

NATIONAL GRADUATE PHYSICS EXAMINATION (NGPE-2024)



Conducted by
INDIAN ASSOCIATION OF PHYSICS TEACHERS

Registered Office : 206, Adarsh Complex, OPR 4, Awas Vikas-1, Keshavpuram, Kalyanpur, Kanpur - 208017

Web: www.indapt.org

(Regd. No. K 1448)

Day, Date & Time of Examination **SUNDAY, January 21, 2024**

TIME : 10.00 AM to 1.00 PM

Last Date for Enrolment : 17th November 2023

Eligibility for Appearing in NGPE-2024 : Students of B.Sc. I, II and III (Pass, Hons. or Integrated) are eligible.
(Any one who has already passed B.Sc. is NOT eligible)

Exam Information :

Registration Fee - ₹ 200 (Rupees Two Hundred Only)

Language for NGPE - English, Hindi, Gujarati, Tamil,
Telugu or any other language
if 100 or more Students opt
for it.

Format for NGPE :

Part A : 25 MCQs with any number of options (1,2,3 or all 4) may be correct.

Credit is given only if all the correct options are marked (6 marks each; Total 150 marks)

Part B1 : 10 Short Answer (5 to 6 Lines) Questions (5 marks each; Total 50 marks)

Part B2 : Ten Problems (10 marks each; Total 100 marks)

Unique Features of this Examination :

- ★ Fully voluntary examination in a stress free environment.
- ★ Carry away the question paper both part A and part B.
- ★ It provides Individual's own assessment at all India level.
- ★ Same paper for all BSc I, II and III Year Students with separate national merit.
- ★ Solutions in printed form are provided to Centre In-Charge for each participant.
- ★ The only national level examination testing students in both theory & experiment.
- ★ Previous Year (2023) Question Paper & Solution for every centre registered for NGPE - 2024.

CERTIFICATES AND AWARDS IN NGPE - 2024

(Cash Award will be released only if the candidate continues higher studies in Physics)

NGPE-2024
Awards

TOP 10% at Each Centre	: Centre Topper Certificate
TOP 1% at State Level	: State Topper Merit Certificate
TOP 1% at National Level	: National Topper Merit Certificate + Book Prize
Top 5 Students in India	: Merit Certificate + GOLD MEDAL + ₹ 20,000/- Cash Award

- ★ Top 25 will be eligible for appearing in NGPE Part-C Examination - 2024 (an examination in experimental skill) for final selection for GOLD MEDAL and one time Scholarship (Max. 5 in Number) worth ₹ 20,000/- for pursuing higher studies in Physics. TA is paid and free lodging arranged.
- ★ Top 25 will have eligibility for an interview for Admission in Post - B.Sc. Integrated Ph.D. Programme in Physical Sciences 2024 of S N BOSE NATIONAL CENTRE FOR BASIC SCIENCES, KOLKATA, (Only BSc III year students with more than 60% Marks)
For more details must see website - <http://bose.res.in/admission.htm> or write email to admission@bose.res.in
- ★ May get opportunity to attend one week EXPERIMENTAL PHYSICS WORKSHOP organized by IAPT AT KOLKATA (Regional Council - 15). TA is paid.
- ★ Top 5 to 10 students of B.Sc. First year (of University 3Yr System) shall be eligible to participate in prestigious NATIONAL INITIATIVE FOR UNDERGRADUATE SCIENCE (NIUS) program of Homi Bhabha Center for Science Education, TIFR, Mumbai. [This is A Govt. of India, DAE Program organized at Mumbai].
- ★ Top 20 students of B.Sc. I appearing in NGPE-2024 may get an opportunity for two weeks Academic Workshop on Basic Physics at IIT Guwahati (Preferably for those from University 3-yr B.Sc. System)
- ★ Some more programmes for toppers may be declared later.

To obtain previous Ten Year Question Papers with complete solution deposit / transfer Rs. 150/- (One hundred fifty only) per set in IAPT account as per Bank details. Name of the account: Indian Association of Physics Teachers, Name of the bank: Central Bank of India, Branch : DBS College, Dehradun - 248 001, Account Number : 3750324600, IFSC Code : CBIN0283263. Then write a mail to iptddn@gmail.com

FOR FURTHER INFORMATION : CONTACT

Dr Pradip Kumar Dubey

Coordinator NGPE
75, Bhagal Singh Marg, Opp. Shari Mandir, Dewas,
Madhya Pradesh - 455 001
Ph: 9426059796,
Email: pradipkdubey@gmail.com

Prof B P Tyagi

Chief Coordinator (Examination)
23 Adarsh Vihar, Raipur Road,
Dehradun - 248001 (Uttarakhand)
Tel : +91 135 4050260, 9837123716,
9632221945. Email: iptddn@gmail.com

Local Contact

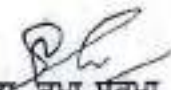
Tel : _____

ਨੋਟਿਸ

ਮਿਤੀ: 20.01.2024

ਇੰਡੀਅਨ ਐਸੋਸੀਏਸ਼ਨ ਆਫ ਫਿਜ਼ਿਕਸ ਟੀਚਰਜ਼ ਵਲੋਂ ਮਿਤੀ.21.01.2024 ਨੂੰ ਦਿਨ ਐਤਵਾਰ ਨੂੰ NGPE 2024 ਪ੍ਰੀਖਿਆ ਫਿਜ਼ਿਕਸ ਵਿਭਾਗ ਦੁਆਰਾ ਕਾਲਜ ਦੇ ਕੈਂਪਸ ਵਿਚ ਕਰਵਾਈ ਜਾ ਰਹੀ ਹੈ। ਇਸ ਸਬੰਧ ਵਿਚ ਬੀ.ਐਸ.ਸੀ. ਨਾਨ ਮੈਡੀਕਲ ਭਾਗ ਪਹਿਲਾ, ਦੂਜਾ ਅਤੇ ਤੀਜਾ ਦੇ ਵਿਦਿਆਰਥੀ ਜੋ ਇਸ ਪ੍ਰੀਖਿਆ ਲਈ ਰਜਿਸਟਰ ਹੋਏ ਹਨ ਨੂੰ ਹਦਾਇਤ ਦਿੱਤੀ ਜਾਂਦੀ ਹੈ ਕਿ ਉਹ ਉਕਤ ਮਿਤੀ ਨੂੰ ਸਵੇਰੇ 9.00 ਵਜੇ ਕਾਲਜ ਦੇ ਫਿਜ਼ਿਕਸ ਵਿਭਾਗ ਵਿਚ ਰਿਪੋਰਟ ਕਰਨ। ਇਸ ਪ੍ਰੀਖਿਆ ਨੂੰ ਕਰਵਾਉਣ ਲਈ ਹੇਠ ਲਿਖੇ ਸਟਾਫ਼ ਦੀ ਡਿਊਟੀ ਲਗਾਈ ਜਾਂਦੀ ਹੈ।

1. ਡਾ. ਮਨੋਜ ਕੁਮਾਰ ਰੁਪਤਾ
2. ਡਾ. ਸੰਜੇ ਕੁਮਾਰ ਸਿੰਘ
3. ਸ਼੍ਰੀ ਸੋਮ ਨਾਥ


ਡਾ. ਚਮਾ ਸ਼ਰਮਾ
ਪ੍ਰਿੰਸੀਪਲ



INDIAN ASSOCIATION OF PHYSICS TEACHERS

[Enrolment Sheet: NATIONAL GRADUATE PHYSICS EXAMINATION - 2024]

Date 30/11/2024

Centre Number: **G 1 4 2 7**

Phone: (01679) (Off) 230005 (Res)

S.T.D.

(Mob.) 9417654648

Name Of Centre: S.D. College Barnala-148101, Punjab

Name of Centre In-Charge: Dr. Manoj Kumar Gupta

Postal Address of Centre In-Charge: Department of Physics, S.D. College, Barnala, Punjab Pin: 148101

Number of Candidates enrolled 27 Email id: mkgupta.sdc@gmail.com

Language in which Question Paper is required with number.

(1) Language : English No. : 27 (2) Language : NIL No. : NIL

Details of Payment: NEFT/RTGS/Cash Deposit/Transfer, SBI ONLINE Date : 30/11/2024

UPI Ref ID: 370017363230_ Amount (in Figures) Rs. 4320/- (in words): Rupees Four Thousand Three Hundred Twenty Only

LIST OF CANDIDATES

S.No.	Roll No.	NAME OF THE CANDIDATE	FATHER'S NAME	GENDER	CLASS	INSTITUTION NAME	LANGUAC OF ANSWER
1/	24001	HUSANDEEP KAUR	GURDEEP SINGH	F	B.sc.1	S.D.College Barnala(PB)	English
2/	24002	MANPREET KAUR	SATPAL SINGH	F	B.sc.1	S.D.College Barnala(PB)	English
3/	24003	RAJVEER KAUR	SATPAL SINGH	F	B.sc.1	S.D.College Barnala(PB)	English
4/	24004	PALAK	DAVINDER KAUR	F	B.sc.1	S.D.College Barnala(PB)	English
5/	24005	JASHANPREET KAUR	RACHPAL SINGH	F	B.sc.1	S.D.College Barnala(PB)	English
6/	24006	JASLEEN KAUR	TEJA SINGH	F	B.sc.1	S.D.College Barnala(PB)	English
7/	24007	NAVPREET KAUR	BUTA SINGH	F	B.sc.1	S.D.College Barnala(PB)	English
8/	24008	PRITPAL KAUR	JAGTAR SINGH	F	B.sc.1	S.D.College Barnala(PB)	English
9/	24009	NANDIKA	SANJEEV KUMAR GARG	F	B.sc.1	S.D.College Barnala(PB)	English
10/	24010	EESHITA GROVER	SACHIN GROVER	F	B.sc.1	S.D.College Barnala(PB)	English
11/	24011	YUVRAJ MODGILL	KARMJIT SINGH	M	B.sc.1	S.D.College Barnala(PB)	English
12/	24012	MANJOT SINGH	BALWINDER SINGH	M	B.sc.1	S.D.College Barnala(PB)	English

11

No.	Roll No.	NAME OF THE CANDIDATE	FATHER'S NAME	GENDER	CLASS	INSTITUTION NAME	LANGUAGE OF ANSWER
13	24013	MANPREET KAUR	DIDAR SINGH	F	B.sc.1	S.D College Barnala(PB)	English
14	24014	KOMALPREET KAUR	JASVIR SINGH	F	B.sc.2	S.D College Barnala(PB)	English
15	24015	KALPNA DEVI	GRIDHARI SINGH	F	B.sc.2	S.D College Barnala(PB)	English
16	24016	DISHA	VIJAY KUMAR	F	B.sc.1	S.D College Barnala(PB)	English
17	24017	HARMANJOT KAUR	CHARANJIT SINGH	F	B.sc.1	GOVT. RANBIR COLLEGE SANGRUR	English
18	24018	MANJEET KAUR	MAHINDER SINGH	F	B.sc.2	S.D College Barnala(PB)	English
19	24019	SANDEEP KAUR	RAJ SINGH	F	B.sc.2	S.D College Barnala(PB)	English
20	24020	RAJPREET KAUR	TARSEM SINGH	F	B.sc.2	GOVT. RANBIR COLLEGE SANGRUR	English
21	24021	JASHANPREET KAUR TANWAR	SUNDERLAL	F	B.sc.2	GOVT. RANBIR COLLEGE SANGRUR	English
22	24022	MANPREET KAUR	GURSEWAK SINGH	F	B.sc.3	S.D College Barnala(PB)	English
23	24023	ADITI RANI	MANI RAM	F	B.sc.3	S.D College Barnala(PB)	English
24	24024	KUSUMNJALI	ROSHAN LAL	F	B.sc.3	S.D College Barnala(PB)	English
25	24025	NAVITA	BHUPINDER KUMAR GARG	F	B.sc.3	S.D College Barnala(PB)	English
26	24026	TOSHAH GARG	VINOD KUMAR GARG	M	B.sc.3	S.D College Barnala(PB)	English
27	24027	SUNIDHI	PARVEEN KHURANA	F	B.sc.3	GOVT. RANBIR COLLEGE SANGRUR	English

Physics Deptt.
S. D. College, BARNALA
Seal of Centre


20/11/23
Sign. of Centre Incharge



INDIAN ASSOCIATION OF PHYSICS TEACHERS

Registered Office : 206, Adarsh Complex, Avas Vikas-I, Keshavpuram,
Kalyanpur, Kanpur - 208017 Regd. No. K 1448

NATIONAL GRADUATE PHYSICS EXAMINATION (NGPE-2024)

Day and Date of Examination : Sunday, January 21, 2024 (10.00 A.M. to 1.00 P.M.)

ATTENDANCE SHEET

Centre No. **G 1 4 2 7**

Name of Centre : **S. D. College, Barnala**

S.No.	Roll No.	Name in English	Father's Name	Full Signature
1	24001	Husandeep Kaur	Gurandeep Singh	Husandeep Kaur
2	24002	Nampreet - Kaur	Sathal Singh	Nampreet - Kaur
3	24003	Rajwars Kaur	Sattal Singh	Rajwars Kaur
4	24004	Palak	Davinder Kumar	Palak
5	24005	Jashanpreet Kaur	Rachpal Singh	Jashanpreet Kaur
6	24006	← Absent →		
7	24007	Navpreet Kaur	Buta Singh	Navpreet Kaur
8	24008	Pulpal Kaur	Taggar Singh	Pulpal Kaur
9	24009	Nandika	Sanjeet Kumar	Nandika
10	24010	← Absent →		
11	24011	Yarej Modgill	Karamjit Singh	Yarej
12	24012	Momot Singh	Balwinder Singh	Momot Singh
13	24013	Manpreet Kaur	Didar Singh	Manpreet Kaur
14	24014	Komalpreet Kaur	Jasvitt Singh	Komal
15	24015	Kalpna Devi	Crindhavi Singh	Kalpna Devi
16	24016	Disha	Vijay Kumar	Disha
17	24017	← Absent →		
18	24018	Manjeet Kaur	Mahinder Singh	Manjeet Kaur
19	24019	← Absent →		
20	24020	Rajpreet Kaur	Sr. Tarsem Singh	Rajpreet Kaur
21	24021	Jashanpreet Kaur Tomwar	Sunder Lal	Jashanpreet Kaur
22	24022	Manpreet Kaur	Gurpreet Singh	Manpreet Kaur
23	24023	ADITI RANI	MANIRAM	Aditi Rani
24	24024	KUSUMANJALI	ROSHAN LAL	Kusumanjali
25	24025	NAVITA	BHUPINDER K. GARG	Navita
26	24026	← Absent →		
27	24027	SUNIDHI	PARVEEN KHURANA	Sunidhi
28				
29				
30				

Total No. of Candidates Present : **22**

Signature of the Invigilator

Signature of Centre Incharge

SEAL

Principal Deptt

S. D. COLLEGE, BARNALA

INDIAN ASSOCIATION OF PHYSICS TEACHERS

REGISTERED UNDER SECTION XXI OF SOCIETIES REGISTRATION ACT 1960; REGISTRATION NUMBER: K-1448
EXAM OFFICE: #15 BLOCK II, RISPANA ROAD, DBS (PG) COLLEGE CHOWK DEHRADUN - 248001 (UK)

NATIONAL GRADUATE PHYSICS EXAMINATION (NGPE - 2024) RESULT PART - A

S. D. COLLEGE BARNALA (PH)

CENTRE IN-CHARGE:
DR. MANOJ KUMAR GUPTA

SR	CENTRE	ROLL NO.	NAME OF STUDENT	F/M	GEN	CLASS	MED	MARKS	RANK	REMARKS
1	G-1427	24001	HUSANDEEP KAUR	GS	F	B.Sc I	ENG	30		
2	G-1427	24002	MANPREET KAUR	SS	F	B.Sc I	ENG	36	TOP	
3	G-1427	24003	RAJVEER KAUR	SS	F	B.Sc I	ENG	42	TOP	
4	G-1427	24004	PALAK	DK	F	B.Sc I	ENG	30		
5	G-1427	24005	JASHANPREET KAUR	RS	F	B.Sc I	ENG	12		
6	G-1427	24006	JASLEEN KAUR	TS	F	B.Sc I	ENG	A		
7	G-1427	24007	NAVPREET KAUR	BS	F	B.Sc I	ENG	24		
8	G-1427	24008	PRITPAL KAUR	JS	F	B.Sc I	ENG	30		
9	G-1427	24009	NANDIKA	SK	F	B.Sc I	ENG	36	TOP	
10	G-1427	24010	EESHITA GROVER	SG	F	B.Sc I	ENG	A		
11	G-1427	24011	YUVAJ MODGILL	KS	M	B.Sc I	ENG	24		
12	G-1427	24012	MANJOT SINGH	B	M	B.Sc I	ENG	18		
13	G-1427	24013	MANPREET KAUR	DS	F	B.Sc I	ENG	18		
14	G-1427	24014	KOMALPREET KAUR	JS	F	B.Sc II	ENG	24		
15	G-1427	24015	KALPNA DEVI	GS	F	B.Sc II	ENG	36	TOP	
16	G-1427	24016	DISHA	VK	F	B.Sc I	ENG	12		
17	G-1427	24017	HARMANJOT KAUR	CS	F	B.Sc I	ENG	A		
18	G-1427	24018	MANJEET KAUR	MS	F	B.Sc II	ENG	36	TOP	
19	G-1427	24019	SANDEEP KAUR	R	F	B.Sc II	ENG	A		
20	G-1427	24020	RAJPREET KAUR	TS	F	B.Sc II	ENG	30		
21	G-1427	24021	JASHANPREET KAUR TANWAR	S	F	B.Sc II	ENG	60	TOP	AC
22	G-1427	24022	MANPREET KAUR	GS	F	B.Sc III	ENG	30		
23	G-1427	24023	ADITI RANI	MR	F	B.Sc III	ENG	24		
24	G-1427	24024	KUSUMANJALI	RL	F	B.Sc III	ENG	36	TOP	
25	G-1427	24025	NAVITA	BK	F	B.Sc III	ENG	30		
26	G-1427	24026	TOSHAR GARG	VK	M	B.Sc III	ENG	A		
27	G-1427	24027	SUNIDHI	PK	F	B.Sc III	ENG	30		

Report: National Graduation Physics Examination (NGPE) conducted in the College Campus on 21 Jan 2024

Department of Physics in collaboration with Indian Association of Physics Teachers, conducted a national level exam NGPE-2024 for BSc Non-Medical students. In this session 27 students appears in the exam and out of which 8 students get centre top merit certificates. Dr Manoj Kumar Gupta Centre Incharge of NGPE-2024 congratulate to the students got merit certificates of this examination.



Manoj

Training of students from B Voc MLMDT at Civil Hospital Barnala**Session 2023-24**

S.NO.	NAME	Palce of training	Date of training
1.	Manpreet Kaur	Civil Hospital, Barnala	22/7/23
2.	Manpreet Kaur	Civil Hospital, Barnala	22/7/23
3.	Sapna	Civil Hospital, Barnala	22/7/23
4.	Suneh Kaur	Civil Hospital, Barnala	22/7/23
5.	Ramandeep Kaur	Civil Hospital, Barnala	22/7/23
6.	Arshpreet Kaur	Civil Hospital, Barnala	22/7/23
7.	Jagdeep Singh	Civil Hospital, Barnala	19/6/23
8.	Amritpreet Kaur	Civil Hospital, Barnala	22/7/23
9.	Lakhvir Kaur	Civil Hospital, Barnala	19/6/23
10.	Khushpreet Kaur	Civil Hospital, Barnala	19/6/23
11.	Bhumi Singh	Civil Hospital, Barnala	19/6/23
12.	Palak	Civil Hospital, Barnala	19/6/23
13.	Tanvi	Civil Hospital, Barnala	19/6/23
14.	Sukhvir Kaur	Civil Hospital, Barnala	19/6/23
15.	Komalpreet Kaur	Civil Hospital, Barnala	19/6/23
16.	Manpreet Kaur	Civil Hospital ,Barnala	19/6/23
17.	Shivcharan Singh	Civil Hospital, Barnala	19/6/23
18.	Shimal Saifi	Civil Hospital, Barnala	19/6/23
19.	Azeem	Civil Hospital, Barnala	19/6/23
20.	Harshdeep Kaur	Civil Hospital, Barnala	19/6/23

21.	Tarshpreet Kaur	Civil Hospital, Barnala	11/9/23
22.	Rupali	Civil Hospital, Barnala	11/9/23
23.	Rekha Kaur	Civil Hospital, Barnala	11/9/23
24.	Arshdeep Singh	Civil Hospital, Barnala	19/6/23
25.	Akashdeep Singh	Civil Hospital, Barnala	19/6/23
26.	Yatish Jain	Civil Hospital, Barnala	11/9/23
27.	Harprabhleen Kaur	Civil Hospital, Barnala	11/9/23
28.	Kulwinder Kaur	Civil Hospital, Barnala	11/9/23
29.	Navjot Kaur	Civil Hospital, Barnala	11/9/23
30.	Armaan Singh	Civil Hospital, Barnala	11/9/23
31.	Gagandeep Kaur	Civil Hospital, Barnala	11/9/23

ਐਸ. ਡੀ. ਕਾਲਜ, ਬਰਨਾਲਾ



ਸਨਾਤਨ ਧਰਮ ਕਾਲੇਜ, ਬਰਨਾਲਾ

S.D. COLLEGE, BARNALA

(Affiliated to Punjabi University, Patiala)

Phone : 01679-230005 (O) Fax : 241505

Website : sdcollegeinstitutions.org

Email : sdcbnl@yahoo.com

No. SDC(B)/2023/17451

Dated: 12.06.2023

The CMO
Civil Hospital
Barnala-148101

Sub: **One-month training of 15 students.**

Sir,

With due respect, I want to inform you that there is B.Voc (Medical Laboratory and Molecular Diagnostic Technology) course in S.D. College, Barnala. The following students of B.Voc MLMDT-I of our college want to undergo one month training in Civil Hospital Barnala from 3rd week of June 2023.

- | | |
|-------------------|---------------------|
| 1) Manpreet Kaur | 9) Lakhvir Kaur |
| 2) Palak | 10) Khushpreet Kaur |
| 3) Shivcharan | 11) Komalpreet Kaur |
| 4) Arshdeep Singh | 12) Akashdeep Singh |
| 5) Tanvi | 13) Azeem |
| 6) Harshdeep Kaur | 14) Shimal |
| 7) Sukhvir Kaur | 15) Imran Khan |
| 8) Bhumi | |

Kindly permit them for the same.

With Profoundest Regards,

Yours Sincerely,

Principal

ਸ਼੍ਰੀ. ਕਾਲਜ, ਬਰਨਾਲਾ



ਸਨਾਤਨ ਧਰਮ ਕਾਲਜ, ਬਰਨਾਲਾ

S.D. COLLEGE, BARNALA

(Affiliated to Punjabi University, Patiala)

Phone : 01679-230005 (O) Fax : 241505

sdcbrn@yahoo.com

Website sdccollegeinstitutions.org

No. SDC(B)/2023/17504

Dated: 05/07/2023

The CMO
Civil Hospital
Barnala-148101

Sub: **One-month training of 7 students.**

Sir,


With due respect, I want to inform you that there is B.Voc (Medical Laboratory and Molecular Diagnostic Technology) course in S.D. College, Barnala. The following students of B.Voc MLMDT-II of our college want to undergo one month training in Civil Hospital Barnala from 2nd week of July 2023.

- 1) Manpreet Kaur
- 2) Manpreet Kaur
- 3) Arshpreet Kaur
- 4) Suneh Kaur
- 5) Sapna
- 6) Jai Partap Singh
- 7) Raman Sharma

Kindly permit them for the same.

With Profoundest Regards,

Yours Sincerely,


Principal
S.D. College, BARNALA

ਐਸ. ਡੀ. ਕਾਲਜ, ਬਰਨਾਲਾ



ਸਨਾਤਨ ਧਰਮ ਕਾਲੇਜ, ਬਰਨਾਲਾ

S.D. COLLEGE, BARNALA

(Affiliated to Punjabi University, Patiala)

Phone : 01679-230005 (O) Fax : 241505

Email : sdcbnl@yahoo.com

Website : sdcollegeinstitutions.org

SDC(B)/2023/17541

Date - 27-07-2023

To

The SMO
Civil Hospital
Barnala (148101)

Sub- One month training of 01 student.

Respected Sir,

With due respect, we mentioned in our last training letter the name of student Mr. Jaipratap Singh but he is unable to join the training due to some unavoidable circumstances . So we are requesting you to allow the student Ms. Amritpreet Kaur instead of Mr. Jaipratap Singh.

Kindly permit her for the same.

With Profoundest Regards,

Yours Sincerely,

Nirmal
Principal

Re

ਐਸ. ਡੀ. ਕਾਲਜ, ਬਰਨਾਲਾ



ਸਨਾਤਨ ਧਰਮ ਕਾਲੇਜ, ਬਰਨਾਲਾ

S.D. COLLEGE, BARNALA

(Affiliated to Punjabi University, Patiala)

Phone : 01679-230005 (O) Fax : 241505

Email : sdcbnl@yahoo.com

Website : sdcollegeinstitutions.org

No.SDC(B)2023/ 1767

Dated: 11.9.2023

To

The CMO
Civil Hospital
Barnala (148101)

Sub- One month training of 9 students.

Sir,

With due respect , I want to inform you that there is B.Voc (Medical Laboratory and Molecular Diagnostics Technology) course in S.D.College, Barnala. The following student of B.Voc MLMDT-II of our college want to undergo one month training in civil hospital Barnala from 11.09.2023.

1. Rekha Kaur
2. Harprabhleen Kaur
3. Kulwinder Kaur
4. Armaan
5. Navjot Kaur
6. Tarshpreet Kaur
7. Yatish
8. Gagandeep Kaur
9. Rupali

Kindly permit them for the same.

With Profoundest Regards,

Yours Sincerely,


Principal



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



SECTION I

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

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

residing at Joga, Mansa State Punjab

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

Date 22.7.23

Vandana
HOD
B Voc (MLMDT)

Principal
Principal
S.D. College, BARNALA

Section II

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

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

Mampreet Kaur
Student

Section III

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

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

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

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Mampreet 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 21.8.23

Vandana
HOD
B Voc (MLMDT)

Principal
Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Manpreet Kaur S.D. College, BARNALA
Regd.No. 114-2021-985 Son of / daughter of Sh. Jagvir Singh
residing at V.P.O Kaleke State Punjab

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

Date: 22.7.23 HOD Vandana Principal S.D. College, BARNALA
B Voc (MLMDT)

Section II

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

Student

Section III

I, Dr. Harvinder 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.

Manpreet Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Manpreet Kaur
Head of the Training Institution

Section V

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

Date: 21.8.23 HOD Vandana Principal S.D. College, BARNALA
B Voc (MLMDT)

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. Sapna

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... 22.7.23

Vandur
HOD
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

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

Sapna
Student

Section III

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date... 21.8.23

Vandur
HOD
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. Suneh Kaur S.D. Coll.
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 22.7.23

Vandor
HOD
B Voc (MLMDT)

Sh
Principal
S.D. College, BARNALA

Section II

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

Suneh Kaur
Student

Section III

I, Dr. Harjinder Kaur 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.

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

Section IV

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

Dr. Harjinder Kaur
Head of the Training Institution

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 21.8.23

Vandor
HOD
B Voc (MLMDT)

Sh
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. Ramandeep Sharma
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... 22.7.23

HOD

B Voc (MLMDT)

Principal

S.D. College, BARNALA

Section II

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

Student

Section III

I, Dr. Harjinder kaur accept Ramandeep 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.

Ramandeep sharma
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Ramandeep sharma has undergone 30 hours training spread over 1 months in accordance with details enumerated in section III

Harjinder kaur
Head of the Training Institution

Section V

I certify that Ramandeep 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... 21.8.23

HOD

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. Arshpreet Kaur
Regd.No. 114-2011-807 Son of / daughter of Sh. Manpreet 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... 22.7.23

Vandev
HOD
B Voc (MLMDT)

Sh
Principal
S.D. College, BARNALA

Section II

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

Arshpreet Kaur
Student

Section III

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

Arshpreet Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Arshpreet Kaur
Head of the Training Institution

Section V

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

Date... 21.8.23

Vandev
HOD
B Voc (MLMDT)

Sh
Principal
Principal

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. Navinder Singh
residing at Dhanaula 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 19.6.23

Navinder
HOD
B Voc (MLMDT)

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

Section II

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

Jagdeep Singh
Student

Section III

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

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

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Harjinder Kaur
Head of the Training Institution

Section V

I certify that 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 20.7.23

Navinder
HOD

Principal

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 22.7.23
HOD Vandor Principal [Signature]
B Voc (MLMDT) **S.D. College, BARNALA**

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

Section III
I, Dr. Harjinder Kaur accept Amritpreet Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)
Him/her training facilities in my organization so that during his/her training he/she may acquire:-
1. Working knowledge of keeping of records related to clinical laboratory.
2. Practical Experience in,
a) Sample collection, processing and preservation.
b) Precautions to be taken in clinical laboratory
c) Hematological analysis.
d) Biochemical analysis of various samples.
e) Microbiological analysis of samples.

I also agree that a trained technologist shall be assigned for his/her guidance.
Dr. Harjinder Kaur 10/11/23
(Name and address of Institution)

Section IV
I certify that Amritpreet Kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III
Dr. Harjinder Kaur 10/11/23
Head of the Training Institution

Section V
I certify that Amritpreet Kaur has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.
Date 21.8.23
HOD Vandor Principal [Signature]
B Voc (MLMDT) **S.D. College, BARNALA**

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



Principal
S.D. College, BARNALA

SECTION I

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

Regd.No. 114-2022-879 Son of / daughter of Sh. Raj Singh

residing at Bakhatgarh State Barnala

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

Date 19.6.23

Vandor
HOD
B Voc (MLMDT)

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

Section II

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

Lakhvir Kaur
Student

Section III

I, Dr. Harjinder Kaur (Name of Trainer) accept Lakhvir Kaur (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.

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

Section IV

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

Dr. Harjinder Kaur
Head of the Training Institution

Section V

I certify that Lakhvir 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 20.7.23

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. Khushpreet Kaur
Regd.No. 114-2022-868 Son of /daughter of Sh. Manjit 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 19.6.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I Khushpreet Kaur accept Dr. Harjinder Kaur 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.

Khushpreet Kaur
Student

Section III

I Dr. Harjinder Kaur 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.

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Harjinder Kaur
Head of the Training Institution

Section V

I certify that 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 20.7.23

Vandana
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. Bhumi Singh
Regd.No. 114-2022-893 Son of / daughter of Sh. Hukesh 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 19.6.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

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

Bhumi Singh
Student

Section III

I Dr. Harjinder Kaur accept Bhumi 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.

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

Section IV

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

Dr. Harjinder Kaur
Head of the Training Institution

Section V

I certify that Bhumi 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 20.7.23

Vandana
HOD
B Voc (MLMDT)

Sh. J. K.
Principal
S.D. College, BARNALA

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



S.D. College

SECTION I

This form has been issued to Mr./Ms. 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 19.6.23

Vandor
HOD
B Voc (MLMDT)

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

Section II

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

Palak
Student

Section III

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

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

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

Harjinder kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Harjinder kaur
Head of the Training Institution

Section V

I certify that 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 20.7.23

Vandor
HOD
B Voc (MLMDT)

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

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



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

S.D. College, BARNALA

Regd.No. 114-2022-886 Son of / daughter of Sh. Abshay 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... 19.6.23

HOD
B Voc (MLMDT)

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

Section II

I, Tanvi accept Dr Harjinder kaur Civil Hospital
(Name of Student) (Name of Trainer)

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

Tanvi
Student

Section III

I, Dr Harjinder kaur accept Tanvi as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

Harjinder kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Dr. Harjinder kaur
Head of the Training Institution

Section V

I certify that Tanvi 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... 20.7.23

Nandor
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala
Principal

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. Sukhvir Kaur

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

residing at Mulicval, 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 19.6.23

Vanda
HOD
B Voc (MLMDT)

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

Section II

I Sukhvir Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)

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

Sukhvir Kaur
Student

Section III

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

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

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

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Sukhvir 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 20.7.23

Vanda
HOD
B Voc (MLMDT)

Principal [Signature]
S.D.College, Barnala

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



Principal
S.D. College, BARNALA

SECTION I

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

Regd.No. 114-2022-906 Son of /daughter of Sh. Jasveer Singh

residing at Kaleke, Barenala 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 19.6.23

Nandor
HOD
B Voc (MLMDT)

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

Section II

I Komalpreet Kaur accept Dr. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer) of Barnala
(Name of the Hospital / Laboratory)

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

Komalpreet Kaur
Student

Section III

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

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

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

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

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

Section IV

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

Dr. Harjinder Kaur
Head of the Training Institution

Section V

I certify that Komalpreet 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 20.7.23

Nandor
HOD
B Voc (MLMDT)

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

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



SECTION I

This form has been issued to Mr./Ms. Manpreet Kaur
Regd.No. 114-2022-869 Son of /daughter of Sh. Balwinder Singh
residing at Kaleke State Punjab

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

Date 19.6.23

Vandav
HOD
B Voc (MLMDT)

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

Section II

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

Manpreet Kaur
Student

Section III

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

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

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Harjinder Kaur
Head of the Training Institution

Section V

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

Date 20.7.23

Vandav
HOD
B Voc (MLMDT)

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

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



SECTION I

S.D. College, Barnala
Principal

This form has been issued to Mr./Ms. Shivcharan Singh
Regd.No. 114-2022-871 Son of /daughter of Sh. Joginder Singh
residing at Pharwahi State Punjab.

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

Date 19.6.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I Shivcharan Singh accept gurdip Singh of Civil hospital
(Name of Student) (Name of Trainer)
Bathinda (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

I Dr. Harjinder Kaur accept Shivcharan 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.

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Harjinder Kaur
Head of the Training Institution

Section V

I certify that 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 20.7.23

Vandana
HOD
B Voc (MLMDT)

[Signature]
Principal

24/4

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



SECTION I

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

Regd.No. 114-2022-870 Son of /daughter of Sh. Talwar Saifi

residing at Muzaffanagar State Uttar Pradesh

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 19.6.23

Nandan
HOD
B Voc (MLMDT)

S.D. College, BARNALA
Principal

Section II

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

Shimal
Student

Section III

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

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

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Shimal Saifi 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 20.7.23

Nandan
HOD

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. Azeem S.D. College, BARNALA
Regd.No. 114-2022-889 Son of / daughter of Sh. Mehboob
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... 19.6.23 HOD Vandor Principal ph
B Voc (MLMDT) S.D. College, BARNALA

Section II

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

Azeem
Student

Section III

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

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

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

Dr Harjinder kaur
(Apprentice Master)
Name and address of Institution

Section IV

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

Dr Harjinder kaur
Head of the Training Institution

Section V

I certify that Azeem 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... 20.7.23 HOD Vandor Principal ph
B Voc (MLMDT) Principal

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



Principal
S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Harshdeep Kaur
Regd.No. 114-2022-875 Son of / daughter of Sh. Hardev Singh
residing at Pharwahi State Barnala

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

Date... 19.6.23

Vandana
HOD

B Voc (MLMDT)

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

Section II

I... Harshdeep Kaur accept S. Harjinder Kaur of Civil Hospital
(Name of Student) (Name of Trainer)

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

Harshdeep Kaur
Student

Section III

I... S. Harjinder Kaur accept Harshdeep 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 Harshdeep Kaur has undergone 180 hours training spread over 1 months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution

Section V

I certify that Harshdeep 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... 20.7.23

Vandana
HOD

B Voc (MLMDT)

Principal [Signature]

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



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 Loha-Kheda State Punjab

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

Date.....11.9.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I, Tarshpreet Kaur accept Dr. Harjinder Kaur 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.

Tarshpreet Kaur
Student

Section III

I, Dr. Harjinder Kaur 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. St. Dhillon 10/11/23
Barnala, Punjab, India

Section IV

I certify that Tarshpreet Kaur has undergone 780 hours training spread over 09 months in accordance with details enumerated in section III

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.....12.10.23

Vandana
HOD

[Signature]
Head of the Training Institution
Dr. St. Dhillon 10/11/23
Barnala, Punjab, India

Principal

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



SECTION I

This form has been issued to Mr./Ms. Rupali
Regd. No. 114-2022-865 Son of / daughter of Sh. Raj Kumar
residing at Dhanuaga State Punjab

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

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

Date 11.9.23

Vander
HOD
B Voc (MLMDT)

Section II

I, Rupali (Name of Student) accept Dr. Harjinder Kaur (Name of Trainer) of Livil 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.

Rupali
Student

Section III

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

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

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

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

Section IV

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

Harjinder Kaur
Head of the Training Institution
Dr. Harjinder Kaur
Dr. Harjinder Kaur 10/11/23

Section V

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

Date 12.10.23

Vander
HOD

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. Rekha Kaur
Regd.No. 114-2022-588 Son of /daughter of Sh. Samsher Singh
residing at Herike State Punjab

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

Date... 11.9.23

HOD

B Voc (MLMDT)

Principal

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

Section II

I. Rekha kaur..... accept Dr. Harjinder Kaur 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.

Rekha kaur
Student

Section III

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

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

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

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

Section IV

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

Harjinder Kaur
Head of the Training Institution
Dr. Harjinder Kaur
Civil Hospital Barnala

Section V

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

Date... 12.10.23

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. Arshdeep Singh

Regd.No. 114-2022-861 Son of /daughter of Sh. Hardev Singh

residing at Cheema 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 19.6.23

Nandan
HOD
B Voc (MLMDT)

R.K.
Principal
S.D. College, BARNALA

Section II

I Arshdeep Singh accept Arshdeep Singh 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.

Arshdeep Singh
Student

Section III

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

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

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

Harjinder Kaur
(Apprentice Master)
Name and address of Institution:-

Section IV

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

Harjinder Kaur
Head of the Training Institution

Section V

I certify that Arshdeep 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 20.7.23

Nandan
HOD
B Voc (MLMDT)

R.K.
Principal
S.D. College, BARNALA

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



Principal
S.D. College, BARNALA

SECTION I

This form has been issued to Mr./Ms. Akashdeep Singh
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. 19.6.23

Vandav
HOD
B Voc (MLMDT)

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

Section II

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

Akashdeep Singh
Student

Section III

I, Dr. Harjinder Kaur accept Akashdeep 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.

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

Section IV

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

Dr. Harjinder Kaur
Head of the Training Institution

Section V

I certify that Akashdeep 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. 20.7.23

Vandav
HOD
B Voc (MLMDT)

Principal
Principal

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. Yatish Jain
Regd.No. 114-2022-863 Son of /daughter of Sh. Jatinder Kumar
residing at Chhinival kalan State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....11.9.23

Vandana
HOD
B Voc (MLMDT)

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

Section II

I. Yatish Jain..... accept Dr. Harjinder Kaur 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.

Yatish Jain
Student

Section III

I. Dr. Harjinder Kaur 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.

Harjinder Kaur
(Apprentice Master)
Name and address of Institution
Dr. Jai Singh
Med. St. Patiala 151113

Section IV

I certify that Yatish Jain..... has undergone 780 hours training spread over 6 months in accordance with details enumerated in section III

Harjinder Kaur
Head of the Training Institution
Med. St. Patiala 151113

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.....12.10.23

Vandana
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala
Principal

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. Harprabhleen Kaur
Regd. No. 114-2022-909 Son of / daughter of Sh. Brijpal Singh
residing at Barnala State Punjab

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

Date... 11.9.23

Hant
HOD
B Voc (MLMDT)

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

Section II

I, Harprabhleen Kaur accept Dr. Harjinder Kaur 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.

Harprabhleen Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Harprabhleen 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.

Harprabhleen Kaur
(Apprentice Master)
Name and Address of Institution
Dr. St. Barnala
11/1/23

Section IV

I certify that Harprabhleen Kaur has undergone 750 hours training spread over one months in accordance with details enumerated in section III

[Signature]
Head of the Training Institution
Dr. St. Barnala

Section V

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

Date... 12.10.23

Hant
HOD
B Voc (MLMDT)

Principal [Signature]

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. Kulwinder Kaur

Regd.No. 114-2022-891 Son of / daughter of Sh. Susjeet Singh

residing at Rampura State Punjab

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

Date. 11.9.23

Kulwinder
HOD
B Voc (MLMDT)

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

Section II

I, Kulwinder Kaur accept Dr. Harjinder Kaur 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.

Kulwinder Kaur
Student

Section III

I, Dr. Harjinder Kaur 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.

Harjinder Kaur
(Apprentice Master)
Name and Address of Institution
Dr. St. Datta 18/11/23
[Address]

Section IV

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

Harjinder Kaur
Head of the Institution
Dr. St. Datta 18/11/23
[Address]

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. 12.10.23

[Signature]
HOD
B Voc (MLMDT)

Principal
S.D. College, Barnala

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D. College

SECTION I

This form has been issued to Mr./Ms. Navjot Kaur
Regd.No. 114-2022-876 Son of / daughter of Sh. Shamsher Singh
residing at Barnala State Punjab.

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

Date.. 11.9.23

Handwritten Signature
HOD
B Voc (MLMDT)

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

Section II

I, Navjot Kaur accept Dr. Harjinder Kaur 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.

Navjot Kaur
Student

Section III

I, Dr. Harjinder Kaur 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.

Handwritten Signature
(Apprentice Master)
Name and address of Institution

Section IV

I certify that Navjot Kaur has undergone 100 hours training spread over 03.00 months in accordance with details enumerated in section III

Handwritten Signature
Head of the Training Institution
Dr. Jarnail Singh
10/11/23
No. St. District

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... 12.10.23

Handwritten Signature
HOD

Handwritten Signature
Principal

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



SECTION I

This form has been issued to Mr./Ms. Armaan Singh S.D. College,
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... 11.9.23

Vandev
HOD
B Voc (MLMDT)

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

Section II

I... Armaan Singh accept Dr. Harjinder Kaur 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.

Armaan
Student

Section III

I... Dr. Harjinder Kaur 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.

Harjinder Kaur
(Apprentice Master)
Name and address of institution
Dr. St. Barnala 10/11/23

Section IV

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

Harjinder Kaur
Head of the Training Institution
Dr. St. Barnala 10/11/23

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... 12.10.23

Vandev
HOD
B Voc (MLMDT)

Principal
[Signature]

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. Gagandeep Kaur
 Regd.No. 114-2022-872 Son of /daughter of Sh. Shamsher Singh
 residing at Raisar State Punjab

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

Date: 11.9.23
 HOD Vander B Voc (MLMDT) Principal [Signature] S.D.College, Barnala
 Principal [Signature] S.D. College, BARNALA

Section II

I, Gagandeep Kaur accept Dr. Harjinder Kaur 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.

Gagandeep Kaur
Student

Section III

I, Dr. Harjinder Kaur accept Gagandeep 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.

Gagandeep Kaur
 (Apprentice Master)
 Name and address of Institution
 No. 3, Dikshu 11/11/23
 District: Barnala, Punjab

Section IV

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

Gagandeep Kaur
 Head of the Training Institution
 No. 3, Dikshu 11/11/23
 District: Barnala, Punjab

Section V

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

Date: 12.10.23
 HOD Vander B Voc (MLMDT) Principal [Signature] S.D.College, Barnala
 Principal [Signature] S.D. College, BARNALA