice Master)  
Name and address of Institution  
Partap Nursing Home  
Haridwar - Uttarakhand

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

Head of the Training Institution

**Section V**

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

Date: 11/09/2021

Nodal Officer  
B Voc (NHCST)

Principal  
S.D. College, Barnala

**Attested**  
  
Principal S.D. College  
Barnala

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



**SECTION I**

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

Date: 09/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

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

**Section IV**

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

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date: 11/09/2021

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested  
*[Signature]*  
Principal S.D. College  
Barnala



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



**SECTION I**

This form has been issued to Mr. Arshdeep Singh Reg.No. 850123 S/o of Sh. Amrik Singh residing at Bhattal Road, Dhanaula, Distt. Barnala State Punjab Who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 09/9/2021

Nodal Officer  
B Voc (NHCST)

Principal  
S.D. College, Barnala

**Section II**

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

Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

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

Head of the Training Institution

**Section V**

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

Date: 11/9/2021

Nodal Officer  
B Voc (NHCST)

Principal  
S.D. College, Barnala

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. Amandeep Kaur Reg.No. 859108 D/o of Sh. Sukhwinder Singh residing at YPO Cheema, Jodhour, Distt. Barnala State Punjab 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 Delhi.

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

Nodal Officer  
B Voc (NHCST)

Principal  
S.D. College, Barnala

**Section II**

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

Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

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

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

Head of the Training Institution

**Section V**

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

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

Nodal Officer  
B Voc (NHCST)

Principal  
S.D. College, BARNALA

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. Haeleen Kaur Reg.No. 859106 of Sh. Gurwinder Singh residing at Battr Patti, VPO Thullwal, Distt. Barnala State Punjab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

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

Nodal Officer  
& Voc (NHCST)

Principal  
S.D. College, Barnala

**Section II**

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

Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

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

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

Head of the Training Institution

**Section V**

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

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

Nodal Officer  
& Voc (NHCST)

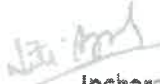
Principal  
S.D. College, Barnala

Attested



Principal S.D. College  
Barnala

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

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

  
Incharge  
Nutrition and Health care

Attested  
  
Principal S.D. College  
Barnala  


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

Date.....07/04/22.....

Nodal Officer  
B Voc (NHCST)

Principal  
S.D.College, Barnala

**Section II**

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

Student

**Section III**

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

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

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

**Section IV**

(Apprentice Master)  
Name and address of Institution  
Partap Nursing Home  
Hand No. 20, B. P. Barnala

I certify that Ms. Parmeet Kaur Bhathal has undergone 06 hours training spread over 03 Week in accordance with details enumerated in section III  
(07/04/2022 to 13/04/2022)

**Section V**

Head of the Training Institution  
Partap Nursing Home  
Hand No. 20, B. P. Barnala

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

Date.....23/04/22.....

Nodal Officer  
B Voc (NHCST)

Principal  
S.D.College, BARNALA

Attested  
  
Principal S.D. College  
Barnala

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



**SECTION I**

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

Date: 07/04/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

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

**Section IV**

I certify that Mr. Karan Kumar has undergone 05 hours training spread over 03 Week in accordance with details enumerated in section III

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date: 23/04/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Attested**  
*[Signature]*  
Principal S.D. College  
Barnala

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



**SECTION I**

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

Date 07/04/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

I Dr. Partap Singh accept Ms. Ashima Aggarwal as a trainee and I agree to give her training facilities in my organization so that during her training he may acquire:-

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

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

**Section IV**

(Apprentice Master)  
Name and address of Institution

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

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date 23/4/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

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. Sarabjit Singh Grover residing at Shaktinagar, Street no.02, Baisakhana Road, Barnala State Punjab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 07/4/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

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

**Section IV**

I certify that Ms. Simran Grover has undergone 05 hours training spread over 03 Week in accordance with details enumerated in section III

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date 23/4/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested  
*[Signature]*  
Principal S.D. College



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



**SECTION I**

This form has been issued to Mr. Gurinder Singh Reg.No. 859118 S/o of Sh. Gurmeet Singh residing at Rureke Khurd, Barnala State Punjab who has produced evidence before me that he is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 07/04/2022

[Signature]  
Nodal Officer  
B Voc (NHCST)

[Signature]  
Principal  
S.D. College, Barnala

**Section II**

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

Gurinder Singh  
Student

**Section III**

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

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

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

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

**Section IV**

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

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

[Signature]  
Head of the Training Institution

**Section V**

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

Date: 23/04/2022

[Signature]  
Nodal Officer  
B Voc (NHCST)

[Signature]  
Principal  
S.D. College, Barnala

Attested  
Principal S.D. College  
Barnala  
[Signature]

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



**SECTION I**

This form has been issued to Mr. 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 27/04/22

Nodal Officer  
B Voc (NHCST)

Principal  
S.D. College, Barnala

**Section II**

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

Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**Section IV**

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

(29/04/2022 to 25/04/2022)

Head of the Training Institution

**Section V**

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

Date 25/04/2022

Nodal Officer  
B Voc (NHCST)

Principal  
S.D. College, Barnala

Attested  
Principal S.D. College  
Barnala

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



**SECTION I**

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

Date 07/4/2022

*Wade*  
Nodal Officer  
B Voc (NHCST)

*Principal*  
Principal  
S.D. College, Barnala

**Section II**

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

*Karamjeet*  
Student

**Section III**

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

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

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

*Partap Singh*  
(Apprentice Master)  
Name and address of Institution

**Section IV**

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

*6/4/2022 to 23/4/2022*

*Partap Singh*  
Head of the Training Institution

**Section V**

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

Date 23/4/2022

*Wade*  
Nodal Officer  
B Voc (NHCST)

*Principal*  
Principal  
S.D. College, Barnala

*Principal*  
Principal S.D. College

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



**SECTION I**

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

Date: 07/04/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

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

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

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

(Apprentice Master)  
Name and address of Institution

**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

*[Signature]*  
(09/4/2022 to 21/4/2022)

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date: 23/04/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

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

Attested

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



**SECTION I**

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

Date.....07/04/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

*[Signature]*  
Student

**Section III**

I Dr. Partap Singh accept Ms. Sherral Shandilya as a trainee and I agree to give her training facilities in my organization so that during her training he may acquire:-

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

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

*[Signature]*  
(Apprentice Master)  
Name and address of Institution  
Partap Nursing Home  
12nd, Gurgaon, Punjab

**Section IV**

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

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

*[Signature]*  
Head of the Training Institution

**Section V**

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

Date.....23/4/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

Attested

*[Signature]*  
Principal S.D. College

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



**SECTION I**

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

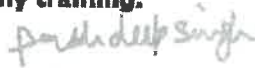
Date: 07/07/2022

  
Nodal Officer  
B Voc (NHCST)

  
Principal  
S.D.College, Barnala

**Section II**

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

  
Student

**Section III**

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

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

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

  
(Apprentice Master)  
Name and address of Institution

**Section IV**

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

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

  
Head of the Training Institution

**Section V**

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

Date: 23/04/2022

  
Nodal Officer  
B Voc (NHCST)

  
Principal  
S.D. College, Barnala

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. Amandeep Kaur Reg.No. 859108 D/o of Sh. Sukhwinder Singh residing at VPO Cheema, Jodhpur, Distt. Barnala State Punjab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

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

  
Nodal Officer  
B Voc (NHCST)

  
Principal  
S.D. College, Barnala  
*Nite*

**Section II**

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

  
Student

**Section III**

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

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

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

  
(Apprentice Master)  
Name and address of Institution

**Section IV**

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

(09/4/2022 to 24/04/2022)

  
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 Delhi.

Date.....25/04/2022.....

  
Nodal Officer  
B Voc (NHCST)

  
Principal  
S.D. College, Barnala  
*Nite*

Attested  
  
Principal S.D. College  
Barnala  
*Nite*

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



**SECTION I**

This form has been issued to Ms. Hasleen Kaur Reg.No. 859108 of Sh. Gurwinder Singh residing at Battr Patti, VPO Thaliwal, Distt. Barnala State Punjab Who has produced evidence before me that she is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date: 27/04/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

**Section II**

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

Student

*[Signature]*

**Section III**

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

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

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

**Section IV**

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

*(29/04/2022 to 23/04/2022)*

*[Signature]*  
(Apprentice Master)  
Name and address of Institution  
H.O. No. 19301  
Partap Nursing Home

Head of the Training Institution

**Section V**

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

Date: 23/04/2022

*[Signature]*  
Nodal Officer  
B Voc (NHCST)

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

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