

# INFOWIZ®

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## Certificate

No. INFOWIZ/6M2024/20

This is certified that Mr./Ms. TAANVI S/D/o. Sh. JASWANT RAI SINGLA

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

From 18<sup>th</sup> JAN. 2024 to 18<sup>th</sup> APRIL 2024. 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

  
Managing Director



H.O.: SCO 11B - 120, Sector 34 - A, CHANDIGARH

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## Certificate

Certificate of Training

No. INFOWIZ/GM/2024/1B

This is certified that Mr./Ms. SAPNA VERMA S/D/o. Sh. DILEEP VERMA

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

From 18<sup>th</sup> JAN 2024 to 18<sup>th</sup> APR. 2024. During the tenure of the above course, we found him/her

a hardworking & innovative individual.

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Technical Head

  
Managing Director

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## Certificate

Certificate of Training

No. INFOWIZ/EM/2024/22

This is certified that Mr./Ms. RUCHI S/D/o. Sh. MAKHAN LAL

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

From 18<sup>th</sup> JAN. 2024 to 18<sup>th</sup> APR. 2024. 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

Managing Director

Chandigarh : 0171 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888



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## Certificate

Certificate of Training

No. INFOWIZ/642024/27

This is certified that Mr./Ms. MEHAK VERMA S/O. Sh. CHANDER SHEKHAR

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

From 18<sup>th</sup> JAN. 2024 to 18<sup>th</sup> APRIL 2024. 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

  
Managing Director

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## Certificate

No. INFOWIZ/6M/2024/12

This is certified that Mr./Ms. KHUSHI S/O/o. Sh. MUKESH KUMAR

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

From 15<sup>th</sup> JAN 2024 to 20<sup>th</sup> APRIL 2024. 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

  
Managing Director

Chandigarh : 0171 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

Certificate of Training



# Certificate

TRG/SM/22

Dated: \_\_\_\_\_

## TO WHOM IT MAY CONCERN

Presented to Mr. KHUSHBOO S.D.O HIRA LAL BANSAL

Roll No. Regd No. 300508 of SD COLLEGE BARNALA

For SIX MONTH Industrial / Software Training in MARKETING

from Jan, 2024 to May, 2024. His/her conduct is found satisfactory during the training and

we wish him/her good luck for the bright future.

  
Director

  
Manager

Opposite-ICICI Bank, Leela Bhawan, Patiala-147001 (Punjab)

Contact : +91-78371-12184, 78371-12149

Website: procegroup.com E-mail: proceinfotech06@gmail.com



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## Certificate

No. INFOWIZ/EM/2024/26

This is certified that Mr./Ms. HARPREET KAUR, S/D/o. Sh. GURJANT SINGH  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course HR

From 18<sup>th</sup> JAN. 2024 to 18<sup>th</sup> APR. 2024. 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



  
Managing Director

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## Certificate

Certificate of Training

No. INFOWIZ/EM2024/16

This is certified that Mr./Ms. HARPREET KAUR S/D/o. Sh. SEWA SINGH

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

From 15<sup>th</sup> JAN. 2024 to 20<sup>th</sup> APRIL 2024. 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

  
Managing Director

Chandigarh : 0171 4567888, 9023400888, 96460 00952

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## Certificate

No. INFOWIZ/GM2024/17

This is certified that Mr./Ms. HARPREET KAUR, S/D/o. Sh. GURJIT SINGH  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course DIGITAL MARKETING  
From 15<sup>th</sup> JAN. 2024 to 20<sup>th</sup> APRIL 2024. 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



  
Managing Director

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## Certificate

Certificate of Training

No. INFOWIZ/EM/2024/24

This is certified that Mr./Ms. GURLEEN KAUR TOOR S/D/o. Sh. BALWINDER SINGH TOOR  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course MARKETING

From 15<sup>TH</sup> JAN. 2024 to 20<sup>TH</sup> APR. 2024. 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



  
Managing Director

Chandigarh : 0171 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

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## Certificate

No. INFOWIZ/6M2024/21

This is certified that Mr./Ms. GOLDY YADAV S/D/o. Sh. HARINDER SINGH YADAV

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

From 18<sup>th</sup> JAN. 2024 to 18<sup>th</sup> APR. 2024. 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.



  
Training Head

  
Managing Director



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## Certificate

Certificate of Training

No. INFOWIZ/EM2024/13

This is certified that Mr./Ms. BHAWANDEEP KAUR, S/D/o. Sh. JAGJEET SINGH

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

From 15<sup>TH</sup> JAN. 2024 to 20<sup>TH</sup> APRIL 2024. 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

  
Managing Director

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## Certificate

No. INFOWIZ/BN/2024/19

This is certified that Mr./Ms. BEERPAL KAUR S/D/o. Sh. KEWAL SINGH

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

From 15<sup>th</sup> JAN. 2024 to 20<sup>th</sup> APRIL 2024. 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

  
Managing Director

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## Certificate

No. INFOWIZ/GM2024/19

This is certified that Mr./Ms. AKSHI SINGH S/D/o. Sh. JAI SINGH

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

From 18<sup>th</sup> JAN. 2024 to 18<sup>th</sup> APR. 2024. 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

  
Managing Director



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## Certificate

Certificate of Training

No. INFOWIZ/CM/2024/67

This is certified that Mr./Ms. VISHVEET MITTAL S/D/o. Sh. RAKESH KUMAR

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

From 15<sup>TH</sup> JAN. 2024 to 20<sup>TH</sup> APR. 2024. During the tenure of the above course, we found him/her  
a hardworking & innovative individual.

We wish him/her a bright and prosperous future.

  
Technical Head



  
Managing Director

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## Certificate

No. INFOWIZ/EM/2024/15

This is certified that Mr./Ms. SURINDER SINGH S/O/o. Sh. JAGROOP SINGH  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course MARKETING

From 15<sup>TH</sup> JAN 2024 to 20<sup>TH</sup> APRIL 2024. 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

  
Managing Director

Chandigarh : 0171 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

Certificate of Training



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## Certificate

No. INFOWIZ/FA/2024/62

This is certified that Mr./Ms. RACHIT MITTAL S/D/o. Sh. SURINDER KUMAR

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

From 15<sup>th</sup> JAN 2024 to 20<sup>th</sup> APR. 2024. 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

  
Managing Director

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## Certificate


No. INFOWIZ/6792024/10

This is certified that Mr./Ms. NITIN RAWAT S/D/o. Sh. DANN SINGH RAWAT

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

From 18<sup>th</sup> JAN 2024 to 18<sup>th</sup> APRIL 2024. 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



  
Managing Director

Chandigarh : 0171 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

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## Certificate

No. INFOWIZ/GM/2024/149

This is certified that Mr./Ms. KARAMVEER SINGH S/D/o. Sh. GURDEEP SINGH

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

From 01<sup>st</sup> JAN. 2024 to 23<sup>rd</sup> APR. 2024. 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

  
Managing Director

Chandigarh : 0171 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

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## Certificate

Certificate of Training

No. INFOWIZ/6M2024/61

This is certified that Mr./Ms. HITEN GARG S/D/o Sh. ANIL KUMAR, GARG  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course MARKETING  
From 15<sup>TH</sup> JAN. 2024 to 20<sup>TH</sup> APR. 2024. 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

  
Managing Director

Chandigarh : 0171 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

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

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

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## Certificate

No. INFOWIZ/BM/2024/86

This is certified that Mr./Ms. HIMANSHU S/D/o. Sh. KUSH KUMAR

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

From 26<sup>th</sup> JAN. 2024 to 22<sup>nd</sup> APR. 2024. 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

  
Managing Director



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

# Certificate

Certificate of Training

No. INADU012/6M2024/109

This is certified that Mr./Ms. HARAY BANSAL S/D/o. Sh. DIWAN CHAND BANSAL

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

From 15<sup>TH</sup> JAN 2024 to 20<sup>TH</sup> APR. 2024. 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

  
Managing Director

Chandigarh : 0171 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888



## Certificate

No. INFOWIZ/GM2024/35

This is certified that Mr./Ms. HARMANDEEP SINGH S/D/o. Sh. YADWINDER SINGH

of S.D. COLLEGE, BARNALA

Urgent Training Course MARKETING

From 15<sup>th</sup> JAN. 2024 to 20<sup>th</sup> APR. 2024 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.



  
Training Head

  
Managing Director



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## Certificate

No. INFOWIZ/EM/2024/50

This is certified that Mr./Ms. GOORAV GOYAL S/D/o. Sh. TARLOK CHAND  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course FINANCE

From 15<sup>th</sup> JAN 2024 to 20<sup>th</sup> APR 2024. 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







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## Certificate

Certificate of Training

No. INFOWIZ/GM2024/9

This is certified that Mr./Ms. CHETAN SINGLA S/D/o. Sh. RAKESH KUMAR

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

From 18<sup>th</sup> JAN. 2024 to 18<sup>th</sup> APRIL 2024. 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

  
Managing Director

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## Certificate

No. INFOWIZ/EM2024/69

This is certified that Mr./Ms. ANGAD KUMAR S/O/o. Sh. DHARAM NATH

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

From 15<sup>th</sup> JAN 2024 to 20<sup>th</sup> APR. 2024. During the tenure of the above course

a hardworking & innovative individual.

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



  
Technical Head

  
Managing Director

Chandigarh : 0171 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

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## Certificate

No. INFOWIZ/6M2024/11

This is certified that Mr./Ms. DEEPAM SHARMA S/D/o. Sh. YADVINDER KUMAR  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course MARKETING  
From 15<sup>TH</sup> JAN. 2024 to 20<sup>TH</sup> APRIL 2024. 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



Managing Director

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## Certificate

No. INFOWIZ/6M2024/63

This is certified that Mr./Ms. HARPREET SINGH S/D/o. Sh. SHER SINGH  
of S.D. COLLEGE, BARNALA has successfully undergone Training Course HR  
From 1<sup>st</sup> JAN 2024 to 23<sup>rd</sup> APRIL 2024. 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



  
Managing Director

S.No. 420929

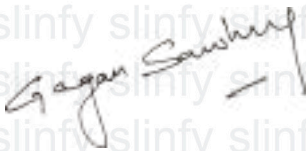
# *Certificate of Training*

This certificate has been awarded to Mr **Davinder Mittal** from **SD College, Barnala** who has undertaken an internship program of **6 Months** from **05/01/2024** to **05/07/2024** in **Python** Department from Solitaire Infosys Pvt. Ltd.

During the tenure of this internship with us, we found the candidate self-starter and hardworking. Also he had worked 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**

Note: To check the authentication of certificate, please visit [www.slinfy.com](http://www.slinfy.com)



S.No. 420927

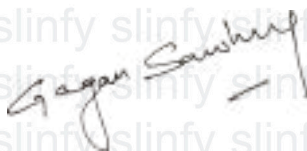
# *Certificate of Training*

This certificate has been awarded to Ms **Ramanpreet Kaur** from **SD College, Barnala** who has undertaken an internship program of **6 Months** from **05/01/2024** to **05/07/2024** in **Python** Department from Solitaire Infosys Pvt. Ltd.

During the tenure of this internship with us, we found the candidate self-starter and hardworking. Also she had worked 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**

Note: To check the authentication of certificate, please visit [www.slinfy.com](http://www.slinfy.com)



S. No. 420872

## *Certificate of Training*

This certificate has been awarded to Mr./Ms. Khushmeet Kaur  
from SD College, Barmala who has undertaken  
an internship program of 6 Months from 05-01-2024 to 05-07-2024  
in Networking Department from Solitaire Infosys Pvt. Ltd.

During the tenure of this internship with us, we found the candidate self-starter and hardworking. Also, he/she had worked sincerely on the assignments and his/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.**

Note: To check the authentication of certificate, please visit [www.sinfy.com](http://www.sinfy.com)



Regn. No. Sw/3859/BVoc/24

## *Certificate Of Training*

This is To Certify That

Mr./Ms. RAMANDEEP KAUR C/o Mr./Ms. PARDEEP SINGH

Has Successfully Completed Industrial Training

In FULL STACK DEVELOPMENT

From 1 JANUARY 2024 To 25 APRIL 2024

Conducted At Softwizz Technologies Pvt. Ltd.



  
Education Specialist

  
HR Manager

Address:- Street No. 18, Ajit Road, Bathinda  
Ph. 98885-05377, 90416-24206  
www.softwizz.in, E-mail - info@softwizz.in



# 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 of Training

# Certificate

No. Infowiz/5112024/5328

This is certified that Mr./Ms. Chamandeep Singh Gill S/D/o. Sh. Parmjit Singh Gill  
of SD Collage, Barnala has successfully undergone Training Course Digital Marketing  
From 08<sup>th</sup> Jan. 2024 to 08<sup>th</sup> July 2024. 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  
*[Signature]*  
Chamandeep Singh Gill

*[Signature]*  
Managing Director

## Certificate

No. Infowiz/6H2024/5327

This is certified that Mr./Ms. Aryan Garg S/D/o. Sh. Manoj Kumar Garg  
of SD College, Barnala has successfully undergone Training Course Digital Marketing  
From 08<sup>th</sup> Jan, 2024 to 08<sup>th</sup> July 2024. 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.



Chemical Lead

Managing Director

S.No. 420926

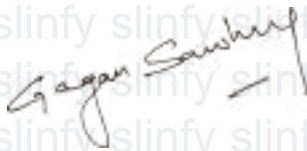
# *Certificate of Training*

This certificate has been awarded to Mr **Puneet Bansal** from **SD College, Barnala** who has undertaken an internship program of **6 Months** from **05/01/2024** to **05/07/2024** in **Python** Department from Solitaire Infosys Pvt. Ltd.

During the tenure of this internship with us, we found the candidate self-starter and hardworking. Also he had worked 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**

Note: To check the authentication of certificate, please visit [www.slinfy.com](http://www.slinfy.com)



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Web: [www.infowiz.co.in](http://www.infowiz.co.in) E-mail : [info@infowiz.co.in](mailto:info@infowiz.co.in)

## Certificate

No. *Infowiz/611a024/5192*

This is certified that Mr./Ms. *Sukhpal Singh* S/D/o. Sh. *Sardachan Singh*  
of *SD Collage, Barnala* has successfully undergone Training Course *Full stack Python*  
From *27 Feb. 2024* to *27 Aug. 2024*. During the tenure of the above course, we found him/her  
a hardworking & innovative individual.

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



Managing Director

Chandigarh : 0172 4567888, 98761 13887, 90231 00888

Bathinda : 0164 5007088, 90235 00888, 90236 00888

# 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. INFOWIZ/6M 2024/843

This is certified that Mr./Ms. TUSHAR SINGHA S/D/o. Sh. NARINDER KUMAR  
of S.D. COLLEGE, BATHINDA has successfully undergone Training Course SOFTWARE DEVELOPMENT  
From 01<sup>st</sup> JAN. 2024 to 25<sup>th</sup> APRIL 2024. 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



Managing Director



Chandigarh : 0171 4567888, 9023400888, 96460 00952

Bathinda : 0164 5007088, 90235 00888, 90236 00888

**Softwizz** SINCE 2015  
TECHNOLOGIES PVT. LTD.

Regd. Under Ministry of Corporate Affairs & An ISO 9001:2015 Certified Company

Regn. No. SW/3865/BVOC/24

## *Certificate Of Training*

This is To Certify That

Mr./Ms. RUBY DEVI C/o Mr./Ms. BUTTA SINGH

Has Successfully Completed Industrial Training

In FULL STACK DEVELOPMENT

From 1 JANUARY 2024 To 25 APRIL 2024

Conducted At Softwizz Technologies Pvt. Ltd.



Education Specialist

HR Manager

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www.softwizz.in, E-mail - info@softwizz.in

S. No. 441857

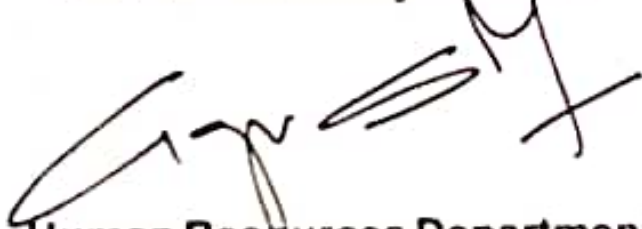
## Certificate of Training

This certificate has been awarded to Mr./Ms. Tanisha  
from SD College, Barnala who has undertaken  
an internship program of 6 Months from 9-Jan-2024 to 01-July-2024  
in Web Designing Department from Solitaire Infosys Pvt. Ltd.

During the tenure of this internship with us, we found the candidate self-starter and hardworking. Also, he/she had worked sincerely on the assignments and his/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.**

Note: To check the authentication of certificate, please visit [www.slinfy.com](http://www.slinfy.com)



S.No. 420928

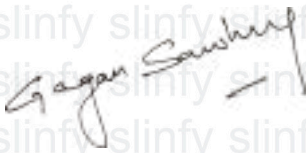
# *Certificate of Training*

This certificate has been awarded to Ms **Rajni Rani** from **SD College, Barnala** who has undertaken an internship program of **6 Months** from **05/01/2024** to **05/07/2024** in **Python** Department from Solitaire Infosys Pvt. Ltd.

During the tenure of this internship with us, we found the candidate self-starter and hardworking. Also she had worked 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**

Note: To check the authentication of certificate, please visit [www.slinfy.com](http://www.slinfy.com)





S.No. 420853

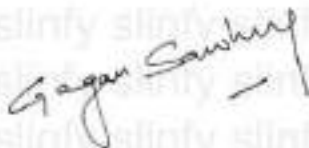
# *Certificate of Training*

This certificate has been awarded to Mr **Sharanjeet Kaur** from **SD College, Barnala** who has undertaken an internship program of **6 Months** from **01/01/2024** to **01/07/2024** in **PHP** Department from Solitaire Infosys Pvt. Ltd.

During the tenure of this internship with us, we found the candidate self-starter and hardworking. Also he had worked 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**



Note: To check the authentication of certificate, please visit [www.slinfy.com](http://www.slinfy.com)

S. No. 441504

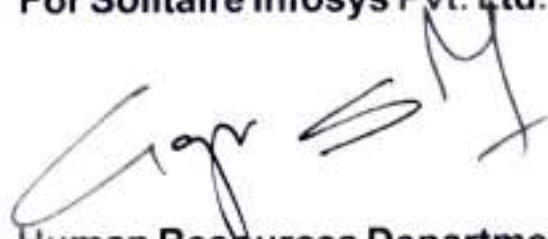
## Certificate of Training

This certificate has been awarded to Mr./Ms. Aushdeep Singh  
from SD college, Barnala who has undertaken  
an internship program of 6 Months from 10/01/2024 to 29/06/2024  
in Python Full Stack Department from Solitaire Infosys Pvt. Ltd.

During the tenure of this internship with us, we found the candidate self-starter and hardworking. Also, he/she had worked sincerely on the assignments and his/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.**

Note: To check the authentication of certificate, please visit [www.slinfy.com](http://www.slinfy.com)



S.No. 420904

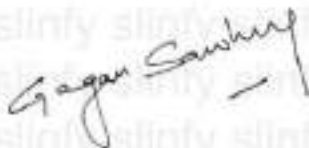
# *Certificate of Training*

This certificate has been awarded to Mr **Dilpreet Singh** from **SD College, Barnala** who has undertaken an internship program of **6 Months** from **05/01/2024** to **05/07/2024** in **Python** Department from Solitaire Infosys Pvt. Ltd.

During the tenure of this internship with us, we found the candidate self-starter and hardworking. Also he had worked 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**



Note: To check the authentication of certificate, please visit [www.slinfy.com](http://www.slinfy.com)



**SECTION I**

This form has been issued to Mr./Ms. Vansh Kumar

Regd.No. 114-2023-1072 son of /daughter of Sh. Jagdev 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...01.07.24

Vandav  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

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

Vansh  
Student

**Section III**

I...Rakesh K. Jindal accept Vansh 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.

Rakesh K. Jindal  
(Apprentice Master)

**Section IV**

Name and address of Institution  
**EISHU COMPUTERTISED LABORATORY**

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

Rakesh K. Jindal  
Head of the Training Institution

**Section V**

**EISHU COMPUTERTISED LABORATORY**

I certify that...Vansh 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...01.08.24

Vandav  
Nodal Officer  
B Voc (MLMDT)

Pr  
Principal  
S.D.College, Barnala



SECTION I

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

Regd.No. 114-2023-1093 Son of /daughter of Sh. Bhajan 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 01.07.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Harjit Singh accept Rakam K. Jindal 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 Rakam K. Jindal accept Harjit 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.

Rakam K. Jindal  
(Apprentice Master)  
**EISHU COMPUTERISED LABORATORY**

Section IV

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

Rakam K. Jindal  
Head of the Training Institute  
**EISHU COMPUTERISED LABORATORY**

Section V

I certify that Harjit 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 02.08.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

Ph  
Principal  
S.D. College, Barnala



SECTION I

This form has been issued to Mr./Ms. Krishan Singh S.D. COLLEGE BARNALA  
Regd.No. 114-2023-1071 Son of /daughter of Sh. Baljit 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.....01.07.24

Nanda  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala  
Principal

Section II

S.D. College, BARNALA

I...Krishan Singh..... accept Purnoon Kaur..... of S.D. M.C. 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.

Krishan Singh  
Student

Section III

I...Purnoon Kaur accept Krishan 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.

Purnoon Kaur  
Virk Market, Punjab National  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Krishan Singh..... has undergone 180..... hours training spread over 1 (One)..... months in accordance with details enumerated in section III

Dr. Virk Market  
Head of the Training Institution

Section V

I certify that Krishan 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..01.08.24

Nanda  
Nodal Officer  
B Voc (MLMDT)

Chohan  
Principal  
S.D.College, Barnala  
Principal



SECTION I

This form has been issued to Mr./Ms. Damanpreet Kaur S.D. College, BARNALA  
Regd.No. 114-2023-1078 Son of / daughter of Sh. Hardev 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. 03-07-24

Vandla  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala  
B.D. College, Barnala

Section II

I, Damanpreet Kaur accept Ms. Kamni 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.

Damanpreet Kaur  
Student

Section III

I, Ms. Kamni accept Damanpreet 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.

Kamni  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Damanpreet Kaur has undergone 180 hours training spread over 03 months in accordance with details enumerated in section III

Head of the Training Institution  
Senior Medical Officer  
Civil Hospital Barnala

Section V

I certify that Damanpreet 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. 04-08-24

Vandla  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala



SECTION I

This form has been issued to Mr./Ms. Harinder Singh S.D. College, BARNALA  
Regd.No. 114-2019-357 Son of /daughter of Sh. Baljit 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 03-07-24

Vanda  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D. College, Barnala

Section II

I, Harinder Singh accept Ms. Kamni 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.

Harinder Singh  
Student

Section III

I, Ms. Kamni accept Harinder 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.

Kamni  
MESTIF  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Harinder Singh has undergone 180 hours training spread over 03 months in accordance with details enumerated in section III

[Signature]  
Head of the Training Institution  
Senior Medical Officer  
Civil Hospital Barnala

Section V

I certify that Harinder 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 04-08-24

Vanda  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D. College, Barnala





SECTION I

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

Regd.No. 114-2023-1055 Son of /daughter of Sh. Chand Singh

residing at Longowal 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 03-07-24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

Section II

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

Sukhpreet Singh  
Student

Section III

I Ms. Karni accept Sukhpreet 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.

Karni  
(Apprentice Master)  
Name and address of Institution

Section IV

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

[Signature]  
Head of the Training Institution  
Senior Medical Officer  
Bc Civil Hospital Barnala

Section V

I certify that Sukhpreet 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 04-08-24

Nandan  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGISTS



SECTION I

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

Regd.No. 114-2023-1086 Son of /daughter of Sh. Satpal Garg

residing at Lakho kalan State Punjab

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

Date. 03-07-24

Vandana  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I. Chahat accept Ms. Kamni 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.

Chahat  
Student

Section III

I. Ms. Kamni accept Chahat 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.

Kamni  
net II  
(Apprentice Master)  
Name and address of Institution

Section IV

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

Tamara  
mmh  
Head of the Training  
Senior Medical Officer  
Civil Hospital Barnala

Section V

I certify that Chahat 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 04-08-24

Vandana  
Nodal Officer  
B Voc (MLMDT)

PK  
Principal  
S.D.College, Barnala

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



SECTION I

S.D. College, **BARNALA**

This form has been issued to Mr./Ms. Gussahib Singh  
Regd.No. 114-2023-1059 Son of /daughter of Sh. Gurwinder 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... 8 Aug 2024

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

Section II

S.D. College, **BARNALA**

I. Gussahib Singh accept Ms. Kamni 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.

Gussahib Singh  
Student

Section III

I. Ms. Kamni accept Gussahib 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.

Kamni  
MVA II  
(Apprentice Master)  
Name and address of Institution

Section IV

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

Head of the Training Institution  
[Signature]  
ਪਿ: ਸਿਰਲ ਗੁਪਤਾਲ ਬਰਨਾਲਾ

Section V

I certify that Gussahib 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... 8 Sep 2024

Nandan  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala  
[Signature]



SECTION I

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

Regd.No. 114-2023-1061 Son of /daughter of Sh. Gurbant 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 8.8.24

Nodal Officer B Voc (MLMDT)

Principal S.D. College, Barnala

Section II

I Sahil Singh accept Ms. Kamni 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.

Sahil Singh Student

Section III

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

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

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

Kamni MLT II (Apprentice Master) Name and address of Institution

Section IV

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

Section V

I certify that Sahil 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 8.9.24

Nodal Officer B Voc (MLMDT)

Head of the Training Institution 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. Shivam Shukla S.D. College, BARNALA  
Regd.No. 114-2023-1064 Son of / daughter of Sh. Prem Kumar Shukla  
residing at Barnala State B 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 8.8.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Shivam Shukla accept Ms. Kamni 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.

Shivam  
Student

Section III

I Ms. Kamni accept Shivam Shukla 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.

Kamni  
MLMT II  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Shivam Shukla has undergone 180 hours training spread over 2.00 months in accordance with details enumerated in section III

Section V

I certify that Shivam Shukla 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 8.9.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

Head of the Training Institution  
ਮੀਨੀਅਰ ਮਹਾਕਿਲ ਮਲੀਖ  
ਸਿਵਲ ਹਸਪਤਲ ਬਰਨਾਲਾ  
Principal  
S.D. College, Barnala



SECTION I

This form has been issued to Mr./Ms. Sukhdeep Singh  
Regd.No. 114-2023-1046 Son of /daughter of Sh. Jaswant 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 8.8.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Sukhdeep Singh accept Ms. Kamni of Civil Hospital  
Barnala (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.

Sukhdeep Singh  
Student

Section III

I Ms. Kamni accept Sukhdeep 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.

Kamni  
MLMT II  
(Apprentice Master)  
Name and address of Institution

Section IV

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

J. Singh  
Head of the Training Institution  
ਸਿੱਖਿਅਕ ਮੁਖੀ  
ਸਿਵਲ ਹਸਪਤਲ ਬਰਨਾਲਾ

Section V

I certify that Sukhdeep 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 8.9.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

P. S. Singh  
Principal  
S.D.College, Barnala  
Principal

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. 114-2023-1078 Son of /daughter of Sh. Gurjinder 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...1.8.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I...Navjot Kaur..... accept Kuldeep Singh..... of Friends 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.

Navjot Kaur  
Student

Section III

I...Kuldeep 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.

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

Section IV

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

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...31.8.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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



SECTION I

This form has been issued to Mr./Ms. Lovepreet Singh S.D. Co  
Regd.No. 114-2020-417 Son of /daughter of Sh. Mohinder Singh  
residing at Karamgarh 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 1.7.24

Vandana  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Lovepreet Singh accept Kuldeep Singh of Friends 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.

Lovepreet Singh  
Student

Section III

I Kuldeep Singh 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.

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

Section IV

I certify that Lovepreet Singh has undergone 80 hours training spread over one months in accordance with details enumerated in section III

Kuldeep Singh  
Head of the Training Institution  
Near Civil Hospital BARNALA

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 31.7.24

Vandana  
Nodal Officer  
B Voc (MLMDT)

Ph  
Principal  
S.D.College, Barnala  
Principal  
BARNALA





SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Ajmer Singh Garcha  
Regd.No. M-2023-1091 Son of /daughter of Sh. Harpreet Singh Garcha  
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 7.6.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

Section II

Principal  
S.D. College, BARNALA

I Ajmer Singh Garcha accept Kuldeep Singh of friends computerised lab  
(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.

Ajmer Singh  
Student

Section III

I Kuldeep Singh accept Ajmer Singh Garcha 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  
(Apprentice Master)  
Name and address of Institution  
Near Civil Hospital BARNALA  
Kuldeep Singh

Section IV

I certify that Ajmer Singh Garcha has undergone 120h hours training spread over 3 months in accordance with details enumerated in section III

Friends Computerised Laboratory  
Head of the Training Institution  
Near Civil Hospital BARNALA  
Kuldeep Singh

Section V

I certify that Ajmer Singh Garcha 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 7.7.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Birpal Singh  
Regd.No. 114-2023-1069 Son of /daughter of Sh. Nirbhair 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 1.8.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Section II

Principal  
S.D. College, BARNALA

I. Birpal Singh accept Kuldeep Singh of friends computerised lab  
(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.

Birpal Singh  
Student

Section III

I. Kuldeep Singh accept Birpal 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  
(Apprentice Master)  
Name and address of Institution  
Barnala  
Kuldeep Singh

Section IV

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

Head of the Training Institution

Section V

I certify that Birpal 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 31.8.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala



SECTION I

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

Regd.No. 114-2023-1082 Son of /daughter of Sh. Palveen Kumar Gaig

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 01/7/24

Panda  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I. Shammi Kumar accept Manjinder Singh of Mehak 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.

Shammi Kumar  
Student

Section III

I. Manjinder Singh accept Shammi Kumar as a trainee and I agree to give  
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

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

Section V

I certify that Shammi 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 31/7/2024

Vander  
Nodal Officer  
B Voc (MLMDT)

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

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOG



SECTION I

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

Regd.No. 114-2023-1063 Son of /daughter of Sh. Baldev Singh

residing at Bhadau 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...1.7.24..

Nandan  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

Section II

I. Aashdeep Singh accept Tinlochan Singh of Roop Lab Bhadaur  
(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.

Aashdeep Singh  
Student

Section III

I. Tinlochan Singh accept Aashdeep 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.

Tinlochan Singh  
Roop Computerized Laboratory  
Jald Marka, Bhadaur (Pun)  
Name and address of Institution

Section IV

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

Tinlochan Singh  
Roop Computerized Laboratory  
Jald Marka, Bhadaur (Pun)  
Head of the Training Institution

Section V

I certify that Aashdeep 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...31.7.24..

Nandan  
Nodal Officer  
B Voc (MLMDT)

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



SECTION I

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

Regd.No. 114-2023-1047 Son of /daughter of Sh. Gurdeep 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...1.8.24..

Vandor  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I. Lovepreet Singh accept Tarlochan Singh of Roop lab  
(Name of Student) (Name of Trainer)

Bhadour (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. Tarlochan Singh accept Sir 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.

Tarlochan Singh  
Roop Computerized Laboratory  
Jald Market, Bhadour, P.S.  
Name and address of Institution

Section IV

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

Tarlochan Singh  
Roop Computerized Laboratory  
Jald Market, Bhadour, P.S.  
Name and address of Institution

Section V

I certify that .....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...31.8.24..

Vandor  
Nodal Officer  
B Voc (MLMDT)

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



SECTION I

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

Regd.No. 114-2023-1051 Son of /daughter of Sri. Jiwan 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...1.7.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

I Raj Singh accept Gurjeet Singh of GURUNANAK COMPUTERISED LAB (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Raj Singh  
Student

Section III

I Gurjeet Singh accept Raj 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.

Gurjeet Singh  
(Apprentice Master)  
Name and address of Institution  
780  
Gurjeet Singh

Section IV

I certify that Raj Singh has undergone 780 hours training spread over one months in accordance with details enumerated in section III

Gurjeet Singh  
Head of the Training Institution  
DMLT

Section V

I certify that Raj 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...31.7.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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



**SECTION I**

This form has been issued to Mr./Ms. Hardeep Singh  
Regd.No. 114-2023-1044 Son of /daughter of Sh. Baljeet 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...1.8.24...

Nodal Officer  
B Voc (MLMDT)

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

**Section II**

I, HARDEEP Singh accept Gurjeet Singh of Guru Nanak 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.

Hardeep Singh  
Student

**Section III**

I, Gurjeet Singh accept HARDEEP 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.

Gurjeet Singh  
(Apprentice Master)  
Name and address of Institution  
Gurjeet Singh

**Section IV**

I certify that Hardeep Singh has undergone 180 hours training spread over one months in accordance with details enumerated in Section III

Gurjeet Singh  
Lab Technician  
DMLT  
Head of the Training Institution

**Section V**

I certify that Hardeep 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...31.8.24...

Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala  
Principal  
BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Shubham Singla **S.D. College, BARNALA**  
Regd.No. 114-2023-1090 Son of /daughter of Sh. Sufantak 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 1.8.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

Principal  
Principal  
S.D. College, BARNALA

Section II

I. Shubham Singla accept Gurjeet Singh of GUPTANANAK 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. Gurjeet Singh accept Shubham 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.

Gurjeet Singh  
(Apprentice Master)  
Name and address of Institution Gurjeet Singh

Section IV

I certify that Shubham Singla has undergone 180 hours training spread over 06 months in accordance with details enumerated in section III

Gurjeet Singh  
Head of the Training Institution Gurjeet Singh

Section V

I certify that Shubham 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 31.8.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

Principal  
Principal  
S.D. College, Barnala



PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Sukhman Singh  
Regd.No. 114-2023-1045 Son of /daughter of Sh. Balvir 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 1.7.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Sukhman Singh accept Gurjeet Singh of Computerized 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.

Sukhman Singh  
Student

Section III

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

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

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

Gurjeet Singh  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Sukhman Singh has undergone 180 hours training spread over 06 months in accordance with details enumerated in section III

Gurjeet Singh  
Head of the Training Institution

Section V

I certify that Sukhman 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 31.7.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Nisha Goyal S.D. College, Barnala

Regd.No. SD(B)2010-672 Son of /daughter of Sh. Sushil Goyal

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... 1.7.24 .....

Vandor  
HOD  
B Voc (MLMDT)

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

Section II

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

[Signature]  
Student

Section III

Karanjit Singh accept Nisha Goyal 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 the Institution  
Deel Computerised Laboratory  
22 Acre, Shop No. 40 Barnala

Section IV

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

[Signature]  
Head of the Training Institution  
Deel Computerised Laboratory  
22 Acre, Shop No. 40 Barnala

Section V

I certify that Nisha 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... 31.7.24 .....

[Signature]  
HOD  
B Voc (MLMDT)

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

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Priyanka Sharma  
Regd.No. 114-2023-1228 Son of /daughter of Sh. Jasvir Kumar  
residing at Sheerpu State Punjab

S.D. College, L.

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 07/06/24

Nodal Officer B Voc (MLMDT)

Principal S.D. College, BARNALA

Section II

I, Priyanka Sharma accept Harpreet Singh of BMC Superspeciality Hospital (Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Student

Section III

I, Harpreet Singh accept Priyanka Sharma 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

BMC Superspeciality Hospital Handiaya Road, Barnala-148101 (Pb.)

Section IV

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

Head of the Training Institution

Section V

I certify that Priyanka 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 06/07/24

Nodal Officer B Voc (MLMDT)

Principal S.D. College, Barnala



SECTION I

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

Regd.No. 114-2023-1054 Son of /daughter of Sh. Baghel Dass

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 1.7.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I, HUSANPREET BAWA accept GURLAL SINGH of SMART COM  
(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.

Husanpreet Bawa  
Student

Section III

I, GURLAL SINGH accept HUSANPREET BAWA 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.

Gurlal Singh  
Lab Technician  
(Apprentice Master D.M.L.T  
Name and address of Institution

Section IV

I certify that HUSANPREET BAWA has undergone 180 hours training spread over ONE months in accordance with details enumerated in section III

Gurlal Singh  
Head of the Training Institution  
Lab Technician  
D.M.L.T  
Principal

Section V

I certify that HUSANPREET BAWA 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 31.7.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

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

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

Regd.No. 114-2023-1078 Son of /daughter of Sh. Balvir Singh S.D. College, BARNALA

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 1.6.24

Vandev  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Khushpreet Kaur accept Parent of Vijay 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.

Khushpreet Kaur  
Student

Section III

I Parent accept Khushpreet 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. Parent  
For Vijay Computerised Laboratory

(Apprentice Master)  
Name and address of Institution

Section IV

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

Parent  
For Vijay Computerised Laboratory  
Head of the Training Institution

Section V

I certify that Khushpreet 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 1.7.24

Vandev  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Prince Singla S.D. College, BARNALA  
Regd.No. 114-13-252 Son of /daughter of Sh. Prem Kumar 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.....1-June 24

Vandar  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Prince Singla accept Dr. Ravinder Sharma of City 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.

Prince Singla  
Student

Section III

Dr. Ravinder Sharma accept Prince 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

For City Laboratory  
(Apprentice Master)  
Name and address of Institution Prop.

Section IV

I certify that Prince Singla has undergone 180 hours training spread over 3 (one) months in accordance with details enumerated in section III

For City Laboratory  
Head of the Training Institution Prop.

Section V

I certify that Prince 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.....1 July 24

Vandar  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Principal



SECTION I

This form has been issued to Mr./Ms. Gagandeep Sharma S.D. College, BARNALA  
Regd.No. 5111-2016-1760 Son of / daughter of Sh. Jagannath Sharma  
residing at 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 June 24

Nandor  
Nodal Officer  
B Voc (MLMDT)

Gh  
Principal  
S.D. College, BARNALA

Section II

I Gagandeep Sharma accept Manjit Singh Of Kamal Clinical Lab  
(Name of Student) (Name of Trainer)  
Mansa (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 Gagandeep Sharma

Section III

I Manjit Singh accept Gagandeep 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.

Manjit Singh  
Kamal Clinical Lab  
Near Bus Stand  
BHAME KALAN  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Gagandeep Sharma has undergone 180 hours training spread over 3 months in accordance with details enumerated in section III Manjit Singh  
Kamal Clinical Lab  
Near Bus Stand  
BHAME KALAN (Mans)  
Head of the Training Institution

Section V

I certify that Gagandeep 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 July 24

Nandor  
Nodal Officer  
B Voc (MLMDT)

Gh  
Principal  
S.D. College, Barnala



JASDEEP KAUR  
08/03/2024

SECTION I

This form has been issued to Mr./Ms. Jasdeep Kaur S.D. College, Barnala  
Regd.No. 114-2023-1079 Son of / daughter of Sh. Balwinder 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 June 24  
Nodal Officer Vandana  
B Voc (MLMDT)

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

Section II

I, Jasdeep Kaur accept Kul Bhushan Gupta Public Compressed  
(Name of Student) (Name of Trainer)  
Kul Bhushan Gupta (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.

Jasdeep Kaur  
Student

Section III

I, Kul Bhushan Gupta accept Jasdeep 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  
Name and address of the institution Jain Market, Barnala  
Public Compressed Lab

Section IV

I certify that Jasdeep Kaur has undergone two hours training spread over one months in accordance with details enumerated in section III  
Head of the Training Institution Kul Bhushan Gupta  
Public Compressed Lab.  
Jain Market, Barnala  
Ph. 01079-230250

Section V

I certify that Jasdeep 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 July 24  
Nodal Officer Vandana  
B Voc (MLMDT)

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



PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Hardeep Singh S.D. College, BARNALA  
Regd.No. 114-2023-1042 Son of /daughter of Sh. Ranbir Singh S.D. College, BARNALA  
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 June 24

Nandu  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Hardeep S. accept Vijay Kumar Singla of Vijay 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.

Section III

I Vijay Kumar Singla accept Hardeep S. 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:-

Student  
Hardeep Singh

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]  
For Vijay Computerised Laboratory  
(Apprentice Master)  
Name and address of Institution

Section IV

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

[Signature]  
For Vijay Computerised Laboratory  
Head of the Training Institution  
Prop.

Section V

I certify that Hardeep 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 July 24

Nandu  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS



SECTION I

This form has been issued to Mr./Ms. Mahek preet kaur  
Regd.No. 114-2023-1066 Son of /daughter of Sh. Gurjit 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 June 24

Vandor  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I, Mahek Preet Kaur accept Ms Kamni (MLT II) of Civil Hospital  
(Name of Student) (Name of Trainer) of.....  
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Mahekpreetkaur  
Student

Section III

I, Ms. Kamni accept Mahek Preet 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.

Kamni  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Mahek Preet kaur has undergone 180 hours training spread over 06 months in accordance with details enumerated in section III

Tamir 21/7/24  
Head of the Training Dr. Jagan Prasad Medical Officer  
of Civil Hospital Barnala

Section V

I certify that Mahek preet 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 July 24

Vandor  
Nodal Officer  
B Voc (MLMDT)

P.h.  
Principal  
S.D.College, Barnala



SECTION I

This form has been issued to Mr./Ms. Sneha Sharma  
Regd.No. 114-2023-1056 Son of /daughter of Sh. Shiv Kumar Sharma  
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 June 24

Nanda  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I... Sneha Sharma accept Ms. Kamni (H.T.II) 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.

Sneha Sharma  
Student

Section III

I... Ms. Kamni accept Sneha 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.

Kamni  
(Apprentice Master)  
Name and address of Institution

Section IV

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

Tamara 27/7/24  
Head of the Training Institution  
Medical Officer  
Civil Hospital Barnala

Section V

I certify that Sneha 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 July 24

Nanda  
Nodal Officer  
B Voc (MLMDT)

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

Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Adarsh Panday S.D. Co. lge, BARNALA.

Regd.No. 114-2023-1089 Son of /daughter of Sh. Anil Panday

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 June 24

Vandana  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Adarsh Panday accept Ms. Kamni (MLT II) 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.

Adarsh Panday  
Student

Section III

I Ms. Kamni accept Adarsh Panday 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.

Kamni  
(Apprentice Master)  
Name and address of Institution

Section IV

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

[Signature]  
Head of the Training Institution  
Wc Civil Hospital Barnala

Section V

I certify that Adarsh Panday 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 July 24

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI



SECTION I

This form has been issued to Mr./Ms. Nischal Garg S.D. College, BARNALA  
Regd.No. 114-2023-1058 Son of /daughter of Sh. Sukhdev 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-July-24

Nodal Officer B Voc (MLMDT)

Principal S.D.College, Barnala

Section II

Nischal Garg accept Ms. Kamni (MLTD) of Civil Hospital Barnala (Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Nischal Garg Student

Section III

Ms. Kamni accept Nischal 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.

Kamni (Apprentice Master) Name and address of Institution

Section IV

I certify that Nischal Garg has undergone 180 hours training spread over 06 months in accordance with details enumerated in section III

Head of the Training Institution Senior Medical Officer Vc Civil Hospital Barnala

Section V

I certify that Nischal 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 July 2024

Nodal Officer B Voc (MLMDT)

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. Jasmeen Kaur S.D. College, Barnala

Regd.No. 114-2023-1083 Son of / daughter of Sh. Chamkaur Singh

residing at 1 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 June - 24

Vandar  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

I Jasmeen Kaur accept Ms Kammi (M.I.II) 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.

Jasmeen Kaur  
Student

**Section III**

I Ms Kammi accept Jasmeen 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.

Kammi  
(Apprentice Master)  
Name and address of Institution

**Section IV**

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

**Section V**

I certify that Jasmeen 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- July -24

Vandar  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Head of the Training  
Senior Medical Officer  
@ Civil Hospital Barnala

[Signature]  
Principal  
S.D.College, Barnala



SECTION I

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

Regd.No. 114-2023-1077 Son of /daughter of Sh. Arvind 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 June 24

Vandana  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Simran Kumari accept Ms. Kamni (MLT II) 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.

Simran  
Student

Section III

I Ms. Kamni accept Simran Kumari 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.

Kamni  
(Apprentice Master)  
Name and address of Institution

Section IV

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

[Signature]  
Head of the Training Institution  
Senior Medical Officer  
Vc Civil Hospital Barnala

Section V

I certify that Simran Kumari 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 July 24

Vandana  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D. College, Barnala

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Bhaskar Garg S.D.C.

Regd.No. 114-2022-908 Son of /daughter of Sh. Mahraj 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: 1-7-2024

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I, Bhaskar Garg..... accept Ranjit Singh..... of Lok Sewa Lab.....  
(Name of Student) (Name of Trainer)

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

[Signature]  
Student

Section III

I, Ranjit Singh..... accept Bhaskar Garg..... 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]  
For Lok Sewa Laboratory

(Apprentice Master) **Prop.**  
Name and address of Institution

Section IV

I certify that Bhaskar Garg..... has undergone 150..... hours training spread over one..... months in accordance with details enumerated in section III

[Signature]  
For Lok Sewa Laboratory  
Head of the Training Institution

Section V

I certify that Bhaskar 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: 31-7-2024

Nandan  
Nodal Officer  
B Voc (MLMDT)

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





SECTION I

S.D. College, BARNALA

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

Regd.No. 114-2022-900 Son of /daughter of Sh. Davinder Pal

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 03-07-24

Vandur  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

Section II

S.D. College, BARNALA  
Principal

I Palak accept Ms. Kamini 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.

Palak  
Student

Section III

I Ms. Kamini accept Palak 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.

Kamini  
(Apprentice Master)  
Name and address of Institution

Section IV

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

[Signature]  
Head of the Training  
Senior Medical Officer  
Mc Civil Hospital Barnala

Section V

I certify that Palak 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 04-08-24

Vandur  
Nodal Officer  
B Voc (MLMDT)

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

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



**SECTION I**

This form has been issued to Mr./Ms. Jagpat Narayan Singla  
Regd.No. 114-2022-873 Son of /daughter of Sh. Ram yash  
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.....1.7.24

Vandana  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

**Section II**

I Jagpat Narayan Singla accept Ramesh Kumar Singla of Punjab 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 Ramesh Kumar accept Jagpat Narayan Singla 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.

Punjab Computerised Laboratory  
(Apprentice Master)  
Name and address of Institution  
Ramesh Kumar

**Section IV**

I certify that Jagpat Narayan Singla has undergone 150 hours training spread over one months in accordance with details enumerated in section III

Punjab Computerised Laboratory  
Head of the Training Institution  
Ramesh Kumar

**Section V**

I certify that Jagpat Narayan 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.....31.7.24

Vandana  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala



SECTION I

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

Regd.No. 114-2022-862 Son of /daughter of Sh. Saxabjit 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...1.8.24..

Navdeep  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D. College, BARNALA

Section II

I, Navdeep Singh accept Kuldeep Singh of Friends 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.

Navdeep Singh  
Student

Section III

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

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

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

Friends Computerised Laboratory  
Near Civil Hospital BARNALA  
Name and address of Institution

Section IV

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

Section V

I certify that Navdeep 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...31.8.24..

Navdeep  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Shimal Saiji S.D. College, BARNALA  
Regd.No. 114-2022-870 Son of /daughter of Sh. Jabbar Saiji  
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...1.7.24

Vandav  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Shimal Saiji accept Manpreet Singh of Khurmi 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.

Shimal Saiji  
Student

Section III

I Manpreet Singh accept Shimal Saiji 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

Manpreet Singh  
Manpreet Singh Khurmi  
Med. Technologist  
Khurmi Computerised Lab  
(Apprentice Barnala 148101(Pb.)  
Name and address of Institution

Section IV

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

Manpreet Singh  
Manpreet Singh Khurmi  
Med. Technologist  
Khurmi Computerised Lab  
Barnala 148101(Pb.)  
Head of the Training Institution

Section V

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

Date...31.7.24

Vandav  
Nodal Officer  
B Voc (MLMDT)

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



SECTION I

This form has been issued to Mr./Ms. Jindyaanpreet Singh S.D. College  
Regd.No. 114-2022-914 Son of /daughter of Sh. Avtar 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 1.7.24

Vandana  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Jindyaanpreet Singh accept Mandeep Singh of Khurmi 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.

Jindyaanpreet Singh  
Student

Section III

I Mandeep Singh accept Jindyaanpreet 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

Mandeep Singh  
Mandeep Singh Khurmi  
Med. Technologist  
Khurmi Computerised Lab  
(Apprentice Master) 48101(Pb.)  
Name and address of Institution

Section IV

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

Mandeep Singh  
Mandeep Singh Khurmi  
Head of the Training Institution  
Med. Technologist

Section V

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

Date 31.7.24

Vandana  
Nodal Officer  
B Voc (MLMDT)

ph  
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. Kajal Kumari S.D. College, BARNALA

Regd.No. 114-2022-896 Son of /daughter of Sh. Ravirandan Choubey

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 1.7.24

Vandana  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

Section II

[Signature]  
Principal  
S.D. College, BARNALA

I Kajal Kumari accept Dr. Rajiv Chawla of Apex Hospital,  
(Name of Student) (Name of Trainer)  
Ranspura (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.

Kajal  
Student

Section III

I Dr. Rajiv Chawla accept Kajal Kumari 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 Kajal Kumari has undergone 180 hours training spread over one months in accordance with details enumerated in section III

[Signature]  
Head of the Training Institution

Section V

I certify that Kajal Kumari 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 31.7.24

Vandana  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

Principal  
S.D. College, BARNALA



SECTION I

This form has been issued to Mr./Ms. Amandeep Kaur S.D. College, BARNALA  
Regd.No. 114-2022-878 Son of / daughter of Sh. Jagjeet 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 1.7.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Amandeep Kaur accept Dr. Rajiv Chawla of Apoorva Hospital,  
(Name of Student) (Name of Trainer)  
Rampur (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.

Amandeep Kaur  
Student

Section III

I Dr. Rajiv Chawla accept Amandeep 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 Amandeep Kaur has undergone 100 hours training spread over one months in accordance with details enumerated in section III

[Signature]  
Head of the Training Institution

Section V

I certify that Amandeep 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 31.7.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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



SECTION I

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

Regd.No. 114-2022-885 Son of /daughter of Sh. Nirmal Singh

residing at Sangrur 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 7.6.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I, Tarshpreet Kaur accept Dr. Rajiv Chanda of Apeex Hospital,  
(Name of Student) (Name of Trainer)  
Pampura (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.

Tarshpreet  
Student

Section III

I, Dr. Rajiv Chanda accept Tarshpreet 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  
DR RAJIV CHANDA  
Head of the Institution  
Apeex Hospital & Head  
Pampura  
Microbiology

Section IV

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

[Signature]  
Head of the Training Institution  
DR RAJIV CHANDA  
Head of the Institution  
Apeex Hospital & Head  
Pampura  
Microbiology

Section V

I certify that Tarshpreet 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 7.7.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

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



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



SECTION I

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

Regd.No. 114-2022-902 Son of /daughter of Sh. Amavenath

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 01.07.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

Section II

S.D. College, BARNALA

I Honey accept Gurpreet Singh of Life Care Lab, Cds Partap  
(Name of Student) (Name of Trainer)  
Munirghouse, BNL (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.

Honey  
Student

Section III

I Gurpreet Singh accept Honey 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 in laboratory

Gurpreet Singh  
Gurpreet Singh  
B.Sc, MLT (PTU)  
(Apprentice Master) Hon.e.  
Name and address of 180, Gurpreet Singh

Section IV

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

Life Care Laboratory  
Gurpreet Singh  
Head of the Training Institution

Section V

I certify that Honey 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 01.08.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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



SECTION I

This form has been issued to Mr./Ms. Simranjit Kaur S.D. College, **BARNALA**  
Regd.No. 114-2022-866 Son of /daughter of Sh. Baldev Singh  
residing at Mulawal 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 28-07-24

Vandana  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Section II

I, Simranjit Kaur accept Kamni Dudeja 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.

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

Simranjit Kaur  
Student

Section III

I, M/s Kamini accept Simranjit 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.

Kamni MLT II  
(Apprentice Master)  
Name and address of Institution

Section IV

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

Tarun Singh  
Head of the Training Institution  
Senior Medical Officer  
Civil Hospital Barnala

Section V

I certify that Simranjit 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 04-08-24

Vandana  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Principal



SECTION I

This form has been issued to Mr./Ms. Aashdeep Singh S.D. College, BARNALA  
Regd.No. 114-2022-860 Son of / daughter of Sh. Hardev 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 8.8.24

Vandev  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

Section II

I Aashdeep Singh accept Ms. Kamni of Lisil 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.

Aashdeep Singh  
Student

Section III

I Ms. Kamni accept Aashdeep 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.

Kamni MLT II  
(Apprentice Master)  
Name and address of Institution

Section IV

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

[Signature]  
Head of the Training Institution  
ਓ: ਸਿਵਲ ਹਸਪਤਲ ਬਰਨਲਾ

Section V

I certify that Aashdeep 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 8.9.24

Vandev  
Nodal Officer  
B Voc (MLMDT)

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



SECTION I

S.D. College, Barnala

This form has been issued to Mr./Ms. Shivcharan Singh  
Regd.No. 114-2022-871 Son of /daughter of Sh. Joginder 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 8.8.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Shivcharan Singh accept Ms. Kamni 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 Ms. Kamni accept Shivcharan 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.

Kamni  
(Apprentice Master)  
Name and address of Institution

Section IV

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

Head of the Institution  
[Signature]  
ਸਿੰਘ ਸਿੰਘ ਸਿੰਘ  
ਦਿ: ਸਿਵਲ ਹਸਪਤਾਲ ਬਰਨਾਲਾ

Section V

I certify that Shivcharan 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 8.9.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Iqbal Singh  
Regd.No. 114-2022-1016 Son of /daughter of Sh. Jaswant 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.....01.07.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

Section II

S.D. College, BARNALA

I...Iqbal Singh..... accept Gurpreet Singh..... of Life Care Laboratory (Dr. Partap Nursing Home) Barn.  
(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.

Iqbal Singh  
Student

Section III

I...Gurpreet Singh accept Iqbal 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.

Gurpreet Singh  
Life Care Laboratory  
Gurpreet Singh  
(Apprentice Master) (PTU)  
Name and address of Institution  
Barnala-148101 (Pb.)  
Gurpreet Singh

Section IV

I certify that Iqbal Singh.....has undergone 180 hours training spread over 06.....months in accordance with details enumerated in section III

Life Care Laboratory  
Head of the Training Institution  
B.Sc. MLT (PTU)  
inside Dr. Partap Nursing Home  
Barnala-148101 (Pb.)

Section V

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

Date 01.08.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala



SECTION I

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

Regd.No. 114-2022-874 Son of /daughter of Sh. Jagsir 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.....01.07.24

Vandav  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I.....Lovedeepsingh..... accept .....Kuldeepsingh..... of.....friends Computerised lab  
(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.

Lovedeep Singh  
Student

Section III

I.....Kuldeepsingh..... accept .....Lovedeep 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  
(Apprentice Master)  
Name and address of Institution  
15/10/24

Section IV

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

Kuldeepsingh  
Friends Computerised Laboratory  
Near Chh. Hospital, BARNALA  
Head of the Training Institution

Section V

I certify that .....Lovedeep 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.....01.08.24

Vandav  
Nodal Officer  
B Voc (MLMDT)

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

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

Regd.No. 114-2022-884 Son of /daughter of Sh. Gurmel Singh

residing at Bweenala 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 1-7-2024

Nandor  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I Sukhwir kaur accept Dr. Shamshad of A1-Dua Hospital  
(Name of Student) (Name of Trainer)

M.alexkotla (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.

Sukhwir kaur  
Student

Section III

I Dr. Shamshad accept Sukhwir 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

DR. SHAMSHAD  
(Physician)  
A1-DUA HOSPITAL  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Sukhwir kaur has undergone 100 hours training spread over 1 months in accordance with details enumerated in section III

[Signature]  
Gen. Practitioner  
Regd. No. 13-48304

Head of the Training Institution

Section V

I certify that Sukhwir 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 31-7-2024

Nandor  
Nodal Officer  
B Voc (MLMDT)

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



SECTION I

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

Regd.No. 114-2022-863 Son of /daughter of Sh. Jatinder 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 1.08.24

Nanda  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I. Yatish Jain accept Ramesh Kumar Punjab Computerised Laboratory of Punjab 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.

Yatish Jain  
Student

Section III

I. Ramesh Kumar accept Yatish Jain 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.

Punjab Computerised Laboratory

66217N  
(Apprentice Master)

Name and address of Institution  
Ramesh Kumar

Section IV

I certify that Yatish Jain has undergone 180 hours training spread over One months in accordance with details enumerated in section III

NE1239  
Punjab Computerised Laboratory  
Head of the Training Institution  
Ramesh Kumar

Section V

I certify that Yatish Jain 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 31.08.24

Nanda  
Nodal Officer  
B Voc (MLMDT)

Sh  
Principal  
S.D. College, Barnala  
Principal  
S.D. College, Barnala



S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGISTS



SECTION I

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

Regd.No. 114-2022-884 Son of /daughter of Sh. Gurmel 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 1-7-2024

Vander  
Nodal Officer  
B Voc (MLMDT)

Pr  
Principal  
S.D.College, Barnala

Section II

I Sukhvira Kaur accept Dr. Shamshad of Al-Dua Hospital

Malankatta (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.

Principal  
S.D. College, BARNALA

Sukhvira Kaur  
Student

Section III

I Dr. Shamshad accept Sukhvira 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.

DR. SHAMSHAD  
(MD Physician)  
(Apprentice Master)  
Name and address of Institution  
General Hospital

Section IV

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

Dr. Shamshad  
Gen. Physician  
Regd No. 13-48304  
Head of the Training Institution

Section V

I certify that Sukhvira 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 31-7-2024

Vander  
Nodal Officer  
B Voc (MLMDT)

Pr  
Principal  
S.D. College, Barnala



SECTION I

This form has been issued to Mr./Ms. Apashdeep Singh S.D. College, BARNALA  
Regd.No. 114-2022-861 Son of /daughter of Sh. Karamjit 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.....1.08.24

Vandur  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

Section II

I...A Kashdeep Singh..... accept Kuldeep Singh..... of Friends Computerised Laboratory  
(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.

Principal  
S.D. College, BARNALA

Section III

I...Kuldeep Singh accept Apashdeep 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:-

Student  
A Kashdeep Singh

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.

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

Section IV

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

Friends Computerised Laboratory  
Near Civil Hospital BARNALA  
Head of the Training Institution  
K. Lal Chh

Section V

I certify that Apashdeep 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.....31.08.24

Vandur  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D. College, Barnala

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



**SECTION I**

S.D. College, **BARNALA**

This form has been issued to Mr./Ms. Jagjevan Singh  
Regd.No. 114-2022-1017 Son of / daughter of Sh. Amrajit 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...1.08.24

Nandor  
Nodal Officer  
B Voc (MLMDT)

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

**Section II**

I...Jagjevan Singh accept S. Hussain of Punjab: High  
(Name of Student) (Name of Trainer)  
PHC (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.

Jagjevan Singh  
Student

**Section III**

I...S. Hussain accept Jagjevan 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.

Jagjevan Singh  
S. Hussain  
**For Punjab Hi-Tech Laboratory**  
(Apprentice Master)  
Name and address of Institution  
Prop.

**Section IV**

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

Jagjevan Singh  
S. Hussain  
**For Punjab Hi-Tech Laboratory**  
Head of the Training Institution  
Prop.

**Section V**

I certify that Jagjevan 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...31.8.24

Nandor  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala



SECTION I

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

Regd.No. 114-2022-891 Son of /daughter of Sh. Surjeet 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. 1.08.24

Nandan  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I, Kulwinder Kaur accept S. Jaswant Singh of Aper Diagnostic  
(Name of Student) (Name of Trainer)  
LAB 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.

Kulwinder Kaur  
Student

Section III

I, S. Jaswant Singh accept Kulwinder 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) [Signature]  
Name and Address of Institution  
**APEX DIAGNOSTIC LAB**  
**BARNALA**

Section IV

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

[Signature]  
**APEX DIAGNOSTIC LAB**  
Head of the Training Institution  
**BARNALA**

Section V

I certify that Kulwinder 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. 31.8.24

[Signature]  
Nodal Officer  
B Voc (MLMDT)

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



SECTION I

S.D. College

This form has been issued to Mr./Ms. Armaan Singh  
Regd.No. 114-2022-877 Son of /daughter of Sh. Sukhdeep 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...1.7.24

Vandor  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

Principal  
S.D. College, BARNALA

Section II

I...Armaan Singh..... accept .....Kuldeep Singh..... of .....Friends Laboratory.....  
(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.

Armaan  
Student

Section III

I...Kuldeep Singh accept .....Armaan 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  
(Apprentice Master)  
BARNALA  
Name and address of Institution

Section IV

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

Kuldeep  
Friends Computerised Laboratory  
Near Civil Hospital BARNALA  
Head of the Training Institution

Section V

I certify that...Armaan 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...31.7.2024

Vandor  
Nodal Officer  
B Voc (MLMDT)

[Signature]  
Principal  
S.D.College, Barnala

Principal

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. Suneh Kaur  
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 02-01-24

Vanda  
HOD  
B Voc (MLMDT)

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

Section II

I, Suneh kaur accept Geetika Verma of Grover High Tech  
(Name of Student) (Name of Trainer)  
Tech (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.

Suneh Kaur  
Student

Section III

I, Geetika Verma accept Suneh 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.

Verma  
(Apprentice Master)  
Name and address of Institution Dr. Geetika Verma  
M.D. Pathology  
C/o Grover Hospital, Barnala

Section IV

I certify that Suneh Kaur has undergone 300 hours training spread over 6.00 months in accordance with details enumerated in section III

Verma  
Head of the Training Institution Dr. Geetika Verma  
M.D. Pathology  
C/o Grover Hospital, Barnala

Section V

I certify that Suneh 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 04-03-24

Vanda  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Shakshi  
Regd.No. 114-2021-816 Son of /daughter of Sh. Hemant Singh Rajput  
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: 2.1.2024

Vandana  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Section II

I, Shakshi accept Mr. Ravinder Sharma of City S.D. College, Barnala  
(Name of Student) (Name of Trainer) of  
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Shakshi  
Student

Section III

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

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

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

For CITY HEALTH CENTRE  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Shakshi has undergone 300 hours training spread over 2 months in accordance with details enumerated in section III

For CITY HEALTH CENTRE  
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: 4.3.24

Vandana  
HOD  
B Voc (MLMDT)

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

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

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. 02.01.24

Vandh  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Dr  
Principal  
S.D. College, BARNALA

Section II

I, Sapna (Name of Student) accept Surender Soni of Apollo (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.

Sapna  
Student

Section III

I, Surender Soni (Name of Trainer) accept Sapna (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.

Surender Soni  
(Apprentice Master)  
Name and address of Institution  
Apollo Laboratory  
Lab. Tech. Surender Soni  
(B.Sc., M.L.T.)  
Rampura Phul  
9806 705260

Section IV

I certify that Sapna has undergone 300 hours training spread over 3 months in accordance with details enumerated in section III

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... 04.03.24

Vandh  
HOD  
B Voc (MLMDT)

Head of the Training Institution  
Surender Soni  
Apollo Laboratory  
Lab. Tech. Surender Soni  
(B.Sc., M.L.T.)  
Rampura Phul  
Mob. 9806 705260

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 S.D. College, BARNALA

Regd.No. 114-2021-814 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.....02.01.24

Vandana  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

[Signature]  
Principal  
S.D. College, BARNALA

Section II

I Raj Kumari accept Gurjant Singh of City Health Centre  
(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.

Rajkumari  
Student

Section III

I Gurjant Singh accept Raj Kumari 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.

For CITY HEALTH CENTRE  
(Apprentice Master)  
Name and address of Institution City Health Centre  
[Signature]  
Prop.

Section IV

I certify that Raj Kumari has undergone 6 hours training spread over 1 month in accordance with details enumerated in section III

Section V

I certify that Raj Kumari 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.....24.03.24

Vandana  
HOD  
B Voc (MLMDT)

Head of the Training Institution  
[Signature]  
Principal  
S.D. College, Barnala

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



SECTION I

S.D. College, BARNALA

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

Regd.No. 114-2021-813 Son of / daughter of Sh. Surinder 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 2.1.2024

Vandh  
HOD  
B Voc (MLMDT)

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

Section II

I Poonam accept Manish Kumar of Delhi Computerised Laboratory  
(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 Manish Kumar 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.

Delhi Computerised Laboratory  
Backside Dr. Hem Raj Jain Hospital,  
Band Gali, BARNALA  
Apprentice Trainer  
Name and address of Institution  
Mob. 98780-28121, 99144-49978

Section IV

I certify that Poonam has undergone 80 hours training spread over 2 months months in accordance with details enumerated in section III.

Delhi Computerised Laboratory  
Backside Dr. Hem Raj Jain Hospital,  
Band Gali, BARNALA  
Head of the Training Institution  
Mob. 98780-28121, 99144-49978

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 4.3.24

Vandh  
HOD  
B Voc (MLMDT)

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. Navjat Kaur

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

residing at Pakho-Kalan State Punjab

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

Date 2 Jan 2024

Vander  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Section II

I Navjat Kaur accept Rakern K. Jindal of Eishu 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.

Navjat Kaur  
Student

Section III

I Rakern K. Jindal accept Navjat 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.

Rakern Kaur Jindal  
(Apprentice Master)

Section IV

Name and address of Institution  
**EISHU COMPUTERISED  
LABORATORY**

I certify that Navjat Kaur has undergone 360 hours training spread over 6 months in accordance with details enumerated in section III

Section V

Rakern Kaur Jindal  
Head of the Training Institution  
**EISHU COMPUTERISED  
LABORATORY**

I certify that Navjat 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 21 March 2024

Vander  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

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



SECTION I

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

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

residing at Joga, Moga 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.....02.01.24

HOD  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Principal  
S.D. College, BARNALA

Section II

I Manpreet Kaur..... accept Gurpreet Singh..... of Life Care  
(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.

Manpreet Kaur  
Student

Section III

I Gurpreet Singh 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

Gurpreet Singh  
Life Care Laboratory  
Gurpreet Singh  
MLT (PTU)  
inside Dr. Partap Nursing Hon.e.  
Barnala-148101 (Pb.)  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Manpreet Kaur.....has undergone 300 hours training spread over.....3 months in accordance with details enumerated in section III

Gurpreet Singh  
Life Care Laboratory  
Gurpreet Singh  
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 04.03.24

HOD  
HOD  
B Voc (MLMDT)

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 Kaleke, 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 02.01.24

Vandana  
HOD  
B Voc (MLMDT)

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

Section II

I Manpreet Kaur accept Gurpreet Singh of Life Care  
(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.

Manpreet Kaur  
Student

Section III

I Gurpreet Singh 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

Gurpreet Singh  
Life Care Laboratory  
Gurpreet Singh  
B.Sc, MLT (PTU)  
inside Dr. Pardeep Nursing Home,  
Barnala-148101 (Pb.)  
Name and address of Institution

Section IV

I certify that Manpreet Kaur has undergone 300 hours training spread over 3 months in accordance with details enumerated in section II

Gurpreet Singh  
Life Care Laboratory  
Gurpreet Singh  
B.Sc, MLT (PTU)  
Head of the Training Institution  
inside Dr. Pardeep Nursing Home,  
Barnala-148101 (Pb.)

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 04.03.24

Vandana  
HOD  
B Voc (MLMDT)

Principal  
S.D. College, Barnala

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



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 Pind 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 2.1.24

Vandav  
Nodal Officer  
B Voc (MLMDT)

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

Section II

I, Jaya sharma accept Rakesh K. Jindal of Eishu Computerised  
(Name of Student) (Name of Trainer) of (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

Rakesh K. Jindal 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.

Rakesh Kumar Jindal  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Jaya sharma has undergone 500 hours training spread over 2 months in accordance with details enumerated in section III

Rakesh Kumar Jindal  
Head of the Training Institution  
**EISHU COMPUTERISED LABORATORY**

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 4.3.24

Vandav  
Nodal Officer  
B Voc (MLMDT)

Principal  
[Signature]  
Principal

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

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...2.1.2024

Vandur  
HOD  
B Voc (MLMDT)

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

Section II

I. Amritpreet Kaur accept Rakesh K. Jindal of Eishu 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.

Amritpreet Kaur  
Student

Section III

I. Rakesh K. Jindal 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 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.

Rakesh Kumar Jindal  
(Apprentice Master)

Section IV

Name and address of Institution  
**EISHU COMPUTERTISED  
LABORATORY**

I certify that Amritpreet Kaur has undergone 360 hours training spread over 6 months in accordance with details enumerated in section III

Rakesh Kumar Jindal  
Head of the Training Institution

Section V

**EISHU COMPUTERTISED  
LABORATORY**

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...4.3.2024

Vandur  
HOD  
B Voc (MLMDT)

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. Tarseem Singh  
residing at Barnala State Punjab

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

Date 2.1.2024

Nandu  
Nodal Officer  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Section II

I Yuvraj Singh Jandu accept Shiv Pal of Santa Comp.  
(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.

Yuvraj Singh  
Student

Section III

I Shiv Pal accept Yuvraj Singh Jandu 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.

Jan Computerized Laboratory  
Shanti Hall Gate  
Shop No. 2  
BARNALA-148101  
(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Yuvraj Singh Jandu has undergone 300 hours training spread over 2 months in accordance with details enumerated in section III

Jan Computerized Laboratory  
Shanti Hall Gate  
Shop No. 2  
BARNALA-148101  
Head of the Training Institution

Section V

I certify that Yuvraj Singh Jandu 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 4.3.2024

Nandu  
Nodal Officer  
B Voc (MLMDT)

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. Asshpreet Kaur S.D. College, BARNALA  
Regd.No. 114-2021-807 Son of / daughter of Sh. Manpreet Singh  
residing at Kheri Khurd, Dhuri 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... 02.01.24

Vandev  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Section II

I, Asshpreet Kaur accept Dr. Sibha Aggarwal 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.

Dr. Sibha Aggarwal  
Principal  
S.D. College, BARNALA

Asshpreet Kaur  
Student

Section III

I, Dr. Sibha Aggarwal accept Asshpreet 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 Asshpreet Kaur has undergone 300 hours training spread over 3 months in accordance with details enumerated in section III

Dr. Sibha Aggarwal  
Medical Officer  
Civil Hospital  
Barnala  
(Apprentice Master)  
Name and address of Institution

Section V

I certify that Asshpreet 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... 04.03.24

Vandev  
HOD  
B Voc (MLMDT)

Dr. Sibha Aggarwal  
Head of the Training Institution  
Senior Medical Officer  
Civil Hospital 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. Jai Pratap Singh Visk **S.D. College**  
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: 22.01.24

Vandev  
HOD  
B Voc (MLMDT)

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

**Section II**

I. Jai Pratap Singh Visk accept Dr. Sibha Aggarwal 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.

Jai Pratap Singh Visk  
Student

**Section III**

I. Dr. Sibha Aggarwal accept Jai Pratap Singh Visk 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]  
Medical Officer  
Civil Hospital  
Barnala  
(ice Master)  
address of Institution

**Section IV**

I certify that Jai Pratap Singh Visk has undergone 300 hours training spread over 2 months in accordance with details enumerated in section III

**Section V**

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

Date: 04.03.24

Vandev  
HOD  
B Voc (MLMDT)

[Signature]  
Head of the Training Institution  
Civil Hospital  
Barnala  
Senior Medical Officer  
Civil Hospital 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. Jagdeep Singh S.D. College, BARNALA

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

residing at Dhansula 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: 02/11/24

Vander  
HOD  
B Voc (MLMDT)

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

**Section II**

I, Jagdeep Singh accept Rakesh K. Jindal of Eishu Computerised Lab.  
(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, Rakesh K. Jindal 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.

Rakesh Kumar Jindal  
(Apprentice Master)  
Name and address of Institution

**Section IV**

**EISHU COMPUTERISED LABORATORY**

I certify that Jagdeep Singh has undergone 360 hours training spread over 2 months in accordance with details enumerated in section III

Rakesh Kumar Jindal  
Head of the Institution

**Section V**

**EISHU COMPUTERISED LABORATORY**

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: 02/03/24

Vander  
HOD

Principal

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Dildeep Singh S.D. College, BARNALA  
Regd.No. 114-2021-1019 Son of /daughter of Sh. Amandeep 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 2.1.24

Vandor  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Section II

I Dildeep Singh accept Ranjit Singh of lab sewa computerized lab  
(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 Ranjit Singh 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.

(Apprentice Master)  
Name and address of Institution

Section IV

I certify that Dildeep Singh has undergone 30 hours training spread over 2 months in accordance with details enumerated in section III

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 4.3.24

Vandor  
HOD  
B Voc (MLMDT)

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. Ramandeep Shasima  
Regd.No. 114-2020-850 Son of / daughter of Sh. Ashok Kumar Sharma  
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...02.01.24

Vandh  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

Principal  
S.D. College, BARNALA

Section II

Ramandeep Shasima accept Gurpreet Singh of Life Care  
(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.

Ramandeep Shasima  
Student

Section III

Gurpreet Singh accept Ramandeep Shasima 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

Gurpreet Singh  
(Apprentice Master)  
Name and address of Institution  
Life Care Laboratory  
Gurpreet Singh  
B.Sc. MLT (PTU)

Section IV

I certify that Ramandeep Shasima has undergone 360 hours training spread over 2 months in accordance with details enumerated in section III

Gurpreet Singh  
Life Care Laboratory  
Head of the Training Institution  
Gurpreet Singh  
B.Sc. MLT (PTU)

Section V

I certify that Ramandeep Shasima has completed in all respect 360 practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date...04.03.24

Vandh  
HOD  
B Voc (MLMDT)

Principal  
S.D. College, Barnala

Principal

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



SECTION I

This form has been issued to Mr./Ms. Resham Singh  
Regd.No. 114-2018-975 Son of / daughter of Sh. Kala Singh  
residing at Dhanoula 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 2/1/24 Vandh  
HOD B Voc (MLMDT) Principal S.D.College, Barnala

Section II

I Resham Singh accept Vijay Kumar of Vijay Computerised Laboratory (Name of the Hospital / Laboratory) as my trainer for the above training and agreed to obey and respect him/her during the entire period of my training.

Resham Singh  
Student

Section III

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

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

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

Dingle  
(Apprentice Master)

Name and address of Institution  
For Vijay Computerised Laboratory

Section IV

I certify that Resham Singh has undergone 180 hours training spread over 2 months in accordance with details enumerated in section III

Dingle  
Head of the Training Institution  
For Vijay Computerised Laboratory

Section V

I certify that Resham 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 4/2/24 Vandh  
HOD B Voc (MLMDT) Principal S.D.College, Barnala

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

S.D. College, BARNALA

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

Regd.No. SD (B) 2006-21 Son of /daughter of Sh. Rakesh 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...02.01.24

Vandur  
HOD

B Voc (MLMDT)

Principal  
S.D.College, Barnala

[Signature]  
Principal

Section II

S.D. College, BARNALA

I...Eishu..... accept Rakesh K. Jindal of Eishu 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.

Eishu  
Student

Section III

I...Rakesh K. Jindal accept Eishu..... 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.

Rakesh Kumar Jindal  
(Apprentice Master)

Name and address of Institution  
**EISHU COMPUTERTISED  
LABORATORY**

Section IV

I certify that...Eishu.....has undergone 300 hours training spread over.....months in accordance with details enumerated in section III

Rakesh Kumar Jindal  
Head of the Training Institution

**EISHU COMPUTERTISED  
LABORATORY**

Section V

I certify that...Eishu.....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...04.03.24

Vandur  
HOD  
B Voc (MLMDT)

Principal  
S.D.College, Barnala

[Signature]

### To Whom It May Concern

This is to certify that below mentioned students of Class B.Voc.(Software Development) of S.D College Barnala have completed their 2 weeks industrial training at Rival Solutions, Barnala from 1<sup>st</sup> July 2023 to 15<sup>th</sup> July 2023 and acquired practical training on developing websites of RESTAURANT, REAL ESTATE using PHP language.

S.No	Roll no.	Name of Trainee
1.	2223060029	Akashdeep
2.	2223060030	Lovepreet Singh
3.	2223060031	Swayampreet Singh
4.	2223060032	Navjot Singh
5.	2223060033	Lovepreet Singh
6.	2223060035	Jashandeep Singh
7.	2223060038	Rajwinder Singh
8.	2223060037	Gurmaranpreet Singh
9.	2223060038	Harpreet Kaur
10.	2223060042	Manpreet Kaur
11.	2223060044	Ashjeet Singh
12.	2223060046	Anmolpreet Singh
13.	2223060045	Manjinder Kaur
14.	2223060049	Harmandeep Singh
15.	2223060050	Harvinder Singh
16.	2223060051	Shubhreen Kaur
17.	2223060052	Pushpinder Kaur
18.	2223060053	Bhumika Goyal
19.	2223060054	Arshdeep Singh
20.	2223060055	Karan Singh
21.	2223060057	Sukandeep Kaur
22.	2223060059	Harpreet Singh
23.	2223060060	KISHWAR SINGH CHAIHAL
24.	2223060061	Navot Singh Sidhu
25.	2223060062	Manjeet Singh
26.	2223060063	Harmandeep Singh
27.	2223060064	Nisha Rani
28.	2223060065	Khushal Singla
29.	2223060066	Gobindjeet Singh

(Dr. Kamla Sharma)

Principal,

SD College Barnala

Principal

S.D. College, BARNALA

Rival Solutions

(Mr. Vishal Mittal)

Director, Partner

RIVAL SOLUTIONS,

BARNALA



### To Whom It May Concern

This is to certify that below mentioned students of Class B.Voc.(Software Development) of S.D. College Barnala have completed their 2 weeks industrial training at Infowiz Industry Private Limited, Bathinda from 1<sup>st</sup> July 2023 to 15<sup>th</sup> July 2023 and acquired practical training on Networking.

S.No	Roll no.	Name of Trainee
1.	2223060001	Arshdeep Singh
2.	2223060002	Babeldeep Singh
3.	2223060004	Arshdeep Singh
4.	2223060005	Lovepreet Singh
5.	2223060006	Sandeep Kaur
6.	2223060009	Maninderjit Singh
7.	2223060010	Harpreet Kaur
8.	2223060011	Karanveer Singh
9.	2223060012	Gurpreet Kaur
10.	2223060013	Beljinder Singh
11.	2223060014	Mandeep Singh
12.	2223060015	Sukhveer Kaur
13.	2223060016	Parbhjot Singh
14.	2223060017	Vishal
15.	2223060019	Raj Singh
16.	2223060020	Gagandeep Singh
17.	2223060022	Armanjeet Singh
18.	2223060023	Arshdeep Kaur Chahal
19.	2223060024	Lovepreet Singh
20.	2223060025	Rajdeep Singh
21.	2223060026	Komal
22.	2223060027	Hardeep Singh
23.	2223060028	Karanpreet

(Dr. Rama Sharma)  
Principal,

SD College Barnala INFOWIZ-A SOFTWARE SOLUTIONS,

Principal  
S.D. College, Barnala

(Mr. Surneel Goyal)  
Director,  
BATHINDA

## To Whom It May Concern

This is to certify that below mentioned students of class B.Voc.(Software Development) of S.D. College, Barnala have visited Industries Chamber on 31<sup>st</sup> March 2024

S.No.	Roll No.	Name of Trainee
1.	230603011	Tanisha
2.	230603006	Aryan Garg
3.	230603001	Davinder Mittal
4.	230603002	Ramanpreet Kaur
5.	230603003	Khushpreet Kaur
6.	230603010	Ruby Devi
7.	230603004	Ramandeep Kaur
8.	230603005	Chamandeep Singh Gill
9.	230603007	Puneet Bansal
10.	230603008	Sukhpal Singh
11.	230603009	Tushaar Singla
12.	230603013	Rajni Rani
13.	230603014	Sharanjeet Kaur
14.	230603015	Arshdeep Singh
15.	230602017	Bhumika Goyal
16.	230602019	Lovepreet Singh
17.	230602001	Swayampreet Singh
18.	230602005	Manjeet Kumar
19.	230602006	Arshdeep Kaur Chahal
20.	230602007	Manjinder Kaur
21.	230602022	Harmandeep Singh
22.	230602020	Komal
23.	230602015	Armanjeet Singh
24.	230602013	Harpreet Singh
25.	230602009	Harpreet Kaur
26.	230602002	Pushpinder Kaur
27.	230602026	Harpreet Kaur

  
(Dr. Rama Sharma)  
Principal,  
S.D. College Barnala

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

  
(Mr. Vijay Garg)  
Chairman, Industries Chamber  
Distt. BARNALA





