# NATIONAL GRADUATE PHYSICS EXAMINATIO (NGPE-2024)



# Conducted by SSOCIATION OF PHYSICS TEACHE

Registered Office : 206, Adarsh Complex, OPR 4, Awas Vikas-1, Keshavpuram, Kalyanpur, Kanpur - 208017 (Regd, No. K 1448)

Web: www.indapt.org

Day, Date & Time of Examination SUNDAY, January 21, 2024 TIME : 10.00 AM to 1.00 PM

ast Date for Enrolment : 17<sup>th</sup> November 202:

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 :

### Format for NGPE:

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.

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.

Top 5 Students in India

- ★ 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.

ALC: NO.	And a second	, , , , , , , , , , , , , , , , , , , ,
	CEDTIELCATES	AND AWARDS IN NGPE - 2024
200	UEKTIFICATES	AND AWARDS IN NIGEF - 2021
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	(Cash Awuwit will no relates)	d pade if the characteristic conditions brainer provides by Place and a final state

NGPE-2024 TOP 10% at Each Centre Centre Topper Certificate Awards TOP 1% at State Level TOP 1% at National Level

- State Topper Merit Certificate
- National Topper Merit Certificate + Book Prize
  - Morit 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 MED41. 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, Mumbal. [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 b as per Bank details. Name of the account: Indian Association of Physics Teachers, Name of the bank: Cantral Sank of India, Branch : Debradun - 248 001, Account Number : 3750324600, IFSC Code : CBIN0283283, Then write a mult to ispteide/gmail.com

FOR FURTHER INFORMATION : CONTACT							
Dr Pradip Kumar Dubey Coordinator NGPE 75, Bhagat Singh Malo, Opp, Shari Mandir, Deware, Madhya Pradesh - 455 001 Ph: 9420059796, Email: pradipkdutey@gmail.com	Prof B P Tyagi Chief Coordinator (Examination) 23 Adarsh Vihar, Raipur Road, Detradun - 248001 (Uttarakhand) Tel: +91 135 4050280, 9837123716, 9632221945, Ernal: inptddr@gmail.com	Local Contact					

ਨੋਟਿਸ

## ਮਿਤੀ:20.01.2024

ਇੰਡੀਅਨ ਐਸੋਸ਼ੀਏਸ਼ਨ ਆਫ ਫਿਜਿਕਸ ਟੀਚਰਜ ਵਲੋਂ ਮਿਤੀ.21.01.2024 ਨੂੰ ਦਿਨ ਐਤਵਾਰ ਨੂੰ NGPE 2024 ਪ੍ਰੀਖਿਆ ਫਿਜਿਕਸ 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 ਫਿਜਿਕਸ ਵਿਭਾਗ ਵਿਚ ਰਿਪੋਰਟ ਕਰਨ। ਇਸ ਪ੍ਰੀਖਿਆ ਨੂੰ ਕਰਵਾਉਣ ਲਈ ਹੇਠ ਲਿਖੇ ਸਟਾਫ ਦੀ ਡਿਊਟੀ ਲਗਾਈ ਜਾਂਦੀ ਹੈ।

1. ਡਾ. ਮਨੋਜ ਕੁਮਾਰ ਰੁਪਤਾ

2. ਡਾ. ਸੰਜੇ ਕੁਮਾਰ ਸਿੰਘ

3. ਸ਼੍ਰੀ ਸੋਮ ਨਾਥ

ਸ਼ਰਮ ਪ੍ਰਿੰਸੀਪਲ

and the second s			Date 30/	2024]
Centre Number G 1 4 2 7	Phone : (01679_	_) (Off) 230005	(Res )	
	S.T.D.	(Mob.) _	9417654648	
Name of Centre In-Charge: Dr.	Manoi Kumar Gupta			
Name of Centre In-Charge: Dr. Postal Address of Centre In- Charge:		Start Will	a <u>, Punjab</u> Pin:	148101
an and a set of the set of the	Department of Physics	Start Will		

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	LANGUA 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	8.sc.1	S.D. College Barnala(PB)	English
4	24004	PALAK	DAVINDER KAUR	F	8.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	8.sc.1	S.D.College Barnala(PB)	English
1/	24007	NAVPREET KAUR	BUTA SINGH	F	B.sc.1	S.D.College Barnala(PB)	English
8	24008	PRITPAL KAUR	JAGTAR SINGH	F	8.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	8.sc.1	S.D.College Barnala(PB)	English
11	24011	YUVRAJ MODGILL	KARMJIT SINGH	м	8.sc.1	S.D.College Barnala(PB)	English
12	24012	MANJOT SINGH	BALWINDER SINGH	м	8.sc.1	S.D.College Barnala(PB)	English

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No.	Roll No.	NAME OF THE CANDIDATE	FATHER'S NAME	g	NDER	CLASS	INSTITUTI NAME	ON LANGUA
13	2401	MANPREET KAUR	DIDAR SINGI	1		le I	9 D College Bernata(PB)	English
14.	2401-	KOMALPREET KAUR	JASVIR SINGH	F	8	st.2	S.D College Bernalo(PB)	English
15,	24015	5 KALPNA DEVI	GRIDHARI SINGH	,	0	sc.2	S D College Bernola(PB)	English
16	24016	5 DISHA	VIJAY KUMAR	F		sc.1	S D College Barnala(PB)	English
17	24017	HARMANJOT KAUR	CHARANJIT SINGH	F	Bis	c.1	GOVT RANBIR COLLEGE SANGRUR	English
18	24018	MANJEET KAUR	MAHINDER SINGH	F.	8.9		S.D.College Barnala(PB)	English
19	24019	SANDEEP KAUR	RAJ SINGH	F	8.5	.2  1	S.D.College Bamala(PB)	English
28	24020	RAJPREET KAUR	TARSEM SINGH	F	B.sc		Govt Ranbir College Bangrur	English
21	24021	JASHANPREET KAUR TANWAR	SUNDERLAL	F	B.sc.	R	SOVT ANBIR COLLEGE ANGRUR	English
22	24022	MANPREET KAUR	GURSEWAK SINGH	F	8.sc.	SB	D College arnala(PB)	English
23	24023	ADITI RANI	MANI RAM	F	8.sc.3	S. Bi	D.College arnala(PB)	English
24	24024	KUSUMNJALI	ROSHAN LAL	F	B.sc.3	S. Ba	D.College (mafa(PB)	English
25	24025	NAVITA	BHUPINDER KUMAR GARO	F	B.sc.3	S.C Ba	D.College	English
26-	24026	TOSHAR GARG	VINOD KUMAR GARG	м	B.sc.3	Ba	D.College Inals(PB) E	inglish
27	24027 5	SUNIDHI	PARVEEN KHURANA	F	B.sc.3	RAI	NT NBIR LLEGE VGRUR E	inglish

Physics Deptt. & D. C. lices. BARNALA Seal of Centre

23 Sign. of Centre Incharge

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

ATTENDANCE SHEET

S.No.	Roll No.	A Name in English	Fathor's Namo	Full Signature
1	2400)	Husandeep kaw	Brundech Sing	h Husandeep tau
2	24002		Sathal Singh	Manpreet-Kaus
3	24003		Sottal sings	
4	24004	Palak	Davinder Kumar	
5	24005	- I IAVIA TA	Rachh pal Singh	Jashampsuit tany
6	24006	A MOUTH A MULA MULA	Keller Sig	- juning
7	24007	10000	Buta Singh	Navpreet Kaur
8	24008	the second se	Try wer singer	BUTPOL NOUS
9	24009	Nandika	Samier Kumak	Nandike
10	24010		beend	
11	24011	Yourej Modgill	Karamjit Sirgh	Young
12	24012		Bounda bingh_	trydligh
13	24013		Didaen Singh	
14	24014	and the second se	Jasvitt singe	frond.
15	24015		Criendhani Singh	kalpana dewi
16	24016	Disha	Viday Kumar	Disha
17	24017		blent	
18	24018		Mahinder Singh	Manjut kaus
19	24019	6	typent	
20	24020	Ralpheet Kaivi	SH. Tausen Singh	lejpheet kow .
21	24021	Jeshanbued Kall Tanwal	Sunder Lat	Jashanpuet kaus
22	24022	Manpreet Kawy	Guntaunh Singh	Manpret Key
23	24023			Adt Fini
24	24024	KUSUMANJALI	ROSHAN LAL	Kusungue.
25	24025	NAVITA	SHUPIMER E. GARG	Neiles
26	24026	e Abcent -		$\rightarrow$
27	24027	SUNIDHI	PARNEEN KHURANA	Sween.
28 -			1 /	7
29		/		1
0				1

Total No. of Candidates Present: 2 Signature of the invigilator

Signature of Centre Incharge

SEAL

# INDIAN ASSOCIATION OF PHYSICS TEACHERS

REGISTERED UNDER SECTION XXI OF SOCIETIES REGISTRATION ACT 1860; 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

			RESULT	ARI - A						
1	;-1427	1	S. D. COLLEGE BARNALA (PB)		CEN	TRE IN-CH	IARGE:	UPTA		
		ROLLNO	NAME OF STUDENT	F/M	GEN	CLASS	MED		RANK	REMARKS
5R	G-1427	24001	HUSANDEEP KAUR	GS	F	8.5c1	ENG	30		1.1
1	G-1427	24002	MANPREETKAUR	55	F	8.5c1	ENG	36	TOP	
1	G-1427	24003	RAJVEER KAUR	55	F	8.5c1	ENG	42	TOP	
3	G-1427	24004	PALAK	DK	F	8.Sc I	ENG	30		
	G-1427	24005	JASHANPREET KAUR	RS	F	8.Sel	ENG	12		
2	G-1427	24006	JASLEEN KAUR	TS	F	B.Sc I	ENG	A		
6	G-1427	24007	NAVPREET KAUR	85	F	8.5c1	ENG	24		
7	G-1427	24008	PRITPAL KAUR	15	F	B.Scl	ENG	30		
\$	G-1427	24009	NANDIKA	SK	F	8.5c1	ENG	36	TOP	
9	G-1427	24010	EESHITA GROVER	50	F	B.Sel	ENG	A		
10	G-1427	24011	YUVRAJ MODGILL	KS	M	B.Sc.I	ENG	24		14
	G-1427	24012	MANJOT SINGH	8	M	B.Sc I	ENG	18		
-	G-1427	24013	MANPREET KAUR	DS	F	B.Sc I	ENG	18		
	G-1427	24014	KOMALPREET KAUR	15	F	B.Sc II	ENG	24		-
15		24015	KALPNA DEVI	GS	F	B.Sc II	ENG	36	TOP	
-	G-1427	24016		VK	F	B.Sc I	ENG	12		
-	G-1427	24017	HARMANJOT KAUR	CS	F	B.Sc I	ENG	A	-	
-	6-1427	24018	MANJEET KAUR	MS	F	B.Sc II	ENG	36	TOP	
19	G-1427	24019	SANDEEP KAUR	R	F	B.Sc  I	ENG	A		
20	G-1427	24020	RAJPREET KAUR	TS	F	B.Sc II	ENG	30		
21	G-1427	24021	JASHANPREET KAUR TANWAR	5	F	B.Sc II	ENG	60	TOP	AC
22	G-1427	24022	MANPREET KAUR	GS	F	8,Sc III	ENG	30		
23	G-1427	24023	ADITI RANI	MR	F	8.Sc III	ENG	24		
24	G-1427	24024	KUSUMANJALI	RL	11	8.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		
17	G-1427	24027	SUNIOHI	PK	F	B.Se III	ENG	30		

AC : Above Cut Off (for evaluation of Part B) TOP : Top 30% at the Centre Dated : 28.02.2034

PHOI B P TYNGI

DR. PRADIP KUMAR DUBLY

PHDI & P TYWGI Chief Coordinator (Exemination)

Coordinator NGPE

## 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.





		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



सनातन धर्म कालेज, बरनाला

S.D. COLLEGE, BARNALA

(Affiliated to Punjabi University, Patiala)

Phone : 01679-230005 (O) Fax : 241505 Website :sdcollegeinstitutions.org

Email sdcbnl@yahoo.com

Dated:12.06.2023

No. SDC(B)/2023/17451

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

- 2) Palak
- 3) Shivcharan
- 4) Arshdeep Singh
- 5) Tanvi
- 6) Harshdeep Kaur
- 7) Sukhvir Kaur
- 8) Bhumi

Kindly permit them for the same.

With Profoundest Regards,

9) Lakhvir Kaur
 10)Khushpreet Kaur
 11)Komalpreet Kaur
 12)Akashdeep Singh
 13)Azeem
 14)Shimal
 15)Imran Khan

Yours Sincerely,



রী, রাজন, ঘরতান্ডা



## सनातन वर्ष कालेज, बरनाला

# S.D. COLLEGE, BARNALA

(Affiliated to Punjabi University, Patiala)

Phone : 01679-230005 (O) Fax : 241505

sdcbnl@yahoo.com

Website adoptilegeinstitutions 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) Sunch Kaur
- 5) Sapna
- 6) Jai Partap Singh
- 7) Raman Sharma

Kindly permit them for the same.

With Profoundest Regards,

Yours Sincerely, S.D. College, BARNAL





सनातन धर्म कालेज, बरनाला

# 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/ 754

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,

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ਐਸ. ਡੀ. ਕਾਲਜ, ਬਰਨਾਲਾ



सनातन धर्म कालेज, बरनाला

# 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/ 17667

Dated: 11.9.2023

То

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

le

## PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been issued to Mr., Regd.No. <u>114-2-021-811</u> s residing at <u>Joga</u> , <u>Manual</u> Who has produced evidence be	SECTION I	Vous S.D. Colles	BARNALA
Line to Ministree to Min.	ms. planprice	Anuce .	
Regd.No. 114-2021-811 s	on of /daughter of Sh	Ranfit Singh	
residing at Joga, Mansa	i state Puny	ab 1 0	
Who has produced evidence be Training as per ordinances frame New Delhi.	d by Punjabi University,		
Date 22.7.23	HOD		Q.h.
	HOD C (MLMDT)	Principal	Principal
0.40	c (MCMDI)	S.D. College	BARNALA
	Section II		
I. Man breet Kaup. accept (Name of Student)	Da Hansinden Kaus	or Civil Hospital	2
training and agree to obey and re	he Hospital / Laborator	(v) as my trainer for H	aligned and
		Man	breet kawr
	Section III		inte.
1 Dr. Ha minder Vaus	m. preet Kausas a ti	rainee and I agree to give	
freedom bet a services / freedom to	or student)		the state of the second st
Him/Her training facilities in my acquire:-	organization so that du	ring his/her training he/	she may
1. Working knowledge of keeping	of records related to clin	tical laboratory.	
2. Practical Experience in, a) Sample collection, processing	and presentation		
b) Precautions to be taken in cli	nical laboratory		
<ul> <li>c) Hematological analysis.</li> </ul>		/	
<ul> <li>d) Biochemical analysis of vario</li> <li>e) Microbiological analysis of sa</li> </ul>	us samples,		
	mpida. 5	/	
I also agree that a trained techno	ologist shall be assigned	for his/Her buidance.	
		. How we to	10
			( and

(Apprentice Master) Name and address of Institution

Section IV

bau Head of the Ireining Institution - COMMANY

Section V

I certify that Manpielt 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

low HOD B Voc (MLMDT)

Principal S.D.College, Barnala

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



rincipa
This form has been issued to Mr./Ms. <u>Manpiet Kaue</u> S.D. Colley & ARNAL Regd.No. 114-2021-985 Son of / daughter of Sh. <u>Jagsin Cingh</u>
Read No. 114-2021-985 For al 11-12 Taxis 1: 1
residing at V.P.O. Kaleke State Punjas
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
Date 22.7.23 Hop
B Voc (MLMDT) Principal Principal
S.D. Conege, BARNALA
Section II
1. Hanforeet Kaur accept Dr. Hartinder Lausor Civil Hospital
training and agree to obey and respect him/ber during the entire period of my training.
Student
Section III
101. Hardinden accept . Hanpheet Kaushas 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/her may
1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in,
<ul> <li>a) Sample collection, processing and preservation.</li> </ul>
<ul> <li>b) Precautions to be taken in clinical laboratory</li> <li>c) Hematological analysis.</li> </ul>
<ul> <li>d) Biochemical analysis of various samples.</li> </ul>
e) Microbiological analysis of samples.
I also agree that a trained technologist shall be assigned for his /her guidance.
(Apprentice Master)
(Apprentice Master)
Section IV Name and address of Institution
and k a
I certify that
Hay see pary
Head of the Irdining Institution

4 Section V

I certify that Manpuel Kaun has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules

Date. 21.8.23

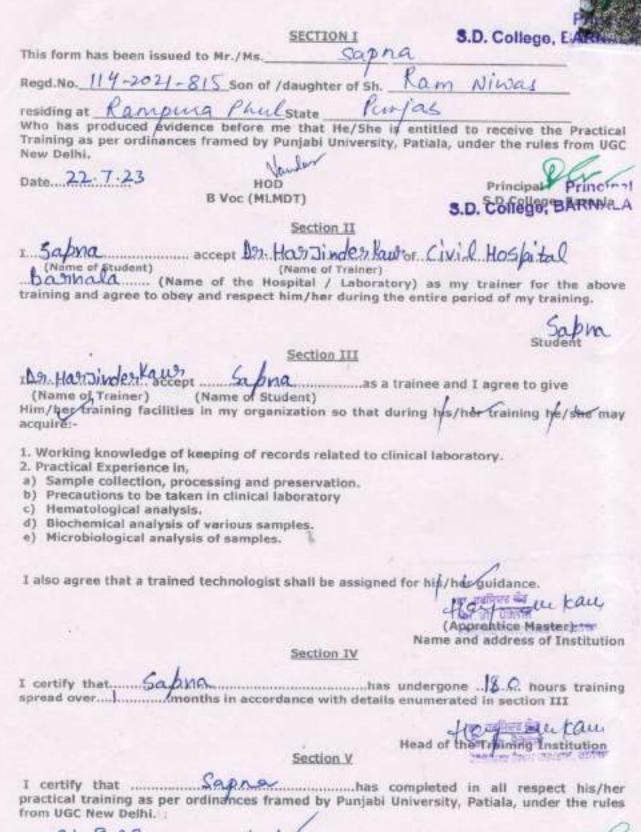
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HOD Vander

Principal

### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



Date 21.8.23

Van HOD B Voc (MLMD)

Principal S.D.College

### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

SECTION 1



This form has been issued to Mr./Ms	Sunch	Kaus S.D. C	OIL CARRALA
Regd.No. 114-2021-817 Son of /	daughter of Sh	Gurmeet	single
residing at <u>Baunala</u> Who has produced evidence before m	State Pur	Yab	0
Training as per ordinances framed by P New Delhi.	unjabi University, P	atiala, under the	rules from UGC

Date

HOD B Voc (MLMDT)

Section II

Sumeh Kaus accept Dar. Hass Jinderkaussor Civil Hospital (Name of Trainer) Banna (Name of Trainer) (Name of Trainer) as my trainer for the above

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

Sunch Kaus

S.D. College, BARNALA

#### Section III

I. Dr. Har Jinder Kaur Sunch 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.

Acoptante kay Name and address of Institution

Section IV

I certify that..... spread over........months in accordance with details enumerated in section III

May me paur

Head of the Training Institution

Section V

practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date. 21.8.22

HOD

8 Voc (MLMDT)

rincipal Principal S.D.College, (Barr

	de
S.D.COLLEGE, BARNALA	-
PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST	20
FIP I	
This form has been issued to Mr./Ms. Ramandeep Sharmes	
Regd. No. 114-2020-850 son of / daughter of sh. Ashok Kumar Sh	Alma
residing at <u>Bagnala</u> State <u>Punjois</u> Who has produced evidence before me that He/She is entitled to receive the Prace Training as per ordinances framed by Punjabi University, Patiala, under the rules from New Delhi. Date. 22.7.23 HOD Principal Prince	tical UGC
S.D. Conegoy where	MALA
Section II I Rammudeep Alasma, accept Dr. Hary index Keys of Guil Hospital (Name of Student) (Name of The Hospital / Laboratory) as my trainer for the at training and agree to obey and respect him/her during the entire period of my training. Section III IDF. Herjindeet accept Rammudeef Marmaas 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 acquire:- 1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in,	an .
<ul> <li>a) Sample collection, processing and preservation.</li> <li>b) Precautions to be taken in clinical laboratory</li> <li>c) Hematological analysis.</li> <li>d) Biochemical analysis of various samples.</li> <li>e) Microbiological analysis of samples.</li> </ul>	
I also agree that a trained technologist shall be assigned for his/Her guidance.	
I certify that Ramaudely charma has undergone to hours train spread over months in accordance with details enumerated in section III	and a second
spread over	4 E.

Section V

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

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HOD Vander

Principal

incipal

PRACTICAL TRAINING CONTRACT FOR	
SECTI	ON I S.D. College, With A
This form has been issued to Mr./Ms.	suprect Kang
This form has been issued to Mr./Ms. 41. Regd.No. 114-2021-807 Son of /daught residing at <u>Sanguu</u> State	erorsh. Margalet Singh
residing at Sanguer State	funial
Who has produced evidence before me that Training as per ordinances framed by Punjabi I New Delhi.	Line Justice and the second seco
Nonder	Sinversity, Patiala, under the rules from UGC
Date 2.2 7.23 HOD	Principal Principal
B Voc (MLMDT)	S.D. Colleges BARNALA
Sectio	LI
I. Anshprist. kaun acceptOH: Hongin (Name of Student) (Name of the Hospital / training and agree to obey and respect him/her	Trainer)
	Sudent Bury
Section	III
I. DN: Howinder accept POLDp.Host. bou (Name of Trainer) (Name of Student) Him/her training facilities in my organization acquire:-	Manas a trainee and I agree to give so that during his/her training he/she may
1. Working knowledge of keesing of several	
<ol> <li>Working knowledge of keeping of records rel.</li> <li>Practical Experience in,</li> <li>Sample collection, processing and preservat</li> </ol>	linn
<ul> <li>b) Precautions to be taken in clinical laborator</li> <li>c) Hematological analysis.</li> </ul>	v
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
	Jacobier Mus. hou
	(ADErentice Masteriorer
Section	Name and address of Institution
Anthony & Inch	Company of the second s
spread over	th details enumerated in section III
	flang man ban
Section	Head of the Training Institution
I certify that Arshpreet kaur	
practical training as per ordinances framed by from UGC New Delhi.	

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Date. 21.8.23

HOD Vander

Principal

Principal

S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST This form has been issued to Mr./Ms. <u>Tagduep</u> Singh S.D. Colloga Regd.No. 114-2021-986 Son of /daughter of Sh. <u>Davinder Singh</u> residing at <u>Dhanaula</u> State Runjab S.D. Colloga BARNAL 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 mar Date. 19.6.23 HOD Principal B Voc (MLMDT) S.B. SolesnelarnelaRNAL Section II I. Jag deep Singh accept & Haxfinder Kausor Civil Hospilal (Name of Trainer) Balmala..... (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. lagdeeb arm Student Section III 1 An Hayunder Kaur (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. any mentan (Apprentice Master) Name and address of Institution Section IV spread over......months in accordance with details enumerated in section III Head of the Training Institution Section V I certify that <u>Jag deep Cuich</u> has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules Date 20 7.23

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Vandar HOD

Principal

PRACTICAL TRAINING CONTRACTOR	i.
PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST	s
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	r
SECTION I S.D. College BARMALA	
This form has been issued to Mr. /Ms. Ameit preet Kauc	-
This form has been issued to Mr./Ms. <u>AMELT prest</u> B.D. College, BARNALA Regd.No. 114-2021-806 Son of / daughter of Sh. <u>Ranjit Singly</u>	
residing at <u>Bachala</u> State <u>funjab</u> , Who has produced evidence before me that Halla	
Who has produced evidence holes V	
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 Namber HOD	
B Voc (MI MDT) Principal Principal	
S.D. College, BARMANA	
Anuilhead theme	
I. Anwithred Kutt accept Dr. Havindatt Kautt of Civil Hospital	
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training and agree to obey and respect him/her during the entire period of my training.	
Amoutpreekawy	
Section III	
(Name of Trainer) (Name of Student) (Name of Student)	
(Name of Trainer) (Name of Student)	
Him/her training facilities in my organization so that during his/her training he/she may	
1. Working knowledge of keeping of records related to clinical laboratory. 2. Practical Experience in,	
a) Sample collection, processing and accounts	
<ul> <li>b) Precautions to be taken in clinical laboratory</li> <li>c) Hematological analysis.</li> </ul>	
<ul> <li>d) Biochemical analysis of various samplas</li> </ul>	
e) Microbiological analysis of samples.	
I also agree that a trained technologist shall be assigned for his her guidance.	
Jan de kan	
के. उबीसरव सेख' 107 11 23	
Name and address of Inettution	
Decoon IV	
I certify that Ameripred Kowi	
spread over	

Section V

Head of the

Date. 21.8.23

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HOD Ander

Principal Principal

Institution

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S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST S.D. College, BARNAL SECTION I This form has been issued to Mr./Ms. Lakhvik Kaur 114-2022 - 879 Son of / daughter of Sh. Koy Regd.No. Singh residing at Bakhat gash State 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 Date. 19.6.23 Principal S.D. College, Barnata Principal S.D. College, BARNALA B Voc (MLMDT) Section II Lakbur kauraccept & Hazjinder kaur of Civil Hospilal training and agree to obey and respect him/her during the entire period of my training. student faur Section III 1 Ar Hayinder Kauscept ... Lakhver 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 hs/her training he/she may 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. (Appointice Master) Name and address of Institution Section IV I certify that Lakhvir Kaur has undergone 180 hours training spread over.......months in accordance with details enumerated in section III Handren Can Head of the Stelling Institution Section V Lakhvy Ka I certify that ..... .........has completed in all respect his/her practical training as per ordinances framed by Punjabl University, Patiala, under the rules Date. 20 . 7.23 HOD D-CHOR

B Voc (MLMDT

Principal

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

S.D. Coll This form has been issued to Mr./Ms.\_\_ khushpreet Kang Regd, No. 114-2022 -868 son of / daughter of sh. Manjit Singh residing at \_ Shanaula Junias State\_ 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 Vanter Date 19.6.23 HOD Principal B Voc (MLMDT) S.D.College, Barnala rincipal S.D. College, BARNALA Section II hushpreet Caustreps Dr. Harjinder Kamer Civil Hospital (Name of Trainer) (Name of Trainer) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above (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. thuckpeert bain Student Manjinder Kaun Iba Mancept Khushpreet Kain as a trainee and I agree to give Him/her training facilities in my organization so that during his/her training be/she may 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 khushpreet kaur has undergone 180 hours training spread over.........months in accordance with details enumerated in section III 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

HOD B Voc (MIMD

Principal

#### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TE CHNOLOGIST



	SECTION I		8.D. C-14	
This form has been issued to Mr./Ms.	Bhumi	Sench.		and first with
Regd.No. 114-2022-893 Son of	/daughter of sh	Huberh	kunner	
residing at <u>Baugnala</u> , Who has produced evidence before Training as per ordinances framed by New Delhi.	State	ab		al
Date 19.6.23 HC B Voc (ML	under DD		indiana Th	2/
5 VOC (111	and the second	S.	D.College, Barnala B.D. College, B	ATTALA
DI II	Section II			
I. Bhuni Stugt accept A	(Name of Trainer)	Sor Civil !	tospitel	
training and agree to obey and respect	acaded 1 to t	the state of the second state of the second state of the		e
a sector every and respect	the during th	e entire period	of my training.	
			Rhundinger	
	Section III		Student	
(Name of Trainer) (Name of St Him/ber training facilities in my orse	i Singh as a t	rainee and I ag	ree to give	
Him/her training facilities in my orga acquire:-	nization so that du	aring his/ber tr	aining he/he may	,
1. Working knowledge of keeping of re 2. Practical Experience in	cords related to clin	nical laboratory	S. 4	
a) Sample collection, processing and	manantion			
<ul> <li>b) Precautions to be taken in clinical i</li> <li>c) Hematological analysis.</li> </ul>	aboratory			
<li>d) Biochemical analysis of various sar</li>	mples.			
e) Microbiological analysis of samples				
		1		
I also agree that a trained technologis	t shall be assigned	for his/her guid	lance.	
		Hay	-derkan,	
		Name and add	ice Master) fress of Institution	
	Section IV			
I certify that Bhumi Smill spread over months in accord	dance with details of	indergone LSD	hours training	

Head of the Training Institution Section V

Bhumi Su I certify that ..... practical training as per ordinances framed by Punjabi University, Patiala, under the rules

20.7.23 Date

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HOD B Voc (MLMDT)

Principal Principal

Infall

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

SECTION I



This form has been issued to Mr./Ms.

Regd.No.114-2022-	900 Son of /daughter of	sn. Pavinder pal
residing at Brucho	da. Sinta Pres	linh
Training as per ordinance New Delhi.	ence hefore me that M.	Ne is entitled to receive the Practical rsity, Patiala, under the rules from UGC
10 1 00	Nador	

Date....

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HOD B Voc (MLMDT)

Principal inal S.B. Colles BattanALA

Section II

- I. Palak accept .S Haynder Kannor Civil Hespitel (Name of Student) (Name of Trainer) Bosinelo.... (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.

alak Student

#### Section III

in Haginder kaur (Name of Trainer) (Name of Student)

Hm/her training facilities in my organization so that during he/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

spread over..........months in accordance with details enumerated in section III

Head of the Training Institution

Section V

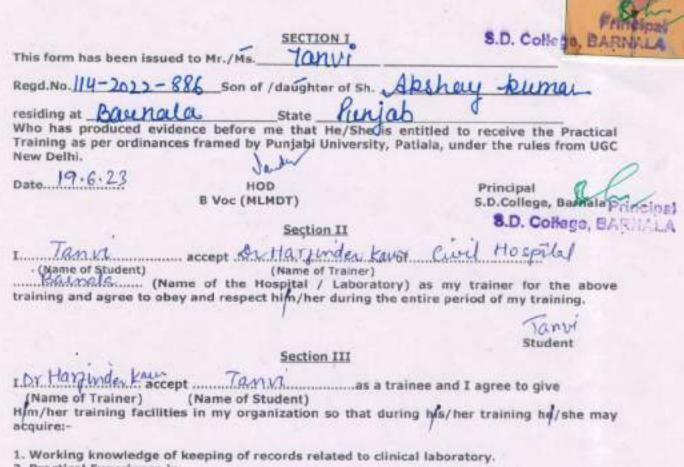
Jak I certify that ..... practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date. 20 . 7. 23

HOD B Voc (MLMDT)

Principal rincipal D Collo

#### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



- 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.

Harrie Master)

Name and address of Institution

Section IV

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

Head of the fraining Institution

Section V

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

Principal

S.D.COLLEGE, BARNALA
PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST
This form has been issued to Mr./Ms. Sukhulis Kaus
Regd. No. 114-2022- 884 Son of / daughter of Sh. Gurmel Sengh
residing at <u>Thulicual</u> Barnolestate <u>lunjab</u> Who has produced evidence before me that He/She's 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 Principal PP
B Voc (MLMDT) Principal S.D.College, Barnalar rincipal
Section II S.D. College, BARNALA
I. Cukhry Kaur accept & Harfinder kauror Civil Hospites (Name of Student) (Name of Student) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training. Subhuir kaur
Student
Section III
(Name of Trainer) (Name of Student)
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during he/her training he/she may acquire:-
<ol> <li>Working knowledge of keeping of records related to clinical laboratory.</li> <li>Practical Experience in,         <ul> <li>Sample collection, processing and preservation.</li> <li>Precautions to be taken in clinical laboratory</li> <li>Hematological analysis.</li> <li>Biochemical analysis of various samples.</li> <li>Microbiological analysis of samples.</li> </ul> </li> </ol>
I also agree that a trained technologist shall be assigned for his /her guidance.

kau. (Apprentice Master)

Name and address of Institution

Section IV

Sukhv I certify that ..... 

flag in pau

Head of the Training Institution

Section V

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.

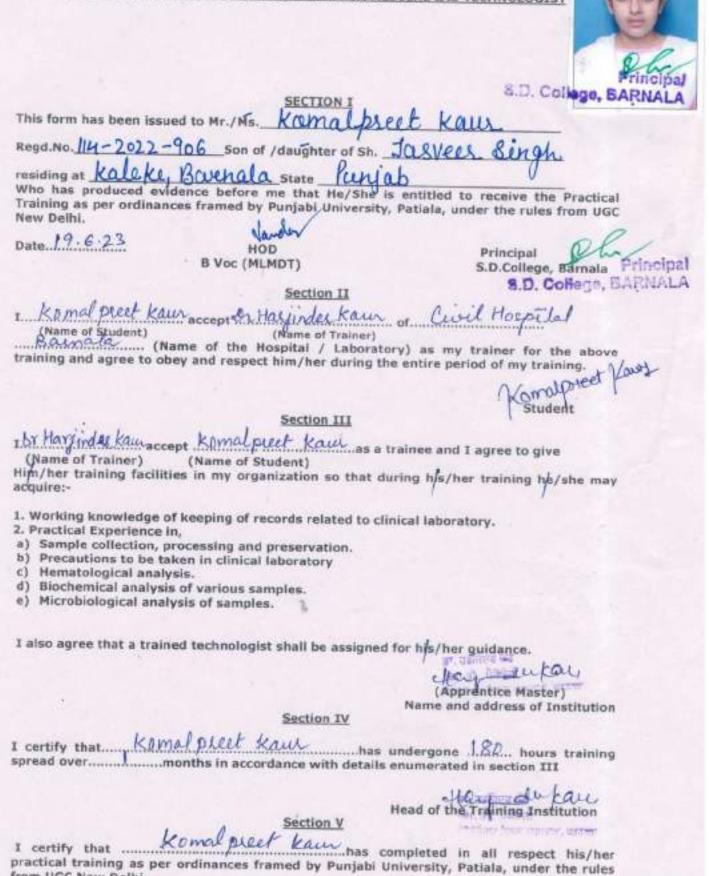
20.7.23 Date ...

HODVanda

(MI MD)

Principal Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



from UGC New Delhi. Date 20 -7 23

B Voc (MLMDT

Principal Principal S.D. G.D. Collegeta BARMALA

S.D.COLLEGE, BARNALA	
PRACTICAL TRAINING CONTRACT FORM FOR MEDICA	LAB TECHNOLOGIST
CECTION A	S.D. Colle 10, BARNALA
This form has been issued to Mr./Ms. Manpulet	Kaue
Regd.No. 114- 2022 -869 Son of / daughter of Sh. Bo	alwinder Singh
residing at <u>Kaleke</u> State <u>Purjab</u> Who has produced evidence before me that He/She k and	d
Training as per ordinances framed by Punjabi University, Pati New Delhi.	lala, under the rules from UGC
Date 19.6.23 HOD	
B Voc (MLMDT)	S.D.College, Bardala Principal
Section II	S.D. College, BARNALA
I. Mano Heet Yous accept Det Hoej mdCl. kow of (Name of Student) (Name of Trainer) (Name of Student) (Name of the Hospital / Laboratory) is training and agree to obey and respect him/her during the ent	as my trainer for the above
	Manpskeet Kaws
Section III	Student
I. PAY Han jurder accept Monpycet touth as a trainer (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during acquire:-	
<ol> <li>Working knowledge of keeping of records related to clinical</li> <li>Practical Experience in,         <ul> <li>Sample collection, processing and preservation.</li> <li>Precautions to be taken in clinical laboratory</li> <li>Hematological analysis.</li> <li>Biochemical analysis of various samples.</li> <li>Microbiological analysis of samples.</li> </ul> </li> </ol>	laboratory.
I also agree that a trained technologist shall be assigned for h	s/her guidance.
	Hay dutary
. Na	(Apprentice Master) me and address of Institution
Section IV	ine and address of Institution
I certify that Manpleet Kau has under spread over months in accordance with details enum	nerated in section III
	Hay dutan
Head	of the Training Institution
Man Keet to	
I certify that Manpreet Kaun has comple practical training as per ordinances framed by Punjabi Univer	eted in all respect his/her rsity, Patiala, under the rules

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from UGC New Delhi. Date. 20.7.23

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HOD B VOC (MLMDT)

Principal Principal S.D.College Ran alan.

S.D.COLLEGE. B	
PRACTICAL TRAINING CONTRACT FORM F	
	OR MEDICAL LAB TECHNOLOGIST
This form has been issued to Mr./MsShive	S.D. College BARMALA
Regd.No. 11 4 - 2-02 2 - 87 ) Son of /daughter of	haran singh
residing at Charwahi State	Ish. Jogenold Singh
Who has produced evidence before me that He/ Training as per ordinances framed by Punjabi Univ New Delhi.	ruyas.
Date 19.6.23	~ /
B Voc (MLMDT)	Principal S.D.College, Barnala Principal
Section II	
I. Shive Mane of Student) (Name of Training and agree to obey and respect him/her duri	16 of Civil hespitel her) poratory) as my trainer for the above ing the entire period of my training.
	April
IDI Hayunder bau (Name of Trainer) (Name of Student) Him/her training facilities in my organization so th acquire:-	Student as a trainee and I agree to give nat during his/her training he/she may
1. Working knowledge of keeping of records related 2. Practical Experience in.	
2. Practical Experience in, a) Sample collection	to clinical laboratory.
<ul> <li>a) Sample collection, processing and preservation.</li> <li>b) Precautions to be taken in clinical laboratory</li> <li>c) Hematological analysis.</li> </ul>	
<ol> <li>Biochemical analysis of various samples</li> </ol>	
e) Microbiological analysis of samples.	
I also agree that a trained technologist shall be assig	aned for his/her guidance.
	Apprentice Master) Name and address of Institution
Leasting the Phillippen & d	
I certify that Shircharen Such	as undergone 180 hours training ails enumerated in section III
Section V	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

Date. 20 . 7. 23

HOD

B Voc (MEMDT)

Principal

R.

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI

SECTION I Shina This form has been issued to Mr./Ms. Collega BA Regd.No. 114-2022- 870 Son of / daughter of Sh. Sait residing at Muzaffanagay state Uttac pradesh who has produced dvidence 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, Vanter HOD Principal B Voc (MLMDT) S. S. DIECHIGGE BARNAL Section II accept Ar Har finder Kamor Civil Hospile (Name of Stydent) (Name of Trainer) training and agree to obey and respect him/her during the entire period of my training. Student Section III Intr Harzunder Kourscept Stumal 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.

(Apprentice Master) Name and address of Institution

Section IV

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Head of the Training Institution

Section V

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

20.7.23

Vanto

Principal

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S.D.COLLEGE, BARNALA PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TE SECTION 1 This form has been issued to Mr./Ms. Azeem S.D. Colles Regd.No. 114-2022 - 889 Son of / daughter of Sh. Mehbonh residing at <u>Barnals</u> State <u>Punjab</u> 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, HOD Date. 19.6.23 Principal B Voc (MLMDT) S.D. COREGO, BARNALA Section II (Name of Student) (Name of Trainer) (Name of Trainer) Box 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 (Name of Trainer) (Name of Student) as a trainee and I agree to give (Name of Student) Him/her training facilities in my organization so that during his/her training he/site may acquiret-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) Blochemical 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 spread over........months in accordance with details enumerated in section III Head of the Training Institution Section V

20.7.23 Date

Principal

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	S.D.COLLEGE			Incipal
This form has been is	sued to Mr./Ms. Harch	NI deep kane	S.D. College, BA	RNALA
	2-875 on of / daughter	the second	circh	
residing at has	wahiState widence before me that H ances framed by Punjabi U	Baenale	0	tical UGC
Date. 19.6.23	HOD B Voc (MLMDT)		Principal	Principal
	Section	17	S.D. College, Barna	BARNALA
101 Hasjurder kaus	(Name of the Hospital / obey and respect him/her of Section ) coept <u>Hayshdeep kaw</u> (Name of Student) lities in my organization so	LII Lias a trainee and	I agree to give	up Kaur
<ul> <li>a) Sample collection,</li> <li>b) Precautions to be to</li> <li>c) Hematological ana</li> </ul>	processing and preservation taken in clinical laboratory alysis. sis of various samples.		tory.	
I also agree that a trai	ined technologist shall be a		guidance. These day	-
	Section 1	Name and	entice Master) address of Institut	ion
I certify that	ushdeep kaun months in accordance with	has undergone details enumerated	1.80 hours train in section III	ing
I certify thatHa	ushdeep kaur months in accordance with Section 1	Head of the	Training Institution	
I certify that	Months in accordance with	Head of the	Training Institution	

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# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	ed to Mr./Ms. Tarshpilet	
Regd.No. 114-2022-	885 Son of / daughter of Sh.	
residing at Loha- Who has produced evid Training as per ordinand New Delhi.	dence before me that He/She s ses framed by Punjabi University, I	
Date11:9:23	HOD B Voc (MLMDT)	Principal S.D.College, Barnala rincipal
	Section II	S.D. College, BARNALA

Section II

Tarshpriet Kauraccepe Dr. Harjinder and Civil hespital Barnals (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

der fall

11/23

#### Section III

I. Dr. Harjinder accept Tarphpriet tau as a trainee and I agree to give Hm/her training facilities in my organization so that during his/her training he/she may

- 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

spread over......Brit......months in accordance with details enumerated in section III

Section V

de tau Head of the Traiting Institution VS 16/14

(Apprentice Master)

लेकर, जो. येक्सांसी

Name and stadiess of Institution

practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Vanden

HOD

Principal

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S.D.COLLEGE, BARNALA
PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST
This form has been issued to Mr./Ms. Rupali S.D. Colle go. BARNALA
Regd. No. 114-2022 - 865 Son of / daughter of Sh. Raj Kumar
residing at <u>Dhanuala</u> State <u>Unja6</u> . 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
Date. 11.9.28 North
B Voc (MLMDT) Section II Principal S.D. College, Barnala PHIncipal S.D. College, BARNALA
I. Rupali (Name of Student) (Name of Student) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.
I.Sn. Har jinder accept Rupali 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:-
<ol> <li>Working knowledge of keeping of records related to clinical laboratory.</li> <li>Practical Experience in,         <ul> <li>Sample collection, processing and preservation.</li> <li>Precautions to be taken in clinical laboratory</li> <li>Hematological analysis.</li> <li>Biochemical analysis of various samples.</li> </ul> </li> <li>Microbiological analysis of samples.</li> </ol>
I also agree that a trained technologist shall be assigned for his/her guidance.
I certify that
I certify that Rupeli has completed in all respect his/her
from UGC New Delhi. Date12:10:2.3 Vauder

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### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



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Regd.No. 114-2022-88	Son of /daughter	of sh. Sam	when singh	
residing at Herike	State	Punias	0	
Who has produced eviden Training as per ordinances New Delhi.	ce before me that H framed by Punjabi Ur	e/She is entit liversity, Patia	led to receive the P la, under the rules fr	ractical om UGC
Date. 11.9.23	your			001
and the second sec	B Voc (MLMDT)		Principal S.D.College, Bi	aradia Princip
	Section	**	S.D. Col	ege, BARNAI
WORLD ROOM		-		-
(Name of Student)	(Name of T		avri haspital	Bannala
	e of the Hospital / I	Laboratory) as	s my trainer for the	above
training and agree to obey	and respect him/her d	luring the entir	re period of my training	ng.
			Rek	hakawi
	Section )	TT	Studen	t
One Identicades have				
(Name of Trainer)	(Name of Student)	as a trainee	and I agree to give	
m/her training facilities	in my organization so	that during b	hs/her training he/s	he may
scquire:-			-1-	
I. Working knowledge of k	neping of records relat	ed to clinical la	aboratory.	
<ol> <li>Practical Experience in,</li> <li>Sample collection, proc</li> </ol>				
<li>b) Precautions to be taker</li>	in clinical laboratory	on.		
<ul><li>c) Hematological analysis</li></ul>	•			
<ul> <li>d) Biochemical analysis of e) Microbiological analysis</li> </ul>	s of samples.			
	ere and the set			
I also agree that a trained	technologist shall be	ssigned for hi	her guidance	
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		Nan	(Apprentice Master) ne and address of the	( Bitutia
	Section	IV	nier, st. Mattel	
	1.		Annual contract T	SD and
certify thatRubha	KAUT.	the second second design of the second	1871	A CONTRACTOR OF

I certify that <u>Rekha Kaun</u> has completed in all respect his/her from UGC New Delhi.

Date. 12:10:23

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HOD

Principal

### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

S.D. Collec Ashdeep Singh This form has been issued to Mr./Ms. Harder sing Regd.No. 114-20 22 - 86 | Son of /daughter of Sh. Punjab. residing at \_\_\_ Cheema State 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 нор Principal B Voc (MLMDT S.D.College, Barnara Frincing! Section II & Haywou fee S.D. Cottage, SARMALA Name of Student) (Name of Trainer) ......Bannala....... (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 Section III Haypinder barry And Las 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. spread over .................months in accordance with details enumerated in section III Head of the Training Institution Section V I certify that Asshdeep Such has completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules

Date 20 . 7.23

from UGC New Delhi.

HOD

Noc (MI MITT)

Principal Principal

### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

		SECTION	T		ege, LAMM	UALA 1
This form has b	een issued to Mr./M	AKael	depp	singly		
Regd.No.114-	2022-861 so	n of /daughter c	of sh. Karo	amilt	Singh	
residing at	Barnala	State	runias	1	U	
who has produ	ordinances framed	by Punjabi Univ	/She is entitle versity, Patiala	d to receive, under the	rules from U	ical IGC
Date 19.6.2	2	Hander		Princi	pal	Dur.

Section II

Alepsingh accept Or Harfunderkam or Civil Hospital (Name of Student) (Name of Trainer)

A Kash deep Engh

S.D. College, Barnala B.D. College, BARNA

#### Section III

(Name of Trainer) (Name of Student)

Him/her training facilities in my organization so that during his/her training he/se may

1. Working knowledge of keeping of records related to clinical laboratory.

B Voc (MLMDT)

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 this/her guidance.

(Apprent/ce Master) Name and address of Institution

Section IV

I certify that Akachdeep Cruch has undergone ISP hours training spread over months in accordance with details enumerated in section III

Section V

Head of the Training Institution

Date 20 .7.23

HOD

B Voc (MI MDT)

Principal Principa

## PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

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Principal S.D.College, Barn Principal

This form has been issued to Mr./Ms	<u>section i</u> Yatish		8.D. College	Contraction of the local division of the loc
Regd.No. 114-2022-863 Son of			e kum	au
residing at <u>Chriniwal kalar</u> Who has produced evidence before in Training as per ordinances framed by New Delhi. Date	State Pun ne that He/She Punjabi Universit	as s entitled to r y, Patiala, unde	acalus the D	actical n UGC
	Section II		S.D. Cone	ge, BALGALA
I. Yatish. Jaim accept	(Name of Trainer)	ory) as my tr	ainer for the	above
	Section III		Student	
1. An: Hanyi rider accept Yatish. (Name of Trainer) (Name of Str Him/her training facilities in my organ acquire:- 1. Working knowledge of keeping of re- 2. Practical Experience in, a) Sample collection, processing and p b) Precautions to be taken in clinical 1 c) Hematological analysis. d) Biochemical analysis of various sam e) Microbiological analysis of samples	ident) nization so that c cords related to c preservation. aboratory nples.	luring his/ber I	training he/she	n may
cy incrobiological analysis of samples				
I also agree that a trained technologist	Section IV	(Apprei Name and a	Nice Master) Grae of Institution (. st. United () (. st. United ()	11/3
spread over	dance with details	Senumerated in Head of the Tr	by du ajuting Instituti H. st. United (0)	tau inter
from UGC New Delhi.	1	completed in University, Pati	all respect hi ala, under the	s/her rules
Date 12:10:23 HOD B Voc (MLN		P		Principal

B Voc (MLMDT)

C D COLLEGE	
PRACTICAL TRAINING CONTRACT FORM FO	R MEDICAL LAB TECHNOLOGIST
	S.D. College BARNALA
CECTION -	SURVIYED THE
This form has been issued to Mr./Ms. Havena	phleon kan
Regd.No.114-2022-903 Son of /daughter of	sh. Briebal Singl
Who has produced evidence before me that He/S Training as per ordinances framed by Punjabi Univer New Delhi.	he is entitled to receive the Practical
New June O	and, ratia, under the rules from UGC
Date/1:9:2.5 B Voc (MLMDT)	Principal Rh
	S.D.College, Barnala Principal
Section II	S.D. College, BARNALA
(Name of Student) (Name of the Honging)	er have civil perpetal Barnala
(Name of the Hospital / Labo training and agree to obey and respect him/her durin	ratory) as my trainer for the above
	s and antike period or my training.
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Section III	Scuttent
(Name of Trainer) (Name of Student)	s a trainee and I agree to give
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that acquire:-	t during his/her training he/she may
1. Working knowledge of keeping of second	
a) Sample collection, processing and	connear naboratory.
<ul> <li>b) Precautions to be taken in clinical laboratory</li> <li>c) Hematological analysis,</li> </ul>	
d) Biochemical analysis of various complete	
e) Microbiological analysis of samples.	
I also agree that a trained technologist shall be assign	ed for hts/her guidance.
	the here
	(Apprentice Master)
Section IV	Name protote dates of Institution
I certify that	Next Server Brons - Children - Martin
Section V	Head of the Training Institution
Tomate and the local land	hard - here some sider

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I certify that Have sobhleen Kaun 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

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Principal RK

# PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

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This form has been is	sued to Mr./Ms	Kulnei,	nder		
Regd.No.114-2022					
residing at <u>Rom</u> Who has produced of Training as per ordin New Delhi.	pura pidence before a	_State Pu	njab J	U	actical m UGC
Date. 11. 9.2.3	B Voc (MLM	IDT)		Principal S.D. College, Ba S.D. College	HARNAL
· VINIST IS		Section II	anna		
I. Kulusindet (Name of Student) training and agree to	Name of the Ho	enital ( Laborat		y trainer for the	above
				Studient	indu kaur
1. An. Hanginden a		Section III			
Him/her training faci acquire:- 1. Working knowledge 2. Practical Experience a) Sample collection, b) Precautions to be c) Hematological and d) Biochemical analy e) Microbiological and	itties in my organ of keeping of rec in, processing and p taken in clinical la alysis. sis of various sam alysis of samples.	ords related to c reservation. boratory ples.	luring bis/I	ter training hé/sh	e may
I also agree that a tra	ined technologist	shall be assigned	for his/he	r guidance.	
I certify that Ku	lwindon t	Section IV	Name ag	Prentice Master) Managements of Institution, st. Utilian (S) (1)	tution
			1.10	they der to	
		Section V		etilianen instituti K.st. प्रेकेसेनी 8/00	InA
I certify that	er oruniances fran	ned by Punjabi i	ompleted N	Maar dues caure, war	N .
Date.12:10:23	Hodante				
	HOD			Principal	16

B Voc (MLMDT)

Principal

S.D.College Bargala

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	COLLEGE, BARNALA	AL LAB TECHNOLOGIST	0
This form has been issued to Mr./Ms Regd.No. <u>114-2022-876</u> Son of	SECTIONI	S.D. College Kauc	
Read. No. 114-2022- 876 Son of	/daughter of Sh. S	hamshee Sike	260
residing at <u>Downals</u> Who has produced evidence before r Training as per ordinances framed by New Delhi. Date. 11.9.2.3 HO B Voc (ML)	StatePurya ne that He/She islen Punjabi University, Pat Jaw D MDT) <u>Section II</u>	Principal S.D. College, Ba	ractical om UGC Principal ege, BARNALA
INaw jotKaun accept (Name of Student) (Name of the Ho training and agree to obey and respect	(Name of Trainer) ospital / Laboratory)	as my trainer for the	above
	Section III		
I.Dn: Hanyindez accept Naw jon (Name of Trainer) (Name of St Him/her training facilities in my orga acquire:-	udent)	1	he may

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.

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(Apprentice Master) Name and addition के Institution लेल. जो. प्रेक्तेली ि।।।/२

Head of the Training Institution

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Section IV

Section V

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

Vande

HOD

Date 12:10:23

Principal

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10/11/20

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	S.D.COLLEGE.	BADNALA		
PRACTICAL TR	RAINING CONTRACT FORM		TECHNOLOGIC	
	ued to Mr./Ms. ALM 2-87 Son of /daughter			THE REAL PARTY
LUL Deb	D = 07	aun sing	~	
Regd.No. 119-202	Son of /daughter	of sh. Sukho	teep sigh	
rearing at Dourn	State	140,06		
Training as per ordinar New Delhi. Date	vidence before me that He nces framed by Punjabi Un Norder HOD B Voc (MLMDT)	e/She is entitled iversity, Patiala, u	Inder the rules fro	om UGC
	o voc (memor)		S.D.College, B.	rnala Principal ege, BARNALA
	Section			
(Nume or Builderig)	Name of the Hospital / L bey and respect him/her d	aboratory) as m	y trainer for the eriod of my trainin	above ig.
			Armea	
1.1	Section I	ш	Studen	t
Him/her training facilit acquire:- 1. Working knowledge ( 2. Practical Experience a) Sample collection, p	of keeping of records relate in, processing and preservatio aken in clinical laboratory	that during his/f	ner training he/s	e may
c) Hematological analysis	ysis. is of various samples			
I also agree that a train	ned technologist shall be as	ssigned for his/he	guidance.	
	Section I	Name ar	Martice Master) nd address of Jinst Ar. st. Danit (	itytion July
I certify that	months in accordance with	has undergone details enumerate	ARC hours to ad in section III	raining

Section V

Head of the Training Institution 

Date. 12:10:23

HOD Vande

Principa

### PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



		S.D. College	BARNALA
	SECTION I	and the second second	and the part of the
This form has been issued to Mr./Ms	Gagandeep	Kaur	
Regd.No. 114-2022-872 Son of	daughter of Sh. S	hamsher Sing	h
This form has been issued to Mr./Ms Regd.No. <u>114-2021-872</u> Son of residing at <u>Raisar</u> Who has produced evidence before r Training as per ordinances framed by 1 New Delhi. Date. <u>11.9-23</u> HOI B Voc (ML)	ne that He/She isjen Punjabi University, Pat	titled to receive the I	om UGC
	Section II		ege, BARNALA
I. LILA GANDARP KAURACCEPT AR (Name of Student) (Name of the Ho training and agree to obey and respect	(Name of Trainer)	as my trainer for the	Barnala
	Section III	Studer	IL LUCE
I. Dr.: Haryinder accept Agagan (Name of Trainer) (Name of Stu Him/her training facilities in my organ acquire:-	deep KAMZas a train ident) nization so that during	ee and I agree to give hts/her training he/s	she may
<ol> <li>Working knowledge of keeping of red</li> <li>Practical Experience in,         <ol> <li>Sample collection, processing and p</li> <li>Precautions to be taken in clinical I</li> <li>Hematological analysis.</li> <li>Biochemical analysis of various same)</li> <li>Microbiological analysis of samples</li> </ol> </li> </ol>	preservation. aboratory nples.	l laboratory.	
I also agree that a trained technologis	t shall be assigned for	hid/her guidance.	
	N Section IV	(Apprentice Master) ame and additionits of In-	sejention
		helifaste facts causes	

Section V

Head of the Training

Date. 12:10.23

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HOD Vanle

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Principal Principal