

Department of B Voc Medical Laboratory and Molecular Diagnostic Technology

Training Data 2023-24

S.No.	Name	Place of training	Date of training
B Voc MLMDT 1st year			
1.	Vansh kumar	Eishu Computerized Lab, Barnala	1/7/24-1/8/24
2.	Harjit Singh	Eishu Computerized Lab, Barnala	1/7/24-2/8/24
3.	Krishan Singh	D.M.C, Lab, Bhadaur	1/7/24-1/8/24
4.	Damanpreet Kaur	Civil Hospital, Barnala	3/7/24-4/8/24
5.	Harinder Singh	Civil Hospital, Barnala	3/7/24-4/8/24
6.	Sukhpreet Singh	Civil Hospital, Barnala	3/7/24-4/8/24
7.	Chahat	Civil Hospital, Barnala	3/7/24-4/8/24
8.	Gursahib Singh	Civil Hospital, Barnala	8/8/24-8/9/24
9.	Sahil Singh	Civil Hospital, Barnala	8/8/24-8/9/24
10.	Shivam Shukla	Civil Hospital, Barnala	8/8/24-8/9/24
11.	Sukhdeep Singh	Civil Hospital, Barnala	8/8/24-8/9/24
12.	Navjot Kaur	Friends Computerized lab, Barnala	1/8/24-31/8/24
13.	Lovepreet Singh	Friends Computerized lab, Barnala	1/7/24-31/7/24
14.	Ajmer Singh Garcha	Friends Computerized lab, Barnala	7/6/24-7/7/24
15.	Birpal Singh	Friends Computerized lab, Barnala	1/8/24-31/8/24
16.	Shammi Kumar	Mahak Computerized, Barnala	1/7/24-31/7/24
17.	Arshdeep Singh	Roop Lab, Bhadaur	1/7/24-31/7/24

Department of B Voc Medical Laboratory and Molecular Diagnostic Technology

Training Data 2023-24

18.	Lovepreet Singh	Roop Lab, Bhadaur	1/8/24-31/8/24
19.	Raj Singh	Guru Nanak Computerized Lab, Barnala	1/7/24-31/7/24
20.	Hardeep Singh	Guru Nanak Computerized Lab, Barnala	1/8/24-31/8/24
21.	Shubham Singla	Guru Nanak Computerized Lab, Barnala	1/8/24-31/8/24
22.	Shukhman Singh	Guru Nanak Computerized Lab, Barnala	1/7/24-31/7/24
23.	Priyanka Sharma	Bone Superspeciality Hospital, Barnala	7/6/24-6/7/24
24.	Nisha Goyal	Deol Computerized Lab, Barnala	1/7/24-31/7/24
25.	Husanpreet Kaur	Smart Computerized Lab, Barnala	1/7/24-31/7/24
26.	Khuspreet Kaur	Vijay Computerized Lab, Dhanaula	1/6/24-1/7/24
27.	Prince Singla	City Lab, Barnala	1/6/24-1/7/24
28.	Gagandeep Sharma	Kamal Clinical Lab, Mansa	1/6/24-1/7/24
29.	Jasdeep Kaur	Public Computerized Lab, Barnala	1/6/24-1/7/24
30.	Hardeep Singh	Vijay Computerized Lab, Dhanaula	1/6/24-1/7/24
31.	Mahekpreet Kaur	Civil Hospital, Barnala	1/6/24-1/7/24
32.	Sneha Sharma	Civil Hospital, Barnala	1/6/24-1/7/24
33.	Adarsh panday	Civil Hospital, Barnala	1/6/24-1/7/24
34.	Nishal Garg	Civil Hospital ,Barnala	1/6/24-1/7/24
35.	Jasmeen Kaur	Civil Hospital, Barnala	1/6/24-1/7/24

Department of B Voc Medical Laboratory and Molecular Diagnostic Technology

Training Data 2023-24

36.	Simran Kumari	Civil Hospital, Barnala	1/6/24-1/7/24
37.	Parneet Kaur	Vijay Computerized Laboratory	1/7/24-1/8/24
B Voc MLMDT II nd year			
38.	Bhaskar Garg	Lok Sewa Lab	1/7/24-31/7/24
39.	Palak	Civil Hospital, Barnala	3/7/24-4/8/24
40.	Jagpat Narayan Singla	Punjab Computerized Lab, Barnala	1/7/24-31/7/24
41.	Navdeep Singh	Friends Computerized Lab, Barnala	1/8/24-31/8/24
42.	Shimal Saifi	Khurmi Lab, Barnala	1/7/24-31/7/24
43.	Jindjaanpreet Singh	Khurmi Lab ,Barnala	1/7/24-31/7/24
44.	Kajal Kumari	Apex Hospital, Barnala	1/7/24-31/7/24
45.	Amandeep Kaur	Apex Hospital, Barnala	1/7/24-31/7/24
46.	Tarshpreet Kaur	Apex Hospital, Barnala	7/6/24- 7/7/24
47.	Honey	Life Care Lab, Barnala	1/7/24-1/8/24
48.	Simranjit Kaur	Civil Hospital, Barnala	3/7/24-4/8/24
49.	Arshdeep Singh	Civil Hospital, Barnala	8/8/24-8/9/24
50.	Shivcharan Singh	Civil Hospital, Barnala	8/8/24-8/9/24
51.	Iqbal Singh	Life care Lab, Barnala	1/7/24-1/8/24
52.	Lovedeep Singh	Friends computerized, Barnala	1/7/24-1/8/24
53.	Sukhvir Kaur	Al-Dua-Hospital, Malerkotla	1/7/24-31/7/24

Department of B Voc Medical Laboratory and Molecular Diagnostic Technology

Training Data 2023-24

54.	Yatish Jain	Punjab Computerized Lab	1/8/24-31/8/24
55.	Akashdeep Singh	Friends Computerized Lab	1/8/24-31/8/24
56.	Jagjeevan Singh	Punjab Hi-tech Laboratory	1/8/24-31/8/24
57.	Kulwinder Kaur	Apex diagnostics Lab	1/8/24-31/8/24
58.	Armaan Singh	Friends computerized lab, Barnala	1/7/24-31/7/24
B Voc MLMDT III year			
59.	Suneh Kaur	Grover Hi- tech Lab	2/1/24-4/3/24
60.	Shakshi	City Laboratory, Barnala	2/1/24-4/3/24
61.	Sapna	Apollo Laboratory, Rampura Phul	2/1/24-4/3/24
62.	Raj Kumari	City Health Centre, Barnala	2/1/24-4/3/24
63.	Poonam	Delhi Computerized Lab, Barnala	2/1/24-4/3/24
64.	Navjot Kaur	Eishu Computerized Lab, Barnala	2/1/24-4/3/24
65.	Manpreet Kaur	Life Care Laboratory, Barnala	2/1/24-4/3/24
66.	Manpreet Kaur	Life Care Laboratory, Barnala	2/1/24-4/3/24
67.	Jaya Sharma	Eishu Computerized Laboratory, Barnala	2/1/24-4/3/24
68.	Amritpreet Kaur	Eishu Comuterized Lab, Barnala	2/1/24-4/3/24
69.	Yuvraj Singh	Janta Computerized Lab, Barnala	2/1/24-4/3/24
70.	Arshpreet Kaur	Civil Hospital, Barnala	22/1/24- 24/3/24
71.	Jaipratap Singh Virk	Civil Hospital, Barnala	22/1/24- 24/3/24

Department of B Voc Medical Laboratory and Molecular Diagnostic Technology

Training Data 2023-24

72.	Jagdeep Singh	Eishu Computerized Laboratory, Barnala	2/1/24-2/3/24
73.	Dildeep Singh	Lok Sewa Computerized Lab, Barnala	2/1/24-4/3/24
74.	Ramandeep Sharma	Life Care Laboratory, Barnala	2/1/24-4/3/24
75.	Resham Singh	Vijay Computerized Lab, Dhanaula	2/1/24-4/3/24
76.	Eishu	Eishu Computerized Laboratory, Barnala	2/1/24-4/3/24

Nandaw

HOD
B Voc MLMDT

[Signature]
Principal

S.D. College, BARNALA



SECTION I

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

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

residing at Barnala State Punjab

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

Date...01.07.24

Vandav
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Vansh
Student

Section III

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

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

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

Rakesh K. Jindal
(Apprentice Master)

Section IV

Name and address of Institution
EISHU COMPUTERTISED LABORATORY

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

Rakesh K. Jindal
Head of the Training Institution

EISHU COMPUTERTISED LABORATORY

Section V

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

Date...01.08.24

Vandav
Nodal Officer
B Voc (MLMDT)

Pr
Principal
S.D.College, Barnala



SECTION I

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

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

residing at Joga, mansa State Punjab

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

Date 01.07.24

Vandor
Nodal Officer
B Voc (MLMDT)

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

Section II

I Harjit Singh accept Rakam K. Jindal of EISHU COMPUTERISED LABORATORY (Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Student

Section III

I Rakam K. Jindal accept Harjit Singh as a trainee and I agree to give (Name of Trainer) (Name of Student)

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

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

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

Rakam K. Jindal
(Apprentice Master)
EISHU COMPUTERISED LABORATORY

Section IV

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

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

Section V

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

Date 02.08.24

Vandor
Nodal Officer
B Voc (MLMDT)

Ph
Principal
S.D. College, Barnala



SECTION I

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

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

Date.....01.07.24

Nandan
Nodal Officer
B Voc (MLMDT)

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

Section II

I...Krishan Singh..... accept Purnoon Kaur..... of S.D. M.C. Lab
(Name of Student) (Name of Trainer)
..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Krishan Singh
Student

Section III

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

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

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

[Signature]
Virk Market, Punjab National
(Apprentice Master)
Name and address of Institution

Section IV

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

[Signature]
Dr. Virk Market, Punjab National
Head of the Training Institution

Section V

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

Date.. 01.08.24

Nandan
Nodal Officer
B Voc (MLMDT)

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



SECTION I

This form has been issued to Mr./Ms. Damanpreet Kaur S.D. College, BARNALA
Regd.No. 114-2023-1078 Son of / daughter of Sh. Hardev Singh
residing at Barnala State Punjab

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

Date. 03-07-24

Vandla
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Damanpreet Kaur
Student

Section III

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

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

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

Kamni
(Apprentice Master)
Name and address of Institution

Section IV

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

Head of the Training Institution
Senior Medical Officer
Civil Hospital Barnala

Section V

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

Date. 04-08-24

Vandla
Nodal Officer
B Voc (MLMDT)

Principal
S.D.College, Barnala



SECTION I

This form has been issued to Mr./Ms. Harinder Singh S.D. College, BARNALA
Regd.No. 114-2019-357 Son of /daughter of Sh. Baljit Singh
residing at Barnala State Punjab

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

Date 03-07-24

Vanda
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

Section II

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

Harinder Singh
Student

Section III

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

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

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

Kamni
MESTIF
(Apprentice Master)
Name and address of Institution

Section IV

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

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

Section V

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

Date 04-08-24

Vanda
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala



SECTION I

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

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

residing at Longowal State Punjab

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

Date 03-07-24

Nandan
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Sukhpreet Singh
Student

Section III

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

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

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

Kamni
(Apprentice Master)
Name and address of Institution

Section IV

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

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

Section V

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

Date 04-08-24

Nandan
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGISTS



SECTION I

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

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

residing at Lakho kalan State Punjab

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

Date. 03-07-24

Vandana
Nodal Officer
B Voc (MLMDT)

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

Section II

I. Chahat accept Ms. Kamni of Civil Hospital
(Name of Student) (Name of Trainer)

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

Chahat
Student

Section III

I. Ms. Kamni accept Chahat as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

T. Singh
Head of the Training
Senior Medical Officer
Civil Hospital Barnala

Section V

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

Date 04-08-24

Vandana
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

S.D. College, **BARNALA**

This form has been issued to Mr./Ms. Gussahib Singh
Regd.No. 114-2023-1059 Son of /daughter of Sh. Gurwinder Singh,
residing at Barnala State Punjab

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

Date...8 Aug 2024

Nandan
Nodal Officer
B Voc (MLMDT)

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

Section II

S.D. College, **BARNALA**

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

Gussahib Singh
Student

Section III

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

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

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

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

Section IV

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

Head of the Training Institution
[Signature]
ਪ੍ਰਿੰਸੀਪਲ ਆਫ ਟ੍ਰੇਨਿੰਗ ਇੰਸਟੀਚਿਓਨ
ਪਿ: ਸਿਰਲ ਗੁਰਪਤਾਲ ਬਰਨਾਲਾ

Section V

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

Date...8 Sep 2024

Nandan
Nodal Officer
B Voc (MLMDT)

Principal
S.D.College, Barnala
[Signature]



SECTION I

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

Regd.No. 114-2023-1061 Son of /daughter of Sh. Gurjant Singh

residing at Barnala State Punjab

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

Date 8.8.24

Nodal Officer B Voc (MLMDT)

Principal S.D. College, Barnala

Section II

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

Sahil Singh Student

Section III

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

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

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

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

Section IV

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

Section V

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

Date 8.9.24

Nodal Officer B Voc (MLMDT)

Head of the Training Institution S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Shivam Shukla S.D. College, BARNALA
Regd.No. 114-2023-1064 Son of / daughter of Sh. Prem Kumar Shukla
residing at Barnala State B Punjab

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

Date 8.8.24

Nandan
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Shivam
Student

Section III

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

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

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

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

Section IV

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

Section V

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

Date 8.9.24

Nandan
Nodal Officer
B Voc (MLMDT)

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



SECTION I

This form has been issued to Mr./Ms. Sukhdeep Singh
Regd.No. 114-2023-1046 Son of /daughter of Sh. Jaswant Singh
residing at Barnala State Punjab.

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

Date 8.8.24

Vandor
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Sukhdeep Singh
Student

Section III

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

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

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

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

Section IV

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

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

Section V

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

Date 8.9.24

Vandor
Nodal Officer
B Voc (MLMDT)

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

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

Regd.No. 114-2023-1078 Son of /daughter of Sh. Gurjinder Singh

residing at Bathinda State Punjab

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

Date...1.8.24

Nandan
Nodal Officer
B Voc (MLMDT)

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

Section II

I...Navjot Kaur..... accept Kuldeep Singh..... of Friends Computerised LAB
(Name of Student) (Name of Trainer)

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

Navjot Kaur
Student

Section III

I...Kuldeep Singh accept Navjot Kaur..... as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

Section V

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

Date...31.8.24

Nandan
Nodal Officer
B Voc (MLMDT)

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



SECTION I

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

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

Date 1.7.24

Vandor
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Lovepreet Singh
Student

Section III

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

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

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

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

Section IV

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

Kuldeep Singh
Head of the Training Institution
Near Civil Hospital BARNALA

Section V

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

Date 31.7.24

Vandor
Nodal Officer
B Voc (MLMDT)

Ph
Principal
S.D.College, Barnala
Principal
BARNALA



SECTION I

S.D. College, BARNALA

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

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

Date 7.6.24

Nandan
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

S.D. College, BARNALA

I Ajmer Singh Garcha accept Kuldeep Singh of friends computerised lab
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Ajmer Singh
Student

Section III

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

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

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

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

Section IV

I certify that Ajmer Singh Garcha has undergone 120h hours training spread over 06 months in accordance with details enumerated in section III

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

Section V

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

Date 7.7.24

Nandan
Nodal Officer
B Voc (MLMDT)

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Birpal Singh
Regd.No. 114-2023-1069 Son of /daughter of Sh. Nirbhair Singh
residing at Barnala State Punjab

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

Date 1.8.24

Vandor
Nodal Officer
B Voc (MLMDT)

Principal
S.D.College, Barnala

Section II

Principal
S.D. College, BARNALA

I. Birpal Singh accept Kuldeep Singh of friends computerised lab
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Birpal Singh
Student

Section III

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

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

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

Friends Computerised Laboratory
(Apprentice Master)
Name and address of Institution
Barnala
Kuldeep Singh

Section IV

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

Head of the Training Institution

Section V

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

Date 31.8.24

Vandor
Nodal Officer
B Voc (MLMDT)

Principal
S.D.College, Barnala



SECTION I

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

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

residing at Barnala State Punjab

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

Date 01/7/24

Panda
Nodal Officer
B Voc (MLMDT)

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

Section II

I. Shammi Kumar accept Manjinder Singh of Mehak computerised
(Name of Student) (Name of Trainer)

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

Shammi Kumar
Student

Section III

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

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

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

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

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

Section IV

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

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

Section V

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

Date 31/7/2024

Vander
Nodal Officer
B Voc (MLMDT)

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

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOG



SECTION I

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

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

residing at Bhadau State Punjab

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

Date...1.7.24..

Nandan
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

I. Aashdeep Singh accept Tinlochan Singh of Roop Lab Bhadaur
(Name of Student) (Name of Trainer)

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

Aashdeep Singh
Student

Section III

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

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

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

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

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

Section IV

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

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

Section V

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

Date...31.7.24..

Nandan
Nodal Officer
B Voc (MLMDT)

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



SECTION I

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

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

residing at Barnala State Punjab

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

Date...1.8.24..

Vandor
Nodal Officer
B Voc (MLMDT)

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

Section II

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

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

Lovepreet Singh
Student

Section III

I. Tarlochan Singh accept Sir Lovepreet Singh as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

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

Section V

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

Date...31.8.24..

Vandor
Nodal Officer
B Voc (MLMDT)

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



SECTION I

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

Regd.No. 114-2023-1051 Son of /daughter of Sh. Jiwan Singh

residing at Barnala State Punjab

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

Date...1.7.24

Nandan
Nodal Officer
B Voc (MLMDT)

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

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

Raj Singh
Student

Section III

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

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

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

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

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

Section IV

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

Gurjeet Singh
Head of the Training Institution
DMLT

Section V

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

Date...31.7.24

Nandan
Nodal Officer
B Voc (MLMDT)

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



SECTION I

This form has been issued to Mr./Ms. Hardeep Singh
Regd.No. 114-2023-1044 Son of /daughter of Sh. Baljeet Singh
residing at Barnala State Punjab

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

Date...1.8.24...

Nodal Officer
B Voc (MLMDT)

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

Section II

I, HARDEEP Singh accept Gurjeet Singh of Guru Nanak Computerised LAB
(Name of Student) (Name of Trainer)
(Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Hardeep Singh
Student

Section III

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

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

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

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

Section IV

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

Gurjeet Singh
Lab Technician
DMLT
Head of the Training Institution

Section V

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

Date...31.8.24...

Nodal Officer
B Voc (MLMDT)

S.D.College, Barnala
Principal
Principal
BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

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

Date 1.8.24

Vandor
Nodal Officer
B Voc (MLMDT)

Principal
Principal
S.D. College, BARNALA

Section II

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

Student

Section III

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

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

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

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

Section IV

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

Gurjeet Singh
Head of the Training Institution
Gurjeet Singh

Section V

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

Date 31.8.24

Vandor
Nodal Officer
B Voc (MLMDT)

Principal
Principal
S.D. College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Sukhman Singh
Regd.No. 114-2023-1045 Son of /daughter of Sh. Balvir Singh
residing at Barnala State Punjab

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

Date 1.7.24

Nandan
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Sukhman Singh accept Gurjeet Singh of CIVIL ENGINEERING COMPUTERISED LAB
(Name of Student) (Name of Trainer) of
(Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Sukhman Singh
Student

Section III

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

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

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

Gurjeet Singh
(Apprentice Master)
Name and address of Institution

Section IV

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

Gurjeet Singh
Head of the Training Institution

Section V

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

Date 31.7.24

Nandan
Nodal Officer
B Voc (MLMDT)

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. Nisha Goyal S.D. College, Barnala

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

residing at Barnala State Punjab

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

Date... 1.7.24

Vandor
HOD
B Voc (MLMDT)

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

Section II

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

[Signature]
Student

Section III

Karanjit Singh accept Nisha Goyal as a trainee and I agree to give (Name of Trainer) (Name of Student)

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

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

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

[Signature]
(Apprentice Master)
Name and address of the Institution
Deel Computerised Laboratory
22 Acre, Shop No. 40 Barnala

Section IV

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

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

Section V

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

Date... 31.7.24

[Signature]
HOD
B Voc (MLMDT)

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

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

S.D. College, L.

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

Date 07/06/24

Nodal Officer B Voc (MLMDT)

Principal S.D. College, BARNALA

Section II

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

Student

Section III

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

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

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

BMC Superspeciality Hospital Handiaya Road, Barnala-148101 (Pb.) (Apprentice Master) Name and address of Institution

Section IV

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

Head of the Training Institution

Section V

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

Date 06/07/24

Nodal Officer B Voc (MLMDT)

Principal S.D. College, Barnala



SECTION I

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

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

residing at Barnala State Punjab

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

Date 1.7.24

Vandur
Nodal Officer
B Voc (MLMDT)

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

Section II

I, HUSANPREET BAWA accept GURLAL SINGH of SMART COM
(Name of Student) (Name of Trainer)

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

Husanpreet Bawa
Student

Section III

I, GURLAL SINGH accept HUSANPREET BAWA as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

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

Section V

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

Date 31.7.24

Vandur
Nodal Officer
B Voc (MLMDT)

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

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

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

residing at Dharaula State Punjab

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

Date 1.6.24

Vandev
Nodal Officer
B Voc (MLMDT)

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

Section II

I Khushpreet Kaur accept Parent of Vijay Computerised
(Name of Student) (Name of Trainer)

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

Khushpreet Kaur
Student

Section III

I Parent accept Khushpreet Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

I also agree that a trained technologist shall be assigned for his/her guidance. Parent
For Vijay Computerised Laboratory

(Apprentice Master)
Name and address of Institution

Section IV

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

Parent
For Vijay Computerised Laboratory
Head of the Training Institution

Section V

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

Date 1.7.24

Vandev
Nodal Officer
B Voc (MLMDT)

Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Prince Singla S.D. College, BARNALA
Regd.No. 114-13-252 Son of /daughter of Sh. Prem Kumar Singla
residing at Barnala State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date.....1-June 24

Vandar
Nodal Officer
B Voc (MLMDT)

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

Section II

I. Prince Singla accept Dr. Ravinder Sharma of City Laboratory
(Name of Student) (Name of Trainer)
..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Prince Singla
Student

Section III

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

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

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

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

Section IV

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

For City Laboratory
Head of the Training Institution Prop.

Section V

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

Date.....1 July 24

Vandar
Nodal Officer
B Voc (MLMDT)

Principal
S.D.College, Barnala

Principal



SECTION I

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

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

Date 1 June 24

Nandor
Nodal Officer
B Voc (MLMDT)

Gh
Principal
S.D. College, BARNALA

Section II

I Gagandeep Sharma accept Manjit Singh Of Kamal Clinical Lab
(Name of Student) (Name of Trainer)
Mansa (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Student Gagandeep Sharma

Section III

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

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

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

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

Section IV

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

Manjit Singh
Kamal Clinical Lab
Near Bus Stand
BHAME KALAN (Mans)
Head of the Training Institution

Section V

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

Date 1 July 24

Nandor
Nodal Officer
B Voc (MLMDT)

Gh
Principal
S.D. College, Barnala



JASDEEP KAUR
08/03/2024

SECTION I

This form has been issued to Mr./Ms. Jasdeep kaur S.D. College, Barnala
Regd.No. 114-2023-1079 Son of / daughter of Sh. Balwinder Singh
residing at Barnala State Punjab

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

Date.....1 June 24
Nodal Officer Vandana
B Voc (MLMDT)

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

Section II

I, Jasdeep Kaur accept Kul Bhushan Gupta Public Compressed
(Name of Student) (Name of Trainer)
Kul Bhushan Gupta (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Jasdeep Kaur
Student

Section III

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

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

I also agree that a trained technologist shall be assigned for his/her guidance
Name and address of the institution Jain Market, Barnala
Public Compressed Lab

Section IV

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

Section V

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

Date.....1 July 24
Nodal Officer Vandana
B Voc (MLMDT)

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

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

This form has been issued to Mr./Ms. Hardeep Singh S.D. College, Barnala
Regd.No. 114-2023-1042 Son of /daughter of Sh. Ranbir Singh
residing at Barnala State Punjab.

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

Date...1 June 24

Nandu
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Section III

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

Student
Hardeep Singh

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

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

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

Section IV

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

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

Section V

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

Date...1 July 24

Nandu
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS



SECTION I

This form has been issued to Mr./Ms. Mahek preet kaur
Regd.No. 114-2023-1066 Son of /daughter of Sh. Gurjit Singh
residing at Barnala State Punjab

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

Date.....1 June 24

Vandor
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Mahekpreetkaur
Student

Section III

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

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

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

Kamni
(Apprentice Master)
Name and address of Institution

Section IV

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

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

Section V

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

Date.....1 July 24

Vandor
Nodal Officer
B Voc (MLMDT)

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



SECTION I

This form has been issued to Mr./Ms. Sneha Sharma
Regd.No. 114-2023-1056 Son of /daughter of Sh. Shiv Kumar Sharma
residing at Barnala State Punjab

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

Date... 1 June 24

Vandana
Nodal Officer
B Voc (MLMDT)

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

Section II

I... Sneha Sharma accept Ms. Kamni (H.T.II) of Civil Hospital
(Name of Student) (Name of Trainer)

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

Sneha Sharma
Student

Section III

I... Ms. Kamni accept Sneha Sharma as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

Kamni
(Apprentice Master)
Name and address of Institution

Section IV

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

Tamara
Head of the Training Institution
Medical Officer
in Civil Hospital Barnala

Section V

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

Date... 1 July 24

Vandana
Nodal Officer
B Voc (MLMDT)

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

Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

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

residing at Barnala State Punjab

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

Date 1 June 24

Vandana
Nodal Officer
B Voc (MLMDT)

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

Section II

I Adarsh Panday accept Ms. Kamni (MLT II) of Civil Hospital
(Name of Student) (Name of Trainer)

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

Adarsh Panday
Student

Section III

I Ms. Kamni accept Adarsh Panday as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

Kamni
(Apprentice Master)
Name and address of Institution

Section IV

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

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

Section V

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

Date 1 July 24

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI



SECTION I

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

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

Date 1-July-24

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

I Nischal Garg accept Ms. Kamni (MLTD) 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.

Nischal Garg
Student

Section III

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

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

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

Kamni
(Apprentice Master)
Name and address of Institution

Section IV

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

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

Section V

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

Date 1 July 2024

[Signature]
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

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



SECTION I

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

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

residing at 1 State Punjab

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

Date 1 June - 24

Vandar
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Jasmeen Kaur
Student

Section III

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

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

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

Kamni
(Apprentice Master)
Name and address of Institution

Section IV

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

Section V

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

Date 1- July - 24

Vandar
Nodal Officer
B Voc (MLMDT)

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

[Signature]
Principal
S.D.College, Barnala



SECTION I

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

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

residing at Barnala State Punjab

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

Date 1 June 24

Vandana
Nodal Officer
B Voc (MLMDT)

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

Section II

I Simran Kumari accept Ms. Kamni (MLT II) of Civil Hospital
(Name of Student) (Name of Trainer)

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

Simran
Student

Section III

I Ms. Kamni accept Simran Kumari as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

Kamni
(Apprentice Master)
Name and address of Institution

Section IV

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

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

Section V

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

Date 1 July 24

Vandana
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

Regd.No. 114-2022-908 Son of /daughter of Sh. Mahraj kumar

residing at Barnala State Punjab

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

Date: 1-7-2024

Nandan
Nodal Officer
B Voc (MLMDT)

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

Section II

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

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

[Signature]
Student

Section III

I, Ranjit Singh..... accept Bhaskar garg..... as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

[Signature]
For Lok Sewa Laboratory
(Apprentice Master) Prop.
Name and address of Institution

Section IV

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

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

Section V

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

Date: 31-7-2024

Nandan
Nodal Officer
B Voc (MLMDT)

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



SECTION I

S.D. College, BARNALA

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

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

residing at Barnala State Punjab

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

Date 03-07-24

Vandur
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

S.D. College, BARNALA
Principal

I, Palak accept Ms. Karni of Civil Hospital
(Name of Student) (Name of Trainer)

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

Palak
Student

Section III

I, Ms. Karni accept Palak as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

Karni
(Apprentice Master)
Name and address of Institution

Section IV

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

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

Section V

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

Date 04-08-24

Vandur
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

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

Date.....1.7.24

Vandar
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

I Jagpat Narayan Singla accept Ramesh Kumar Singla of Punjab Computerised Laboratory (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]
Student

Section III

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

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

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

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

Section IV

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

Punjab Computerised Laboratory
Head of the Training Institution
Ramesh Kumar

Section V

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

Date.....31.7.24

Vandar
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala



SECTION I

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

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

residing at Barnala State Punjab

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

Date...1.8.24..

Navdeep
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

Section II

I, Navdeep Singh accept Kuldeep Singh of Friends Computerised Laboratory (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Navdeep Singh
Student

Section III

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

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

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

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

Section IV

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

Section V

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

Date...31.8.24..

Navdeep
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI



SECTION I

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

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

Date...1.7.24

Vandav
Nodal Officer
B Voc (MLMDT)

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

Section II

I Shimal Saiji accept Manpreet Singh of Khurmi Lab
(Name of Student) (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Shimal Saiji
Student

Section III

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

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

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

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

Section IV

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

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

Section V

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

Date...31.7.24

Vandav
Nodal Officer
B Voc (MLMDT)

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



SECTION I

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

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

Date 1.7.24

Vandana
Nodal Officer
B Voc (MLMDT)

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

Section II

I Jindyaanpreet Singh accept Mandeep Singh of Khurmi Lab
(Name of Student) (Name of Trainer)

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

Jindyaanpreet Singh
Student

Section III

I Mandeep Singh accept Jindyaanpreet Singh as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

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

Section V

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

Date 31.7.24

Vandana
Nodal Officer
B Voc (MLMDT)

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

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

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

residing at Barnala State Punjab

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

Date 1.7.24

Vandana
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

[Signature]
Principal
S.D. College, BARNALA

I, Kajal Kumari accept Dr. Rajiv Chawla of Apex Hospital,
(Name of Student) (Name of Trainer)
Ranspura (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Kajal
Student

Section III

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

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

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

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

Section IV

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

[Signature]
Head of the Training Institution

Section V

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

Date 31.7.24

Vandana
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Principal
S.D. College, BARNALA



SECTION I

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

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

Date 1.7.24

Nandan
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Amandeep Kaur
Student

Section III

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

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

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

DR. RAJIV CHAWLA
Ph.D (Microbiology)
Consultant Microbiologist
& Head,
DBDC
(Apprentice Master)
Name and address of Institution

Section IV

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

DR. RAJIV CHAWLA
Ph.D (Microbiology)
Consultant Microbiologist
& Head,
DBDC
Head of the Training Institution

Section V

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

Date 31.7.24

Nandan
Nodal Officer
B Voc (MLMDT)

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



SECTION I

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

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

residing at Sangrur State Punjab

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

Date 7.6.24

Vandor
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Tarshpreet
Student

Section III

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

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

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

[Signature]
(Apprentice Master)
Name and address of Institution
DR RAJIV CHANDA
Head of the Institution
Apeex Hospital & Head
Pampura
Microbiology

Section IV

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

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

Section V

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

Date 7.7.24

Vandor
Nodal Officer
B Voc (MLMDT)

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

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



SECTION I

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

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

residing at Bathinda State Punjab

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

Date 01.07.24

Nandan
Nodal Officer
B Voc (MLMDT)

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

Section II

S.D. College, BARNALA

I Honey accept Gurpreet Singh of Life Care Lab, Cds Partap
(Name of Student) (Name of Trainer)
Munirghouse, BNL (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Honey
Student

Section III

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

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

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

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

Section IV

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

Life Care Laboratory
Gurpreet Singh
Head of the Training Institution

Section V

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

Date 01.08.24

Nandan
Nodal Officer
B Voc (MLMDT)

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



SECTION I

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

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

Date 28-07-24

Vandana
Nodal Officer
B Voc (MLMDT)

Principal
S.D.College, Barnala

Section II

I, Simranjit Kaur accept Kamni Dudeja of Civil Hospital
(Name of Student) (Name of Trainer)

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

Simranjit Kaur
Student

Section III

I, M/s Kamini accept Simranjit Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

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

Section V

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

Date 04-08-24

Vandana
Nodal Officer
B Voc (MLMDT)

Principal
S.D.College, Barnala



SECTION I

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

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

Date 8.8.24

Vandev
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

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

Aashdeep Singh
Student

Section III

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

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

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

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

Section IV

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

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

Section V

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

Date 8.9.24

Vandev
Nodal Officer
B Voc (MLMDT)

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



SECTION I

S.D. College, Barnala

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

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

Date 8.8.24

Vandor
Nodal Officer
B Voc (MLMDT)

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

Section II

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

[Signature]
Student

Section III

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

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

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

Kamni
(Apprentice Master)
Name and address of Institution

Section IV

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

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

Section V

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

Date 8.9.24

Vandor
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Iqbal Singh
Regd.No. 114-2022-1016 Son of /daughter of Sh. Jaswant Singh
residing at Barnala State Punjab

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

Date.....01.07.24

Nandan
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

S.D. College, BARNALA

I...Iqbal Singh..... accept Gurpreet Singh..... of Life Care Laboratory (Dr. Partap Nursing Home) Barn.
(Name of Student) (Name of Trainer)
(Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Iqbal Singh
Student

Section III

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

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

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

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

Section IV

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

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

Section V

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

Date 01.08.24

Nandan
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala



SECTION I

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

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

residing at Barnala State Punjab

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

Date.....01.07.24

Vandav
Nodal Officer
B Voc (MLMDT)

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

Section II

I.....Lovedeepsingh..... acceptKuldeepsingh..... of.....friends Computerised lab
(Name of Student) (Name of Trainer)
.....Barnala..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Lovedeep Singh
Student

Section III

I.....Kuldeepsingh..... acceptLovedeep Singh..... as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

Friends Computerised Laboratory
(Apprentice Master)
Name and address of Institution
15/10/24

Section IV

I certify that.....Lovedeep Singh.....has undergone180..... hours training spread over.....1.....months in accordance with details enumerated in section III

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

Section V

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

Date.....01.08.24

Vandav
Nodal Officer
B Voc (MLMDT)

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

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

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

residing at Bweenala State Punjab

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

Date 1-7-2024

Nandor
Nodal Officer
B Voc (MLMDT)

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

Section II

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

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

Sukhwir kaur
Student

Section III

I Dr. Shamshad accept Sukhwir kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

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

Head of the Training Institution

Section V

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

Date 31-7-2024

Nandor
Nodal Officer
B Voc (MLMDT)

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



SECTION I

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

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

residing at Barnala State Punjab

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

Date 1.08.24

Nanda
Nodal Officer
B Voc (MLMDT)

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

Section II

I. Yatish Jain accept Ramesh Kumar Punjab Computerised Laboratory of Punjab Computerised Laboratory
(Name of Student) (Name of Trainer)
(Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Yatish Jain
Student

Section III

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

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

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

Punjab Computerised Laboratory
66217N
(Apprentice Master)
Name and address of Institution
Ramesh Kumar

Section IV

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

NE1239
Punjab Computerised Laboratory
Head of the Training Institution
Ramesh Kumar

Section V

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

Date 31.08.24

Nanda
Nodal Officer
B Voc (MLMDT)

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

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGISTS



SECTION I

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

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

residing at Barnala State Punjab

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

Date 1-7-2024

Vander
Nodal Officer
B Voc (MLMDT)

Pr
Principal
S.D.College, Barnala

Section II

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

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

Principal
S.D. College, BARNALA

Sukhvira Kaur
Student

Section III

I Dr. Shamshad accept Sukhvira Kaur as a trainee and I agree to give

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

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

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

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

Section IV

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

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

Section V

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

Date 31-7-2024

Vander
Nodal Officer
B Voc (MLMDT)

Pr
Principal
S.D. College, Barnala



SECTION I

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

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

Date.....1.08.24

Vandur
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Section II

I.....A Kashdeep Singh..... accept Kuldeep Singh..... of Friends Computerised Laboratory
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Principal
S.D. College, BARNALA

Section III

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

Student
A Kashdeep Singh

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

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

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

Section IV

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

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

Section V

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

Date.....31.08.24

Vandur
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D. College, Barnala

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



SECTION I

S.D. College, **BARNALA**

This form has been issued to Mr./Ms. Jagjevan Singh
Regd.No. 114-2022-1017 Son of / daughter of Sh. Amrajit Singh
residing at Barnala State Punjab

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

Date...1.08.24

Nandor
Nodal Officer
B Voc (MLMDT)

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

Section II

I...Jagjevan Singh accept S. Hussain of Punjab: High
(Name of Student) (Name of Trainer)
PHC (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Jagjevan Singh
Student

Section III

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

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

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

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

Section IV

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

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

Section V

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

Date...31.8.24

Nandor
Nodal Officer
B Voc (MLMDT)

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



SECTION I

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

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

residing at Bathinda State Punjab

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

Date. 1.08.24

Nandan
Nodal Officer
B Voc (MLMDT)

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

Section II

I, Kulwinder Kaur (Name of Student) accept S. Jaswant Singh (Name of Trainer) of Aper Diagnostic LAB Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Kulwinder Kaur
Student

Section III

I, S. Jaswant Singh (Name of Trainer) accept Kulwinder 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.

(Apprentice Master) [Signature]
Name and Address of Institution
APEX DIAGNOSTIC LAB
BARNALA

Section IV

I certify that Kulwinder Kaur has undergone 180 hours training spread over 12 months in accordance with details enumerated in section III

[Signature]
APEX DIAGNOSTIC LAB
BARNALA

Head of the Training Institution

Section V

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

Date. 31.8.24

[Signature]
Nodal Officer
B Voc (MLMDT)

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



SECTION I

S.D. College

This form has been issued to Mr./Ms. Armaan Singh
Regd.No. 114-2022-877 Son of /daughter of Sh. Sukhdeep Singh
residing at Barnala State Punjab

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

Date...1.7.24

Vandor
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Principal
S.D. College, BARNALA

Section II

I...Armaan Singh..... acceptKuldeep Singh..... ofFriends Laboratory.....
(Name of Student) (Name of Trainer)
.....Barnala..... (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Armaan
Student

Section III

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

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

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

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

Section IV

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

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

Section V

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

Date...31.7.2024

Vandor
Nodal Officer
B Voc (MLMDT)

[Signature]
Principal
S.D.College, Barnala

Principal

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



SECTION I

S.D. College

This form has been issued to Mr./Ms. Suneh Kaur
Regd.No. 114-2021-817 Son of /daughter of Sh. Gurmeet Singh
residing at Barnala State Punjab

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

Date 02-01-24

Vanda
HOD
B Voc (MLMDT)

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

Section II

I, Suneh kaur accept Geetika Verma of Grover High Tech
(Name of Student) (Name of Trainer)
Tech (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Suneh Kaur
Student

Section III

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

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

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

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

Section IV

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

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

Section V

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

Date 04-03-24

Vanda
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

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



S.D. College, BARNALA

SECTION I

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

Regd.No. 114-2021-816 Son of /daughter of Sh. Hemant Singh Rajput

residing at Barnala State Punjab

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

Date: 2.1.2024
HOD Vandana Principal S.D.College, Barnala
B Voc (MLMDT)

Section II

I, Shakshi accept Mr. Ravinder Sharma of City S.D. College, Barnala
(Name of Student) (Name of Trainer)

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

Shakshi
Student

Section III

Mr. Ravinder Sharma accept Shakshi as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

For CITY HEALTH CENTRE
Head of the Training Institution

Section V

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

Date: 4.3.24
HOD Vandana Principal S.D.College, Barnala
B Voc (MLMDT)

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



SECTION I

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

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

residing at Rampura Phul State Punjab

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

Date. 02.01.24

Vandh
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

Dr
Principal
S.D. College, BARNALA

Section II

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

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

Sapna
Student

Section III

I, Surender Soni (Name of Trainer) accept Sapna (Name of Student) as a trainee and I agree to give

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

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

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

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

Section IV

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

Section V

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

Date... 04.03.24

Vandh
HOD
B Voc (MLMDT)

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

Principal
S.D.College, Barnala

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



SECTION I

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

Regd.No. 114-2021-814 Son of / daughter of Sh. Sushil Kumar

residing at Barnala State Punjab

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

Date.....02.01.24

Vandav
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

[Signature]
Principal
S.D. College, BARNALA

Section II

I Raj Kumari accept Gurjant Singh of City Health Centre
(Name of Student) (Name of Trainer)

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

Rajkumari
Student

Section III

I Gurjant Singh accept Raj Kumari as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

Section V

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

Date.....24.03.24

Vandav
HOD
B Voc (MLMDT)

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

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



SECTION I

S.D. College, BARNALA

This form has been issued to Mr./Ms. Poonam
Regd.No. 114-2021-813 Son of / daughter of Sh. Surinder Kumar
residing at Barnala State Punjab

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

Date 2.1.2024

Vandh
HOD
B Voc (MLMDT)

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

Section II

I Poonam accept Manish Kumar of Delhi Computerised Laboratory
(Name of Student) (Name of Trainer)
Barnala (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Poonam
Student

Section III

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

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

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

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

Section IV

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

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

Section V

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

Date 4.3.24

Vandh
HOD
B Voc (MLMDT)

Principal
S.D. College, BARNALA

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



SECTION I

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

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

residing at Pakho-Kalan State Punjab

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

Date 2 Jan 2024

Vander
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

Section II

I Navjat Kaur accept Rakern K. Jindal of Eishu Computerised Lab
(Name of Student) (Name of Trainer)

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

Navjat Kaur
Student

Section III

I Rakern K. Jindal accept Navjat Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

Rakern Kaur Jindal
(Apprentice Master)

Section IV

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

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

Rakern Kaur Jindal
Head of the Training Institution

Section V

**EISHU COMPUTERISED
LABORATORY**

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

Date 21 March 2024

Vander
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

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



SECTION I

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

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

residing at Joga, Moga State Punjab

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

Date.....02.01.24

HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

Principal
S.D. College, BARNALA

Section II

I Manpreet Kaur accept Gurpreet Singh of Life Care
(Name of Student) (Name of Trainer)

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

Manpreet Kaur
Student

Section III

I Gurpreet Singh accept Manpreet Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

Gurpreet Singh
Life Care Laboratory
Gurpreet Singh
Head of the Training Institution

Section V

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

Date 04.03.24

HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Manpreet Kaur S.D. College, BARNALA
Regd.No. 114-2021-985 Son of / daughter of Sh. Jagvir Singh
residing at Kaleke, Barnala State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date 02.01.24

Vandana
HOD
B Voc (MLMDT)

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

Section II

I Manpreet Kaur accept Gurpreet Singh of Life Care
(Name of Student) (Name of Trainer) Laboratory
(Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Manpreet Kaur
Student

Section III

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

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

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

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

Section IV

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

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

Section V

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

Date 04.03.24

Vandana
HOD
B Voc (MLMDT)

Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Jaya sharma S.D. College
Regd.No. 114-2021-832 Son of /daughter of Sh. Manohar Lal
residing at Rampura Pind State Punjab

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

Date 2.1.24

Vandar
Nodal Officer
B Voc (MLMDT)

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

Section II

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

Student

Section III

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

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

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

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

Section IV

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

Rakesh Kumar Jindal
Head of the Training Institution
EISHU COMPUTERISED LABORATORY

Section V

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

Date 4.3.24

Vandar
Nodal Officer
B Voc (MLMDT)

Principal
[Signature]
Principal

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

Regd.No. 114-2021-806 Son of / daughter of Sh. Ranjit Singh

residing at Barnala State Punjab

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

Date... 2.1.2024
Vandur
HOD
B Voc (MLMDT)

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

Section II

I, Amritpreet Kaur accept Rakesh K. Jindal of Eishu Computerised Lab
(Name of Student) (Name of Trainer)

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

Rakesh Kumar Jindal

Section III

I, Rakesh Kumar Jindal accept Amritpreet Kaur as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

Rakesh Kumar Jindal
(Apprentice Master)

Section IV

Name and address of Institution
EISHU COMPUTERTISED LABORATORY

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

Rakesh Kumar Jindal
Head of the Training Institution

Section V

EISHU COMPUTERTISED LABORATORY

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

Date... 4.3.2024
Vandur
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

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



SECTION I

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

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

Date 2.1.2024

Nandu
Nodal Officer
B Voc (MLMDT)

Principal
S.D.College, Barnala

Section II

I YUVRAJ SINGH JANDU accept Shiv Pal of Santa Comp.
(Name of Student) (Name of Trainer)
Laboratory (Name of the Hospital / Laboratory) as my trainer for the above training and agree to obey and respect him/her during the entire period of my training.

Yuvraj Singh
Student

Section III

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

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

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

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

Section IV

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

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

Section V

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

Date 4.3.2024

Nandu
Nodal Officer
B Voc (MLMDT)

Principal
S.D.College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Asshpreet Kaur S.D. College, BARNALA
Regd.No. 114-2021-807 Son of / daughter of Sh. Manpreet Singh
residing at Kheri Khurd, Dhuri State Punjab
Who has produced evidence before me that He/She is entitled to receive the Practical Training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Date... 02.01.24

Vandev
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

Section II

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

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

Asshpreet Kaur
Student

Section III

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

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

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

Section IV

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

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

Section V

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

Dr. Sibha Aggarwal
Head of the Training Institution
Senior Medical Officer
Civil Hospital Barnala

Date... 04.03.24

Vandev
HOD
B Voc (MLMDT)

Principal
S.D. College, Barnala

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



SECTION I

This form has been issued to Mr./Ms. Jaipratap Singh Visk **S.D. College**

Regd.No. 114-2021-821 Son of /daughter of Sh. sewa singh

residing at Barnala State Punjab

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

Date: 22.01.24

Vandev
HOD
B Voc (MLMDT)

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

Section II

I. Jaipratap Singh Visk accept Dr. Sibha Aggarwal of Civil Hospital
(Name of Student) (Name of Trainer)

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

Jaipratap Singh Visk
Student

Section III

I. Dr. Sibha Aggarwal accept Jaipratap Singh Visk as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

[Signature]
Medical Officer
Civil Hospital
Barnala
(ice Master)
address of Institution

Section IV

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

Section V

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

Date: 04.03.24

Vandev
HOD
B Voc (MLMDT)

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

Principal
S.D. College

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



SECTION I

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

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

residing at Dhansula State Punjab

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

Date: 02/11/24

Vander
HOD
B Voc (MLMDT)

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

Section II

I, Jagdeep Singh accept Rakesh K. Jindal of Eishu Computerised Lab.
(Name of Student) (Name of Trainer)

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

Jagdeep Singh
Student

Section III

I, Rakesh K. Jindal accept Jagdeep Singh as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

EISHU COMPUTERISED LABORATORY

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

Rakesh Kumar Jindal
Head of the Institution

Section V

EISHU COMPUTERISED LABORATORY

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

Date: 02/03/24

Vander
HOD

Principal

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

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

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

residing at Barnala State Punjab

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

Date 2.1.24

Vandor
HOD
B Voc (MLMDT)

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

Section II

I Dildeep Singh accept Ranjit Singh of lab sewa computerized lab
(Name of Student) (Name of Trainer)

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

Dildeep Singh
Student

Section III

I Ranjit Singh accept Dildeep Singh as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

(Apprentice Master)
Name and address of Institution
lab sewa computerized lab

Section IV

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

Head of the Training Institution
lab sewa computerized lab

Section V

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

Date 4.3.24

Vandor
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala
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. Ramandeep Shasima
Regd.No. 114-2020-850 Son of / daughter of Sh. Ashok Kumar Sharma
residing at Barnala State Punjab

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

Date...02.01.24

Vandh
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

Principal
S.D. College, BARNALA

Section II

Ramandeep Shasima accept Gurpreet Singh of Life Care
(Name of Student) (Name of Trainer)

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

Ramandeep Shasima
Student

Section III

Gurpreet Singh accept Ramandeep Shasima as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

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

Section IV

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

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

Section V

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

Date...04.03.24

Vandh
HOD
B Voc (MLMDT)

Principal
S.D. College, Barnala

Principal

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



SECTION I

This form has been issued to Mr./Ms. Resham Singh
Regd.No. 114-2018-975 Son of / daughter of Sh. Kala Singh
residing at Dhanoula State Punjab

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

Date 2/1/24 Vandh
HOD B Voc (MLMDT) Principal S.D.College, Barnala

Section II

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

Resham Singh
Student

Section III

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

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

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

Dingle
(Apprentice Master)

Name and address of Institution
For Vijay Computerised Laboratory

Section IV

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

Dingle
Head of the Training Institution
For Vijay Computerised Laboratory

Section V

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

Date 4/2/24 Vandh
HOD B Voc (MLMDT) Principal S.D.College, Barnala

S.D.COLLEGE, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I

S.D. College, BARNALA

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

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

residing at Barnala State Punjab.

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

Date...02.01.24

Vandur
HOD

B Voc (MLMDT)

Principal
S.D.College, Barnala

[Signature]
Principal

Section II

S.D. College, BARNALA

I...Eishu..... accept Rakesh K. Jindal of Eishu Computerised Lab
(Name of Student) (Name of Trainer)

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

Eishu
Student

Section III

I...Rakesh K. Jindal accept Eishu..... as a trainee and I agree to give
(Name of Trainer) (Name of Student)

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

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

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

Rakesh Kumar Jindal
(Apprentice Master)

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

Section IV

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

Rakesh Kumar Jindal
Head of the Training Institution

**EISHU COMPUTERTISED
LABORATORY**

Section V

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

Date...04.03.24

Vandur
HOD
B Voc (MLMDT)

Principal
S.D.College, Barnala

[Signature]