Department of B Voc Medical Laboratory and Molecular Diagnostic Technology

Training Data 2023-24

S.No.	Name	Place of training	Date of training
	BV	oc MLMDT 1 st year	
1.	Vansh kumar	Eishu Computerized Lab, Barnala	1/7/24-1/8/24
2.	Harjit Singh	Eishu Computerizd 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. 15\8	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
17/24-31/7/	P. 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	Khurmi Lab ,Barnala	1/7/24-31/7/24
44. 44.	Singh 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 slamad is	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. pc\8	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
	BV	oc 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 Sismed	Eishu Computerized Laboratory, Barnala	2/1/24-4/3/24

HOD B Voc MLMDT

S.D. College, BARNALA

10

3/7/24-4/8/24

PC/6/8 PC/8/8

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	SECTION I		
This form has been issued	Vanda	Kumas	Re
Regd.No. 114-2023-	072 Son of /daughter of Sh	Jagder	S.D. College, 2.
trice produced cards	State Pure state of She state Pure state of She state State State State State State State State She state	AS COLUMN TO F	eceive the Practical
Date	Vander		00/
	Nodal Officer B Voc (MLMDT) Section II	S.D.	D.College, Barnal A
· Vaush kuma	accept Release K Jad	al Frsher	combutulses
(Name of Student)	(Name of Trainer) ne of the Hospital / Labora y and respect him/her during	ntory) as my tra	iner for the above
			Joneth
0 1 11	Section III		Student
(Name of Trainer) Him/her training facilitie acquire:-	(Name of Student) s in my organization so that	a trainee and I ag	ree to give
a) Sample collection, pro b) Precautions to be take c) Hematological analysis	ocessing and preservation. en in clinical laboratory is.	clinical laborator	
 d) Biochemical analysis e) Microbiological analys 	of various samples.		
	1		
I also agree that a trainer	d technologist shall be assigned	ed for his/her gu	dance.
		Rakers	19. Suidal
	Section IV	Name and ac	MPUTERTSED
I certify thatVaud spread overmo	hamen ha	s undergone	RATORY .Q hours training section III
		Rokenh	Ir. Jarolal
	Section V		MPUTERTSED
I certify that Vous practical training as per of from UGC New Delhi.	has brightness framed by Punjabi	completed LAB	ORATORY
Date 01:08:24	Vandar		20
	Nodal Officer B Voc (MLMDT)	S.I	Poncipal D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



S.D.College, Barnala

		Prin
	SECTION I	S.D. College, with
This form has been issued to	to Mr./Ms.	-1
Regd.No. 114-2023-1	093 Son of /daughter of Sh	Bhajan single
Who has produced eviden		entitled to receive the Practical Patiala, under the rules from UGC
Date. 01:01:24	Vandor	0
	Nodal Officer	Principal Princip
	B Voc (MLMDT)	S.D. College, Barnala S.D. College, BARNAL
	Section II	
(Name) (Name	(Name of Trainer) e of the Hospital / Laborator and respect him/her during the	of Elstin Comparterise ry) as my trainer for the above e entire period of my training.
		Student
	Section III	
(Name of Trainer)		rainee and I agree to give uring his/her training he/she may
1. Working knowledge of k	eeping of records related to clir	nical laboratory.
Practical Experience in, Sample collection, proc Precautions to be take Hematological analysis Biochemical analysis o Microbiological analysis	cessing and preservation. n in clinical laboratory s. f various samples.	
I also agree that a trained	technologist shall be assigned	Robert 18. Sinder
		(Apprentice Master)
	Costion IV	'EISHU COMPUTERTSED
	Section IV	LABORATORY
I certify that	nths in accordance with details	undergone
	6	Release K. Saidal
	Section V	HEISAU'COMPUTERTSED
I certify that Housil practical training as per o from UGC New Delhi.	L Singh has condinances framed by Punjabi U	ompleted in all respect his/her Jniversity, Patiala, under the rules
Date 02:08:24	nandar	00
Date	Nodal Officer	Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI

SECTION I	
This form has been issued to Mr./Ms. Kushan	Sumple S.D. Callana HABNA
Regd.No. 114-2023- 1071 Son of /daughter of S residing at Basnala State State Who has produced evidence before me that He/Si	n. Baljit singtr
residing at Basnala State	unias
Who has produced evidence before me that He/Si Training as per ordinances framed by Punjabi Univer New Delhi.	
Date 01:07:14 Vander	
Nodal Officer	Principal (A)
B Voc (MLMDT)	S.D.College, Barbala
) Section II	
I. Kridhan Singh accept Laston Kunta	of A.M.C. LAR
(Name of Student) (Name of Trains	or) oratory) as my trainer for the above
training and agree to obey and respect him/her during	
	Krishan Sigh Student
) Section III	
I Sameon ther accept Kuisham Singh .	s a trainee and I agree to give
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so the acquire:-	
1. Working knowledge of keeping of records related	to clinical laboratory,
Practical Experience in, 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 assi	gned for his/her guidance.
	Di Vilk Market Mear Mojah National
	(Apprentice Master) Name and address of Institution
Section IV	Halle and address of this training
- W Klisham Singh	ber mentanan I &o have training
I certify that Kushan Singh spread over (\$xx.) months in accordance with de	tails enumerated in section III
	Dr. Virk Marvet Wear Arhieb National
	Head of the Training Institution
Section V	
I certify that	as completed in all respect his/her labi University, Patiala, under the rules
Date 01:08:23	00.
Nodal Officer	Principal
B Voc (MLMDT)	S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS



					To the
		SECTION I			Princip
This form has been	n issued to Mr./Ms	Damary	neet kan	48.D. College	, BARNAL
Regd.No. 114-20	023-1078 son of	/daughter of Sh	. Harder	singh	
residing at	Barnala	State Pury	ias	0	
Who has produce	d evidence before dinances framed by	me that He/Ske	is entitled to	receive the lider the rules fr	Practical rom UGC
Date.63-67-29	Vando	N		0	0
	Nodal Off	icer		Principa	AND THE RESERVE TO A STATE OF
	B Voc (ML	MUT)	8	S.D.College, B	arnala
^		Section II			
(Name of Studen	Kalebccept M it) (Name of the H to obey and respect	(Name of Trainer ospital / Labor t him/her during	of(V)(atory) as my	Hospital trainer for the	e above
			and part	Damar	sprew ta
		Section III		Studer	nt
The second secon	accept Damar r) (Name of St facilities in my orga	der en enter 1			she may
1. Working knowle	dge of keeping of re	cords related to	clinical laborat	tory.	
2. Practical Experion a) Sample collect	ence in, tion, processing and	preservation.		-	
 b) Precautions to c) Hematological 	be taken in clinical	laboratory			
d) Biochemical ar	nalysis of various sa				
e) Microbiologica	I analysis of sample	s			
I also agree that a	trained technologis	st shall be assign	ed for his/her	Kamuin	Thu
			(App	rentice Master)	
				address of In	
		Section IV			
I certify thatDk.	Smonths in acco	rdance with deta	as undergone ils enumerated	If O hours	training
			Mark Control	Town	श्चाम
		Section V	Head of the	Training Instit	weblo@fficer
	0 .	1 11		#c Civil Hosp	ital Barnala

Date 04-08-24

Nodal Officer B Voc (MLMDT)

S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

	
CECTION I	0.6
This form has been issued to Mr./Ms. Haundly Si	Principa
Regd. No. 114-2019-357 Son of /daughter of Sh. Bal	et single
residing at Barnala State Punjab Who has produced evidence before me that He/She/is entit Training as per ordinances framed by Punjabi University, Patial New Delhi.	led to receive the Practical a, under the rules from UGC
Date 03- 57-24 Vanda	00
Nodal Officer	Principal
B Voc (MLMDT)	8.50 68Hear Baunala A A
Section II	
Land Singh accept MC Campi of Mame of Trainer) Land (Name of Student) (Name of the Hospital / Laboratory) as training and agree to obey and respect him/her during the entire	my trainer for the above
	Student
Section III	
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during hacquire:- 1. Working knowledge of keeping of records related to clinical late. 2. Practical Experience in, a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis.	sis/her training he/she may
d) Biochemical analysis of various samples. e) Microbiological analysis of samples.	1/
ey the energical analysis of samples.	
	(Apprentice Master)
Section IV	
I certify that Havi noted durch has under spread over	gone .1.8.Q. hours training erated in section III
	The Man
Section V Head	of the Training Indicate Officer
the fide 19 of	♥c Civil Hospital Barnala ted in all respect his/her sity, Patiala, under the rules
Date OH - OR - AY	- 0
Nodal Officer	Priocipal

B Voc (MLMDT)

Principal S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

This form has been issue	SECTION I SUKL PREET - LOSS Son of /daughter of Sh. C Dwal State fun	Singly an Caller
This form has been issu	red to Mr./Ms.	1 de l'inch
Regd.No. 119-2023	- (0)3 Son of /daughter of Sh.	hand sign
who has produced (4v)	idence before me that He/She is disces framed by Punjabi University, Pa	nuclea to receive the Practical
Date 03 - 07 - 24	Mander	- 0
Detelorment	Nodal Officer	Principal
	B Voc (MLMDT)	S.D.College, Barnala
	Section II	8.D. College, SANNALA
Banka a (N	thaccept Ms. Kamen of) as my trainer for the above
	Section III	Student
(Name of Trainer) Him/her training facili acquire:- 1. Working knowledge 2. Practical Experience a) Sample collection, b) Precautions to be t c) Hematological anal d) Biochemical analys e) Microbiological ana	processing and preservation. aken in clinical laboratory lysis. is of various samples. alysis of samples.	ng his/her training he/she may
I also agree that a trai	ined technologist shall be assigned fo	(Apprentice Master) Name and address of Institution
	Section IV	manie and address of Institution
I certify that	MANOR Singh has un	numerated in section III
		and outer
	Section V	ead of the Traising of Middle Officer We Civil Hospital Barnal
I certify that practical training as po from UGC New Delhi.	Sukhaset Lhah has coner ordinances framed by Punjabi Uni	ipleted in all respect his/her
Date.D.HD.S24	Mandor	
Date.Data.Data.A	Nodal Officer	Principal
	B Voc (MLMDT)	S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

This form has been is:	SECTION I		
		S.D. Cottrage	RN
Regd.No[]4-2023	3-1086 Son of /daughter of Sh.	Satpal Gara	
residing atfakh	o kalan state Pu	iniab 1	
wno has produced e	vidence before me that Ho/Sho	is entitled to receive the Practical ty, Patiala, under the rules from UG	c
Date.a.3.a.a.724	Vanda	60	
	Nodal Officer B Voc (MLMDT)	Principal	
	S VOC (MEMOT)	S.D.College, Barnala Principe	
44 12 12	Section II	S.D. College, BARNAL	5
1 Chahat	accept Ms. Kamky	or Civil Hospital	
(Name of Student)	(Name of Trainer)	1	
training and agree to o	obey and respect him/her during	story) as my trainer for the above the entire period of my training.	e
		Chahat	
	F	Student	
No he ?	Section III		
I. Manny ac	cept Chahat as a	a trainee and I agree to give	
A commercial contract of a second property	I Maine of Sendanti	during his/her training he/she may	y
** Fractical Experience	of keeping of records related to c	clinical laboratory.	
 a) Sample collection, b) Precautions to be to 	processing and preservation. taken in clinical laboratory	The state of the	
 c) Hematological ana 	lysis.		
e) Microbiological analys	sis of various samples.		
	aryana or samples.		
I also agree that a trai	inad tackuntariat abatt t	and the second s	
a diso agree that a trai	ined technologist shall be assigne	od for his/her guidance.	
		(Apprentice Master)	
	Section IV	Name and address of Institution	
01.	ALL CALL	275	
spread over	A hathas months in accordance with details	undergone	10
		Karlinn	*
	Section V	Head of the Tayinion Medical Office	er
T contifu that	Chalak	Vc Civil Hospital Barr	
I certify that practical training as pe from UGC New Delhi.	er ordinances framed by Punjabi	completed in all respect his/her University, Patiala, under the rules	
Date 9.4-08-24	Vandor		
vater	Nodal Officer	D.	
	B Voc (MLMDT)	S.D.College, Barnala	

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI

I	
e i	4
	9
ı	Principal-
4	BARNALA

		Princip
This form has been issued to	SECTION I	Singh College BARNAL
	1.09	1: 0: -
	oS son of /daughter of Sh.	Jacobs der Sing
who has produced evidence training as per ordinances New Delhi.	State / Cu ce before me that He/She is en framed by Punjabi University, Pa	nticled to receive the Practical stiala, under the rules from UGC
Date 8 Aug 2024	Manden	
0	Nodal Officer	Principal
	B Voc (MLMDT)	S.D.College, Barnela
	Section II	Princ
6 (Name of Student) (Name of Student) (Name training and agree to obey a	of the Hospital / Laboratory) ind respect him/her during the e	as my trainer for the above
		Gursalibsing
		Student
M. L. >	C Section III	
Him/her training facilities i	Guishib Singh as a train Name of Student)	
acquire:-		
Working knowledge of ker Practical Experience in, Sample collection, proce Precautions to be taken Hematological analysis Biochemical analysis of Microbiological analysis	in clinical laboratory various samples.	al laboratory.
I also agree that a trained to	echnologist shall be assigned for	No the Control of the
		(Apprentice Master)
	Section IV	fame and address of Institution
I certify that Guasahid	a. P	dergone 180 hours training imerated in section III
		1 1
	Hea Hea	ad of the Training Institution
E NE SEE WORK	1 /	ed of the Training Institution
I certify that	inances framed by Punjabi Univ	oleted in all respect his/her ersity, Patiala, under the rules
Date 8 Sep 2024	Nandon	A D
	Nodal Officer	Principal
	B Voc (MLMDT)	S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

				OV
	SECTION	O- 1:1	0: 1	NI THE
This form has been issued to Mr./Ms.		sanic	Singa	S.D. Collage, SAR
This form has been issued to Mr./Ms. Regd.No. 114-2023-1061 son or residing at Boundle	f /daughter	of Sh.	Gulja	nt Singh
residing at Bounals	State	Pun	las	
Who has produced evidence before Training as per ordinances framed by New Delhi.	me that H	o/She is di	ntitlad to	mening the Desertion
Date 8.8.24 Vand	0~			
Nodal Of	ficer			Principal
B Voc (Mi	LMDT)		8.9	D.College, Barrainch College, BARN
	Section :	II		
Name of Student) (Name of the F	. tamp		Civil	Hora7-1
(Name of Student)	(Name of Tr	rainer)		The Spices
training and agree to obey and respec	lospital / L t him/her d	aboratory) uring the e	as my tra	iner for the above of my training.
				Caril Sugar
	AND DESCRIPTION			Student
111 1. 2 1.2	Section I	п		
Ms. Karny accept Sahi	Singh	as a trair	nee and I ad	ree to give
(Indine of Trainer)	DUG (SIMU)			
Him/her training facilities in my organicularies-	inization so	that durin	g his/her t	raining he/she may
Working knowledge of keeping of re Practical Experience in, Sample collection, processing and Precautions to be taken in clinical Hematological analysis. Biochemical analysis of various sa Microbiological analysis of sample	preservatio laboratory		l laborator	·
	1			
I also agree that a trained technologis	st shall be a	ssigned for	his/her gu	family F
		N	(Appren	tice Master)
	Section I	V	ame and ac	ldress of Institution
I certify that Sohil Singh			.0	
spread overR.D.Cmonths in accor	rdance with	has und details enu	ergone $. M$ merated in	hours training section III
				aur.
		Hea	d of the Tra	ining Institution
28.1	Section V		+ J HIO	ining Institution
I certify that	amed by Pu	.has comp njabi Unive	leted in a	हिंद्र क्रिक्ट मार्थ स्थान है। Il respect his/her sla, under the rules
Date 8 9 24	~/			
1 War				0
Nodal Offi B Voc (MLI			61	Poncipal College, Barnala
100000000000000000000000000000000000000				rediredel partique

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

D. College, BARI av Shukla
re the Practical rules from UGC
Principal Princi
Mal
for the above ny training.
Shiyam Student
to give
ing he/she may
Master)
. hours training ction III
ng institution, ਮੁਤਾਕਿ ਬਰਨਾਨ respect his/her under the rules
DR.

SEC STA	War Shukla S.D. College, BA
Regd.No. 117-2023-106 9 Son of /daug	ghter of Sh. Psem Kumas Shukla
residing at Barnala Stat	te & funials nat He/She is entitled to receive the Practical
Who has produced evidence before me the Training as per ordinances framed by Punja New Delhi.	bi University, Patiala, under the rules from UGC
Date 8. 8. 24 Naudan	00
Nodal Officer	Principal
B Voc (MLMDT)	S.D. College, Barnafacip
Ser	ction II
B (Name of Student) (Name of the Hospita training and agree to obey and respect him/	e of Trainer) Al / Laboratory) as my trainer for the above
	Shivam
	Student
Sec	tion III
(Name of Trainer) (Name of Student Him/her training facilities in my organization acquire:-	ty ion so that during his/her training he/she may
Working knowledge of keeping of records Practical Experience in, Sample collection, processing and prese Precautions to be taken in clinical labor Hematological analysis. Biochemical analysis of various samples Microbiological analysis of samples.	ervation. atory
I also agree that a trained technologist sha	(Apprentice Master) Name and address of Institution
Se	ection IV
I certify that Shivam Shukla spread over	:has undergone .l&c hours training the with details enumerated in section III
	Turk
Si	Head of the Training Thistitution
I certify thatShivam Ahuk	Ahas completed in all respect his/her by Punjabi University, Patiala, under the rules
Date 8 9 24 Jander	00
Nodal Officer	#r morpal
B Voc (MLMDT)	S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

SECTIO	ON I
This form has been issued to Mr./Ms. Such	deep singh
This form has been issued to Mr./Ms. Such Regd.No. 114-2023-1046 Son of /daughte	or of sh. Jaswart Singh
Range	en be
residing at Barnala State Who has produced evidence before me that Training as per ordinances framed by Punjabi UNEW Delhi.	He/She is entitled to receive the Practical Iniversity, Patiala, under the rules from UGC
Date 8.8.24 Vander	Of
Nodal Officer	Principal in Gran
B Voc (MLMDT)	S.D. College, Barrala LA
Sectio	
Section Such accept Ms. Karn (Name of Skudent) (Name of the Hospital / training and agree to obey and respect him/her	Laboratory) as my trainer for the above
a summer transfer and transfer	
	Student S
Section	
Ms. Kamni accept Cuth deep In (Name of Trainer) (Name of Student)	Aas a trainee and I agree to give
Him/her training facilities in my organization acquire:-	so that during his/her training he/she may
1. Working knowledge of keeping of records ret 2. Practical Experience in, a) Sample collection, processing and preserva b) Precautions to be taken in clinical laborato c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.	tion.
1	
I also agree that a trained technologist shall b	(Apprentice Master) Name and address of Institution
Section	
I certify that Sukhaub Singh spread over	ith details enumerated in section III
Section	has completed in all respect his/her
I certify that Such deep. Singh practical training as per ordinances framed by from UGC New Delhi.	minima completed in an respect may be
Date 8.9.24 Vander	00
Nodal Officer	PHICipat
B Voc (MLMDT)	S.D.College, Barnala Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

			_ 104
	SECTION I		
This form has been issued to Mr./M		The second secon	
Regd.No. 114 - 2023 -1078on	of /daughter of S	n. Gurjen	der Singh
residing at Bathinda Who has produced evidence before Training as per ordinances framed New Delhi.	re me that He/Sh	e is entitled to	receive the Bractical
Date 1.8.24 Nov	don		-0
Nodal	Officer		Principal cincipal
B Voc (MLMDT)		S.D.College, BARNALA
	Section II	1.8). College, and
(Name of Student) (Name of the training and agree to obey and resp	(Name of Traine Hospital / Labo	r) ratory) as my h	rainer for the above
			anviot kaux
			Navjot kaur Student
(Name of Trainer) (Name of Him/her training facilities in my or acquire:-	Section III A. Karu as Student) ganization so tha	a trainee and I a	agree to give training he/she may
Working knowledge of keeping of 2. Practical Experience in, Sample collection, processing at b) Precautions to be taken in clinic c) Hematological analysis. Biochemical analysis of various e) Microbiological analysis of sample.	nd preservation. al laboratory samples.	clinical laborato	ry.
	1		
I also agree that a trained technolo I certify that	Section IV	Name and a	omputerised Laboratory
I certify that	Section V Ku has framed by Punjal	Friends	congularized Experiency all respect his her iala, under the rules
Nodal C	Officer		Procinal
B Voc (N			D. College, Barnala D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOG

	SECTION I		
This form has been issued to Mr./Ms.	lovepriet	Singh	WITH THE R
This form has been issued to Mr./Ms. Regd.No. 114-2020-417-Son of	/daughter of Sh.	Mohindro	Colors BALLER
residing at Karam garh Who has produced evidence before Training as per ordinances framed by New Delhi.	State	j'ab	eive the Practical
Date	55 T T T T T T T T T T T T T T T T T T	S.D.	Pringipal College, Barnala incipal
	Section II (Name of Trainer) (ospital / Laborat	ory) as my train	L'COMPUTELLES LA
			Student Sur
(Name of Trainer) (Name of S Him/her training facilities in my orgacquire:	tudent)		
1. Working knowledge of keeping of real control of real contr	preservation. laboratory	linical laboratory.	
	1		
I certify that	Section IV	(Apprention Name and add	ress of Institution
I certify that	Section V Section V has ramed by Punjabi	Head of the Train completed in all University, Patials	respect his/her
Date 31: 7: 24 Nodal Of B Voc (MI		S.D.	Principal College, Barnajarincipal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



Pemcipat

S.D.College, Barpalancipal

Principal S.D. College, BARNALA SECTION I ыднена Almen This form has been issued to Mr./Ms.____ u-2013-69 Son of /daughter of Sh. Regd.No. State residing at 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. B Voc (MLMDT) S.D.College, Barnala Principal Section II S.D. College, BARNALA (Name of Trainer) Connald....... (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 (Name of Tramer) (Name of Student) Him/her training facilities in my organization so that during his/her training his/she may acquire:- 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. riends Computerised Laboratory (Apprentice Master) Name and address of the thorn Section IV LA hours training I certify that lends Computerised Laborator Section V I certify that J.M.M. AMM. W. W. M. Completed in all respect his/her practical training as per ordinances framed by Punjabi University, Patiala, under the rules from UGC New Delhi.

Nodal Officer

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI



		-	Fincip	-
This form has been been dealer as	SECTIONI	lings.	D. College, BARNAL	B
this form has been issued to Mr./Ms	unpu	7		
Regd.No. 114-2023-1069 Son of	/daughter of Sh.	Neibhai	Singh	
who has produced evidence before r Training as per ordinances framed by New Delhi.	_State(un/ me that He/She	is entitled to re	eceive the Practical	
Date 1.8.24 Vande	~		-0	
Nodal Offi B Voc (MLI			Principal D.College, Barnala	
Birfel sind accept Kun	Section II	of friends.	S.D. College, EARNAL	al A
			Studen	
(Name of Trainer) (Name of Str Him/her training facilities in my organ acquire:-	udent)			
Working knowledge of keeping of red Practical Experience in, Sample collection, processing and p Precautions to be taken in clinical I Hematological analysis, Biochemical analysis of various same) Microbiological analysis of samples	preservation. aboratory nples.	linical laboratory	f+	
I also agree that a trained technologist	t shall be assigne	d for his/her gui	dance.	
001/10	Section IV	(Appren	tice Master) Idress of Institution	
spread overmonths in accord	dance with detail	undergone s enumerated in	section III	
I certify that Birhal Length	Section V	Head of the Tra	d respect his/her	
from UGC New Delhi.	-			
Date 31.8.27 Vand			00.	
Nodal Offic B Voc (MLN		S.I	Principal D.College, Barnala	

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI



	SECTION I	Name and Address of the Address of t		Principal
This form has been issued to Mr./Ms	Shamme	Kumai	S.D. College, B	ARNAUA
Regd.No. 1/4-2023-1082_Son of	/daughter of Sh.	Paween	Kumai Gaig	
residing at Barnala	State Pun	1ab	U	
Who has produced evidence before r Training as per ordinances framed by New Delhi.	ne that He/She	is entitled to	receive the Practice er the rules from UG	al C
Datel 17/29 Nodal Offi	The state of the s		Principal	
B Voc (MLI	elius es		S.D. College, Barnala S.D. College, SA	
0.1	Section II			0 1
I Shaulius Tulkas accept Man (Name of Student) Laboala to Suf (Name of the He training and agree to obey and respect	(Name of Trainer) ospital / Labora	itory) as my t	rainer for the abov	/e
			Student	
0 1 01 1	Section III			
I. Mon Tindal Smaccept Should (Name of Trainer) (Name of St. Him/her training facilities in my orga acquire:- 1. Working knowledge of keeping of re 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical	udent) nization so that cords related to preservation.	during his/her	training he/she ma	ıy
c) Hematological analysis.				
 d) Biochemical analysis of various sar e) Microbiological analysis of samples 				
	1			
I also agree that a trained technologis	t chall be accion	ad for his /hor e	widance	
a also agree that a cramed technologis	c arrant be assign	ed for ms/ner s		4
			rechnologist entice Master) M Iw address of amounts	/ \
	Section IV	realite and	Laboratory	
I certify that			.80 hours trainin	1
	Section V	Head of the	Mehak Computer	ISP
I certify that	amed by Punjab	completed in University, Pa	all respect his/he	ir is
Date 31/7/2024 Van	der		00	0.
Nodal Offi B Voc (ML			Principat S.D. College Barrata	
B VOC (ML	101)		S.D.College, Barnel	ncipal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOG



Principal S.D.College, Barnala Principal

appearing source and reference in a second source.	SECTION I		College
This form has been issued to Mr./Ms	whatee	p singer	
This form has been issued to Mr./Ms Regd.No. 1/4-2023 - 1063 Son of	/daughter of Sh.	Balden	Lingh
residing at Drudeum	State 14	Mah	V
Who has produced evidence before Training as per ordinances framed by New Delhi.	Punjabi University	, Patiala, under t	he rules from UGC
Date 1:7.24 Navd	lor		60
Nodal Off B Voc (ML	1.07-2-1	S.D.	Principal College Barnala
	Section II		Principal
I Arthough Singh accept Ti	Mochan Sing	shor Rook Sp	College, BARNALA
training and agree to obey and respect	ospital / Laborati	ory) as my train	er for the above
			Arendeep Singn
To a discrete of the	Section III		
(Name of Trainer) (Name of St Him/her training facilities in my orga	udent)		
acquire:-		mond med med law	ming nerane may
1. Working knowledge of keeping of re 2. Practical Experience in,	cords related to cl	inical laboratory.	
 a) Sample collection, processing and b) Precautions to be taken in clinical 	preservation.		
c) Hematological analysis.	to the property of the		
 d) Biochemical analysis of various sar e) Microbiological analysis of samples 	nples.		
	1		
I also agree that a trained technologis	t shall be assigned	for his/her guida	ance. GW
	,	Roop Computer	since. Gwy
	Section IV	Name and add	ress of Institution
4	Section IV		
I certify that All dep a	dance with details	enumerated in se	
	4	Roop Computer	zed Laboratory
	Section V	HEAL MARKET	Mapaus Mitton
Tarate was Analysis	0.10		
practical training as per ordinances from UGC New Deihi.		ompleted in all Iniversity, Patials	respect his/her s, under the rules

Nodal Officer B Voc (MLMDT)

Date 31.7.24

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

			15%	
	SECTION I			3
This form has been issued to Mr./Ms Regd.No. 114-2023-1047 Son of residing at Banals.	Lovepree	t Single		
Bond No. 114-2023-1047 Son of	/daughter of Sh.	Gurdeep	singh	
Rega.No. 11	some Pu	nias /	(S.D. Collec	ge, sim
Training as per ordinances framed by New Delhi.	Punjabi Universit	is entitled to ty, Patiala, unde	receive the Prace or the rules from	tical UGC
Date 1.8.24 Vand	lov		- Delan	1
Nodal Off			Principal S.D.College, Barns	alamuij
B Voc (ML	MDT)		S.D. College, D	ARNA
	Section II			
I Consposed Singh accept T	irlochan Si	ng of Koop	lab	
(Name of Student) (Name of the F	Iospital / Labora	atory) as my t	rainer for the a	
training and agree to obey and respec			Lovehaccat Si	ngri
			Student	0
	Section III			
(Name of Trainer) (Name of S Him/her training facilities in my org acquire:-	anization so that	during his/he	training he/she	may
1. Working knowledge of keeping of r 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical c) Hematological analysis. d) Biochemical analysis of various s	d preservation, il laboratory	clinical laborat	ory.	
e) Microbiological analysis of sample	es.			
	1			
I also agree that a trained technolog	ist shall be assig	ned for his/her	guidance.	Ayo
		Roop Comp	uterized Laborat	tory
	Section IV	100000000000000000000000000000000000000		
I certify thatmonths in acc	ordance with det	nas undergone tails enumerated	hours tra	aining
		Boon Compile	terized Laborato	ery.
	Section V		The second secon	
I certify thatpractical training as per ordinances	framed by Punja	as completed in abi University, I	n all respect h Patiala, under the	is/her e rules

Nodal Officer B Voc (MLMDT)

from UGC New Delhi.

S.D.College, Barnala Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

SECTION I	
This form has been issued to Mr./Ms. Kay Single	
Regd.No. 114 - 2023-1051 son of /daughter of Sit. J	in the City of the Country His
Regd.No. 111 2023-1031 Son of /daughter of Sht. U	wan singer
residing at Barnala State Purja Who has produced evidence before me that He/She is er Training as per ordinances framed by Punjabi University, Pa New Delhi.	ntitled to receive the Practical tiala, under the rules from UGC
Date 1: 7.24 Jander	S.D. Collago, BARNA
Nodal Officer	Principal
B Voc (MLMDT)	S.D.College, Barnala
I	as my trainer for the above
Section III	Studgit
I Guyer Simm accept Simm as a train (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during acquire:-	
1. Working knowledge of keeping of records related to clinical. 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.	l laboratory.
1	
7	(Apprentice of Institution
I certify that	ergone 780 hours training
A O Section V	od of the Themself histitution
I certify that	eleted in all respect his/her ersity, Patiala, under the rules
Date 31.7.24 Vandar	00
Nodal Officer	Mincipal
B Voc (MLMDT)	S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI

	SECTION I		Principal
This form has been issued to Mr./Ms	Hardeep	Single	e BARNAL
Read No. 114-2023-1044son of	daughter of Sh. Bal	jecs Dsingl	
Oct - la	P. int		
This form has been issued to Mr./MsRegd.No. 114-2023-1049 Son of residing atBCUN alg. Who has produced evidence before in Training as per ordinances framed by New Delhi.	State Fundamental Punjabi University, Pati	itled to receive the rule	he Practical es from UGC
Date. 118.27	7/4	a o Callego	RARMALA
Nodal Offi	cer	S.D. College	
B Voc (MLI	MDT)	S.D.Colleg	e, Barnala
(Name of Student) (Name of the Hetraining and agree to obey and respect	(Name of Trainer) ospital / Laboratory)	as my trainer for	the above
		st	Jasteep Sign
1	Section III		5250000 III
(Name of Trainer) (Name of St	(SEP Singles a train udent)	ee and I agree to g	jive
Him/her training facilities in my orga acquire:-	nization so that during	his/her training	he/she may
1. Working knowledge of keeping of re 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical c) Hematological analysis. d) Biochemical analysis of various sa e) Microbiological analysis of sample	preservation. laboratory mples.	i laboratory.	
	1		
I also agree that a trained technologic		(Apprentice Malame and address of	
I certify that Hanny Sinv spread over months in acco		lergone 180 ho imerated in Ginglor Gurl Technician Lab Technician ad of the Training	ours training
	Section V		10
I certify that HARDEY & practical training as per ordinances from UGC New Delhi.	ramed by Punjabi Univ	pleted in all resp versity, Patiala, un	pect his/her der the rules
Date 31, 8.24 Van	6	(Ih.
Nodal Of	ficer	11177777777777	incipal
B Voc (M	LMDT)	S.D.Colle	ge, Barnalancipal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

SECTI	IONI
This form has been issued to Mr./Ms. Sh	wham Single
Regd.No. 114-2023- 1090Son of /daught	ter of sh. Sufartac Kumar
residing at Barnala State	P "
Who has produced evidence before me that Training as per ordinances framed by Punjabi New Delhi.	He (Ch = In Letter 1)
Date 1.8.24 Naudu	
Nodal Officer	- Retribut
B Voc (MLMDT)	SEROHOHO Principal
C1 11 Section	in IIa
(Name of Student) (Name of the Hospital / training and agree to obey and respect him/her	Trainer) LAR Laboratory) as my trainer for the above during the entire period of my training.
Section Section	Student
(Name of Trainer) (Name of Student) Him/her training facilities in my organization acquire:-	III Student in III in I
Working knowledge of keeping of records rel Practical Experience in, Sample collection, processing and preserva Precautions to be taken in clinical laborator c) Hematological analysis.	tion
d) Biochemical analysis of various samples. e) Microbiological analysis of samples.	
I also agree that a trained technologies at all	
I also agree that a trained technologist shall be	assigned for his/her guidance.
I certify that Stybham Singula spread over Doc months in accordance wi	(Apprent aby Schnician Name and address of Institution No. 110 Name and address of Institution Name and Name
I certify that Sybham Sing 4	Head of the Traming Installed
I certify that	
Date 31.8.24	
Nodal Officer	Bh.

B Voc (MLMDT)

S.D.College, Barnatincipal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOG



S.D.College, Barrola:ipal

	SECTIO	N T		8
This form has been issue			F	Amelpa
Regd.No. 114-2023-1			S.D. Coll go, BA	RILL
residing at Boungla	Chaba	Puniah.	7	
Who has produced evid Training as per ordinanc New Delhi.	ence before me that U	later to see a	o receive the Pra	ctical
Date. 1.7.2-4	Naudon		Colloge, BARN	
	Nodal Officer	S.D	Principal	
0 0	B Voc (MLMDT)		S.D.College, Barn	
I. (Name of Student)	Accept Section	Fin or Gueux	Lawar Comput	EALLA
training and agree to obe	me of the Harnital /		trainer for the a lod of my training.	100
	1		Student	Warm
(was the	Section I	ш		
(Name of Trainer) Him/her training facilitie	Section I		agree to give	1
Him/her training facilitie acquire:-	s in my organization so	that during his/he	r training he/she	may
Working knowledge of Practical Experience in,	keeping of records relate	ed to clinical laborat	ory.	
a) Sample collection, pro b) Precautions to be take	cessing and preservation	on.		
 c) Hematological analysi 	15.			
 d) Biochemical analysis (e) Microbiological analysis 	of various samples. iis of samples.			
2.0	1			
I also agree that a trainer	technologist shall be a	ssigned for his/her	guidance.	
		AL DONAL	Gurjeet Sint A	
		(Appr Name and	entice Master)	4
(/.	Section I	V	Culle	
I certify that	h man simm	has undergone details enumerated	80 hours train	ning
			Gurieet Sur!	NO 1201
0	Section V		- TANK TO THE PARTY OF THE PART	1861
I certify that	Kh TUAN Sing	has completed in	all respect his	her
practical training as per o from UGC New Delhi.	rdinances framed by Pu	njabi University, Pa	tiala, under the ru	iles
Date 31 7 24	Naudan		00	

Nordan Nodal Officer

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



	CECTION I	Par
24.6	SECTION I	S.D. College, Barrisia
This form has been issue	d to Mr./Ms. Nisha Gayal	
Regd.No. SD (B)200-	-672 son of /daughter of Sh. Sush	el goyal
residing at Rovena	la state Runiab	0 1
Who has produced evid-	ence before me that He/She is entitled	to receive the Practical
Training as per ordinance New Delhi.	es framed by Punjabi University, Patiala,	under the rules from UGC
	Vandor	00
Date. 1.7.2 4	B Voc (MLMDT)	S.D.College, Bancileal
	B VOC (MEMOT)	S.D. College, Barnala
William Co.	Section II	The Control of the Co
1 Nisha Goyal	accept farance t Sight Deolor De	of computerised.
(Name of Student)	me of the Hospital / Laboratory) as n	ay trainer for the above
training and agree to obe	ey and respect him/her during the entire	period of my training.
		vo c.l
		Student
10.00	Section III	
Canamiet sligh	pt Misha Goyal as a trainee as	nd I agree to give
(Name of Trainer)	(Name of Student)	
Him/her training facilitie acquire:-	es in my organization so that during his	her training he/she may
Contract to the contract to th	and the second second	
Working knowledge of Practical Experience in	f keeping of records related to clinical labor	pratory.
a) Sample collection, pr	rocessing and preservation.	
	ken in clinical laboratory	
 d) Hematological analysis 		
e) Microbiological analy	ysis of samples.	
I also agree that a train	ed technologist shall be assigned for his/	her guidance.
		man Khu
		Apprended Computerised Laboratory
	Section IV	and agg Acref Shop No. 40 Barr
1000		ton
I certify that	has undergo	ne hours training
spread over	nonths in accordance with details enumer	red in section 14
	100	the Raining Philipping Laboratory
	Section V Head of	22 Acre, Shop No. 40 Bernala
A A		
I certify that/\(\Lambda\)	ordinances framed by Punjabi Universit	v. Patiala, under the sules
from UGC New Delhi.	oralination in allica by ranging office and	Mu
Date 31-7-44	Much	Pfincipal
Date: Milandi Milani	HOD	S.D. College, BARNALA
	B Voc (MLMDT)	S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

Date. 0.6.19

			(3)
			1
	SECTION I		-0-
This form has been issued to Mr./Ms	triyanka	Shaima	
This form has been issued to Mr./Ms Regd.No. 114-2-023-1228 Son of	/daughter of Sh	Jasvis Ku	S.D. College
residing at Sheepen			
Who has produced evidence before Training as per ordinances framed by New Delhi.	me that He/She is	entitled to receive th	s from UGC
Date 07/06/24 Nowl	/		Princip
100	~		lege, BARNAL
Nodal Off B Voc (ML	PETER CO.	Princ S.D. College	
	200000000000000000000000000000000000000	S.D.College	, barnala
80 . 1. 00	Section II		
I historical student) accept the	(Name of Trainer)	or Bome Superspecies	latze
(Name of Student) (Name of the H training and agree to obey and respect	ospital / Laborator	ry) as my trainer for	the above
training and agree to obey and respect	him/her during the	entire period of my tra	ining.
		Mess	~ XX
	Costlan VIV	Stu	dent
10-1-1-0 0-1	Section III		
I the present sing accept brigan ka	hom9 as a tr	rainee and I agree to gi	ve
(Name of Trainer) (Name of St Him/her training facilities in my orga acquire:-	udent) nization so that du	ring his/her training h	e/she may
1 Washing to a state of the state of		201220200-0000	
 Working knowledge of keeping of re Practical Experience in, 	cords related to clin	ical laboratory.	
a) Sample collection, processing and	preservation.		
 b) Precautions to be taken in clinical c) Hematological analysis. 	laboratory		
d) Biochemical analysis of various sar	mples.		
e) Microbiological analysis of samples			
	1		0-
I also agree that a trained technologis	t shall be assigned t	for his/her guidance	eiglity Hospital
	es anno meno monte estado de la composición	BWC 20harsh	Pood.
		(Apprentice Mast	aya Road,
		Name and address of	Institution
0	Section IV		2000
I certify that Vayanta Sharma	her u	indergone 180 hou	
spread over. And months in accor	dance with details e	enumerated in section I	Hespital
		dead of the Training To	414.47
	Section V	lead of the Training Ins	grandon .
I certify that Priyanka St	aima.	AND WIND CO.	
practical training as per ordinances from UGC New Delhi.		mpleted in all respen niversity, Patiala, unde	ct his/her r the rules
Date 0.6/07/24	m /		DO
Nodal Offi	car		Principal

	The state of the s	
(Name of Trainer)	(Name of Student)	as a trainee and I agree to give
Him/her training faciliti acquire:-	es in my organization so th	nat during his/her training he/she may
1. Working knowledge o 2. Practical Experience i	f keeping of records related	to clinical laboratory.
a) Sample collection, p	rocessing and preservation.	
 c) Hematological analy 	ken in clinical laboratory sis.	
 d) Biochemical analysis e) Microbiological anal 	of various samples.	
I also agree that a train	ed technologist shall be assi	gned for his/her guidance speciality Hospita
		(Apprentice Masterann (Pb.)
0	Section IV	Name and address of Institution
I certify that higher	ia Shaima	100
spread over.	onths in accordance with de	tails enumerated in section III spital
		ett en
	0.40.00400000	Head of the Training Institution
0.	Section V	Automised diginatory
I certify that! A	yanka Sharma ha	as completed in all respect his/her abi University, Patiala, under the rules
Date 9.6 07/24	Vander	D.C.
Carval.	Nodal Officer	Principal Principal
	B Voc (MLMDT)	ର୍ଗ ଜଣାକୁ ଅନ୍ୟାନ୍ତ ବ୍ୟବ୍ୟ ବ୍ୟବ୍ୟ ବ୍ୟବ୍ୟ ବ୍ୟବ୍ୟ ବ୍ୟବ୍ୟ ବ୍ୟବ୍ୟ କଥା । ଜଣ ବ୍ୟବ୍ୟ କଥା ବ

Date 31-7-24

PRACTICAL T	RAINING CONTRACT FORM FOR	MEDICAL LAB TECHNOLOGIS
This form has been iss	sued to Mr./Ms. HUSanp	sect Bawa College, BARNALA Baghel Bass Ajab e is entitled to receive the Practical
114-202	2 1054	Partil Age
Regd.No. 117	5-1037 Son of /daughter of Si	Dagner Dass
who has produced e Training as per ordina New Delhi.	vidence before me that He/Sh inces framed by Punjabi Univers	s entitled to receive the Practical ity, Patiala, under the rules from UGC
- 1 - 1 - 1	Naudor	-0
Date	Nodal Officer	Principal
	B Voc (MLMDT)	S.D.College, Barnala
		Principal
- Andrews designation and	Section II	S.D. College, BARNALA
LABORATERY (Name of the Hospital / Labor obey and respect him/her during) atory) as my trainer for the above the entire period of my training.
		Student
	Section III	Student
(Name of Trainer)	(Name of Student) (Name of Student) (Name of Student)	a trainee and I agree to give t during his/her training he/she may
Practical Experience Sample collection, Precautions to be Hematological and	processing and preservation. taken in clinical laboratory alysis. sis of various samples.	
	1	and for his thou midway ladd Gut
I also agree that a tra	ined technologist shall be assign	led for his/her guidance. OGurlal Singh.
		Lab Technician
	Section IV	(Apprentice Master) M.L.T Name and address of Institution
I certify thatHUSA spread over ONE	NPRGET AAWA h.months in accordance with det	Gurial Singh Head of the Training Ihalitytichnician
		Gurla! Singh
	Section V	Head of the Training Ibabty Bennician
750 YES 500 BOX #20	10	D.M.L.T
I certify that		completed in all respect his/her bi University, Patiala, under the sules
Date 31-1-24	Vander	S.D. College, BARNALA

Nodal Officer B Voc (MLMDT)

Principal S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

			13
	SECTION I	+ kan	60
This form has been issued to Mr./Ms	Mausaprec	2 1 i	Principal
Regd.No. 114-2023-1048 Son of	daughter of Sh.	Balvin Sing Colk	THE BARNALA
who has produced evidence before in Training as per ordinances framed by New Delhi.	state he that He/She	is entitled to receive the	Practical from UGC
Date. J. 6.24. Vale Nodal Offi B Voc (ML)	DOM: NO.	Princip S.D. College, 8.D. College,	
	Section II		and it to the table
I thus phut Kous accept Ph (Name of Student) 1 Alton Albry (Name of the He training and agree to obey and respect	spital / Laborat	tory) as my trainer for the	ne above
	Section III	Stude	ent pauce
(Name of Trainer) (Name of St Him/her training facilities in my orga acquire:-	but Koulas a		
1. Working knowledge of keeping of re 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical c) Hematological analysis. d) Biochemical analysis of various sai e) Microbiological analysis of samples.	preservation. laboratory mples.		
I also agree that a trained technologis	t shall be assigne	ed for his/her guidance. Por Vijay Computeriae	diaberatory
	Section IV	(Apprentice Maste Name and address of I	
	(Meteonicalis)	.0	
I certify that	dance with detail	s undergone .0.0 hours is enumerated in section II For Vijay Computerised 1	har-
	Water to the	Head of the Training Inst	
I certify that : Khushprud k practical training as per ordinances fr from UGC New Delhi.		completed in all respect University, Patiala, under	
Date 1.7.24 Vander			7
Nodal Off	icer	Princip	pal

B Voc (MLMDT)

Principal S.D.College, Barnata

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI



Principal

				acc
	SECTION I	01 -00	a D. College Ch	MALA
This form has been issued to Mr./M	us. Prince	Single		
This form has been issued to Mr./N Regd.No. 114-13-252 So residing at Barnala Who has produced evidence before	n of /daughter of Sh.	Prem 1	Kumac Siz	gla
residing at Barnala	State Pu	injas		14.
Who has produced evidence before Training as per ordinances framed New Delhi.	ore me that He/She I by Punjabi Universi	e is entitled to	o receive the Pra der the rules from	ctical UGC
Date 1-June 24 Va	uder			
	l Officer		Principal	2/
B Voc	(MLMDT)		S.D.College, Bar	Principal
0 4	Section II		B.D. College, I	BARNALA
Raine Sila Ho	Rawinder Star	11- 11-	1 - bosofuly	
(Name of Student)	(Name of Trainer	Alarothahala	andre de la descritación de la constante de la	
(Name of th	ne Hospital / Labor	atory) as my	trainer for the	above
training and agree to obey and re-	spect him/her during	the entire per	riod of my training	c
			100	Zin -
			Student	W
0	Section III			
PRQUINGER Slow accept Par	nce Singles	a trainee and	I agree to give	
(Name of Trainer) (Name	of Student)			
Him/her training facilities in my acquire:-	organization so that	t during his/h	er training he/sh	e may
1. Working knowledge of keeping	of records related to	clinical labora	atory.	
2. Practical Experience in,				
a) Sample collection, processing	and preservation.			
 b) Precautions to be taken in cli c) Hematological analysis. 	nical laboratory			
d) Biochemical analysis of various	us samples.			
 e) Microbiological analysis of sa 	mples.			,
	- 1			0/
I also agree that a trained techno	ologist shall be assig	ned for his/he	Pide City Lab	pressory
Contraction and the contract of the contract o		/		7
		(Ap	prentice Master)	
		Name a	nd address of Inst	itations.
0	Section IV			/
- Mainte	Gingla.	as undergone	180 hours to	alping
spread over	accordance with det	ails enumerat	ed in section III	200
spread over myse-ressure			Laborat	7
		Hand of th	e Training Institu	tion
	Section V	nead of 9	P Training Frische	YOP-
I certify that Prince	lingle	(1	
I certify that	ha	s completed	in all respect t	nis/her e rules
practical training as per ordinan from UGC New Delhi.	ices wamed by Punja	an university,	raunia, unuer the	. 10,00
	10/		0/	2
Date July 24	Marie		Q.	
	lal Officer oc (MLMDT)		S.D.College, Ba	rnala
B *0	and the same of			The second secon

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOL

OGI	
	18
	oe.
	Pr
sha	O. Conege, BA
	Practical from UGC
College,	ge, BARNALA pal Barnala
dir	izel Lab
y trai	
Stud	ent 4 asonder
to giv	
ng he	/she may
	^
Ma	Clinical La
mai Near	Clinical La
Maste ss of I	Bus Stand
hour tion II ama	s training Control Clinical Lar Bus Stand
respec	t his/her
under	the rules
-	0

	le's
SECTION I	Q.C
This form has been issued to Mr. (Mr. \$10.6.0.0 deep.)	Sharma
This form has been issued to Mr. / Ms.	S.D. Conege, b
Regd.No. 5/11 - 20/6-1760Son of /daughter of Sh. V	agan nath shaima
This form has been issued to Mr./Ms. Tagandeep Regd.No. 5111 - 2016-1760Son of /daughter of Sh. To residing at Manag State Punja Who has produced evidence before me that He/She is e Training as per ordinances framed by Punjabi University, Polynomial Punjabi University, Polyn	atiala, under the rules from UGC
Date 1 Tunk 24 Vander	S.D. College, BARNAL
Nodal Officer	S.D. Conogs
B Voc (MLMDT)	S.D.College, Barnala
Section II	
(Name of Student) (Name of Trainer) (Name of Student) (Name of the Hospital / Laboratory training and agree to obey and respect him/her during the	f. Kanual Chricel Lat as my trainer for the above entire period of my training.
	to the second se
	Student 4 450 rd
Section III	Student & Goodes
I Man't Sigaccept Gagardus Shassa tra (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that duri acquire:-	inee and I agree to give
Working knowledge of keeping of records related to clinical Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory	cal laboratory.
d) Hematological analysis. d) Biochemical analysis of various samples.	
e) Microbiological analysis of samples.	
	manyit such
I also agree that a trained technologist shall be assigned for	Near Bus Stand
	(Apprentice Master). Name and address of Institution
Section IV	Name and address of institution
I certify that Gagandeep Sharma has un spread over	ndergone l.k hours training on numerated in section III Kamai Clinical
and the second s	lead of the Training Institution
Section V	DATAMIC LANDAM (MI
I certify that Gagardey Sharme has compractical training as per ordinances framed by Punjabi Un from UGC New Delhi.	mpleted in all respect his/her niversity, Patiala, under the rules
Date / July 24 Jandor	00/
Nodal Officer	Pansipal
B Voc (MLMDT)	S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



		SECTION	1		JASDEEP
This form has be	een issued to Mr./	Ms. Jasde	ep kaur	S.D.	Co leg 08/03/20
Regd.No. [14-]	1023-1079 s	on of /daughter o	fsh. Bala	riader Sch	ga
residing at	Barnala	State	Punjab		,
Who has produ	ced evidence bef ordinances frame	fore me that He	/She is entitle	ed to receive	the Practical es from UGC
Date / Jun	24	Sanda			00
	Noda	al Officer			nulpal
		(MLMDT)			ge, Barnala ipa ge, BARNAL
I. Jasdeep	dent) Au. (Name of tree to obey and re	Section I Kul Lhuch (Name of Tr he Hospital / Lespect him/her de	Au Chyla ainer) aboratory) as uring the entire	Public my trainer for e period of my	Conpression the above training.
					lasdeep Kau
				S	tudent
S 1276	, L	Section I	П		
(Name of Trai	iner) (Name	of Student)			
Practical Exp Sample coll Precautions Hematolog Biochemical	lection, processing s to be taken in cli	g and preservation inical laboratory ous samples.		aboratory.	
				1	Λ -
I also agree th	at a trained techn	ologist shall be a	ssigned for his	Activities (1995)	Public Comp Lain Made 1818 Aq
		Section	TV	ne and and com	season heatrion
	Tor donn	Kaus		A. m	
I certify that spread over	Tac deep	accordance with	details enum	Kul Bank	ours training on III wen Guess uteriood Lab.
		Section	Head	Jain Mark	L'ESTATION
	T.	deep kam		Ph. 8167	9-230250
I certify that practical traini from UGC New	ng as per ordinar	nces framed by P	has comple unjabi Univer	ted in all res	pect his/her

Nodal Officer B Voc (MLMDT) S.D.College, Barnala

Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

College, MARMAL
e the Practical rules from UGC
Principal Hindi
for the above y training.
Student Hardeef Single
ng he/she may
ed Laboratory
Master)
hours training
Prop.* espect his/her
ender the rules
Haracan Discount of the

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

Regd.No. 114-2023-1042 Son of /daughter of Sh. Ranbis Regd.No. 114-2023- 1042 Son of /daughter of Sh. __ residing at Banala State Who has produced evidence before me that He/She is entitled to receive Training as per ordinances framed by Punjabi University, Patiala, under the New Delhi. Date 1 June 24 S.D.Col B Voc (MLMDT) Section II (Name of Student) (Name of Trainer) as my trainer training and agree to obey and respect him/her during the entire period of m Wijay Kurnat Singla Harder S as a trainee and I agree to (Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his/her training 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 quit For Vijay Computeris (Apprentice Name and addre Section IV I certify that Haldep Singly has undergone spread over months in accordance with details enumerated to sec For Vijay Computers Head of the Trainer Section V I certify that Hadup Singh has completed in all repractical training as per ordinances framed by Punjabi University, Patiala, from UGC New Delhi. **Nodal Officer** B Voc (MLMDT) S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

		1008		
	SECTION I	est kan		
This form has been issue	ed to Mr./Ms. Plantek pie	S.D. College, SAIN		
Regd.No. 114-2023-	1066Son of /daughter of Sh	Guyit Sings		
residing at Bac	nale state Puns	ias v		
who has produced evic	dence perore me that ne/sne/is	entitled to receive the Practical Patiala, under the rules from UGC		
Date / June 24	Vandor	00		
Datemannan	Nodal Officer	Principal		
	B Voc (MLMDT)	S.D. College, Barnala LA		
	Section II	The same of the sa		
1 Mahek Preet Kan	a accept Ma Kammi (MLTI)	or Civil Hospital		
Samuala (No	(Name of Trainer) ame of the Hospital / Laborator ey and respect him/her during the	ry) as my trainer for the above		
		Mahehabaeetker		
	Section III	Student		
N. V.				
I.Ms. Kamyu acco	ept !	rainee and I agree to give		
(Name of Trainer) Him/her training faciliti acquire:-	(Name of Student) ies in my organization so that du	ring his/her training he/she may		
	f keeping of records related to clir	nical laboratory.		
2. Practical Experience i a) Sample collection, p	n, processing and preservation.			
b) Precautions to be ta	ken in clinical laboratory			
 d) Hematological analysis 				
e) Microbiological anal				
I also agree that a train	ned technologist shall be assigned	for his/her guidance.		
		Kamul		
		(Apprentice Master)		
	Section IV	Name and address of Institution		
17.1		10		
I certify that	nonths in accordance with details			
		Head of the Traingegibraledical Officer		
	er at the	Head of the Training in Medical Officer		
'A S	Section V	¥c Civil Hospital Barnala		
I certify thatpractical training as pe	r ordinances framed by Punjabi U	ompleted in all respect his/her Iniversity, Patiala, under the rules		
from UGC New Delhi.	/	0		
Date July 29	Valar	Qt-		
	Nodal Officer	Reincipal		

Nodal Officer B Voc (MLMDT)

S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

	SECTIONI	01	26
This form has been issued to Mr./Ms.	Sucha	sharma 8	D. Commis RARMA
This form has been issued to Mr./Ms. Regd.No. 114-2023-1056 son of	/daughter of Sh.	Shir Ruma	s Shaima
residing at Barnale Who has produced evidence before Training as per ordinances framed by New Delhi.	StatePun/ me that He/She	is entitled to rece	eive the Practical
Date 1 True 24 Nodal Of B Voc (MI	ficer	S.D.	Principal College, Barnala pal
	Section II		
I. Sneha Shanna accept Ha	(Name of Trainer)		
training and agree to obey and respec		the entire period of	my training.
		9	sneha Sharin
	Section III		Student
(Name of Trainer) (Name of S Him/her training facilities in my org acquire:-	tudent)	a trainee and I agre	ender and
Working knowledge of keeping of r Practical Experience in, Sample collection, processing and Precautions to be taken in clinical Hematological analysis. Biochemical analysis of various see) Microbiological analysis of sample.	I preservation. I laboratory amples.	clinical laboratory.	
I also agree that a trained technolog	ist shall be assign		
		(Apprenti	ce Master)
	Section IV	Name and add	ress of Institution
I certify that Sucha Show spread over one months in accommonths in accommon ac	waha	s undergone 180	hours training
		Manual and the Wood of	ning Medical Officer
	Section V	Head of the Ingl	Civil Hospital Barnala
I certify that Sruhe practical training as per ordinances from UGC New Delhi.	sharme has	completed in all	respect his/her
Date / July 24 Vand	~		00
V Nodal O	fficer		Principal
B Voc (M	LMDT)	S.D.	College, Barnala

Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

This form has been issued to	Mr./Ms. Adash	Panda	S.D. Co. Co. BARNAL
Regd.No. 114-2023-108	Son of /daughter of Sh.	Anil P	anday
residing at Barnal	e State P	unjas	0
Who has produced evidence Training as per ordinances fr New Delhi.	before me that He/She		
Date 1 June 24	Vandow		DP /
114	Nodal Officer		Principal
	Voc (MLMDT)		S.D.College, Barnatancipal S.D. College, BARNALA
11.01	Section II		
I Holasuh landay acc	ept Mr. Kammi (MIT	Dor Civil	Haspital
(Name of Student) (Name training and agree to obey an	of the Hospital / Labora	tory) as my	trainer for the above
			Adarsh Panday
	Section III		Student
- Me Kanni	A		
(Name of Trainer) (N	ame of Student)	trainee and I	agree to give
Him/her training facilities in acquire:-		during his/her	training he/she may
1. Working knowledge of kee	ping of records related to	dinical laborate	ory.
2. Practical Experience in, a) Sample collection, proces			
b) Precautions to be taken i	n clinical laboratory		
 d) Hematological analysis. d) Biochemical analysis of v e) Microbiological analysis of 	Part of the state		
e) Microbiological analysis o	or samples.		
			Marian Control
I also agree that a trained te	chnologist shall be assigne		ACCUSED TO THE PARTY OF THE PAR
			entice Master)
	Section IV	Name and	address of Institution
A 1 P			. 0
I certify that	s in accordance with detail	s undergone . Is enumerated	in section III
			Town William
	Section V	Head of the	Tsaining Medication We Civil Hospital Barnala
A -0			AC CIAII LIDSbirm
I certify that Ada practical training as per ordi from UGC New Delhi.	nances framed by Punjabi	completed in University, Pa	all respect his/her atiala, under the rules
Date 1 July 24	sh don		00
Date July 29	Nodal Officer		Principal
	Voc (MLMDT)		S.D.College, Barnala
			en a Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI

This form has been issued to Mr./Ms.	ection i Vischal	garg.	S.D. Cellege	Principa
Regd.No. 114-2023-1058son of /da		ELLI des	Gara	BARNOT
residing at Barnala. St Who has produced evidence before me Training as per ordinances framed by Pun New Delhi.	that He/She	is entitled to	receive the Pr	
Date 1-Julie 24 Vander				
Nodal Officer B Voc (MLMD)	n		Principal S.D.College, 85	
I. Nischal Cang. accept . Ms. K (Name of Student) (Name of the Hospi training and agree to obey and respect him	ital / Laborat	ory) as my t	College, BAR L HOSPita rainer for the	INALA I above
			Nisch	al Gan
5	ection III		-	
(Name of Trainer) (Name of Stude Him/her training facilities in my organiza	ent) O	trainee and I furing his/her		ne may
1. Working knowledge of keeping of record 2. Practical Experience in, a) Sample collection, processing and pre- b) Precautions to be taken in clinical labor c) Hematological analysis, d) Biochemical analysis of various sample. e) Microbiological analysis of samples.	servation. oratory	linical laborato	ory.	
I also agree that a trained technologist sl	hall be assigne	d for his/her		
			entice Master) address of Inst	titution
	Section IV			
I certify that DIACHAI LAY spread over DNS months in accordan	has with detail	undergone . s enumerated	60 hours t	raining
			Tour.	-100
	Section V	Head of the	Traggingo Traditi	HighOfficer
I certify that Nischel G practical training as per ordinances fram from UGC New Delhi.		completed in University, Pa	all respect I	his/her e rules
Date 1 July 2024 Vandor			61	9
Nodal Officer			Principal	1
B Voc (MLMD)			S.D.College, Ba	rnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

				1
This form has been issued to Mr./Ms.	SECTION I	- 6	8.0	CG CG
rins form has been issued to Mr./Ms.	Jusm	een N	un	
Regd.No. 114-2023-1083 Son of	/daughter of S	in. Cham	kane s	ingh
residing at/ Who has produced evidence before Training as per ordinances framed by New Delhi.	State	runjab	t de manada	0
Date True - 24 Nodal Off B Voc (ML	ficer		S.D.Colle	incipal Principa ge, Barnala lege, BARNAL
	Section II			Sales and the Sales Sale
I	(Name of Traine	ratory) as m	ny trainer fo	or the above training.
			74	asmeen Kau
			(\$	tudent
1, 1, 1	Section III		U	
(Name of Trainer) (Name of St	udent)	s a trainee an	d I agree to	give
Him/her training facilities in my orga acquire:-	mzation so tha	t during his/	her training	he/she may
Working knowledge of keeping of re Practical Experience in, Sample collection, processing and Precautions to be taken in clinical c) Hematological analysis. Biochemical analysis of various same) Microbiological analysis of samples.	preservation. laboratory	o clinical labo	ratory.	
	1			
I also agree that a trained technologis	t shall be assig	ned for his /hi	ar quidance	
	Section IV	(A)		
· lasman Ka			10-	
I certify that A. ween Kar spread over Oak months in accor	dance with deta	as undergon ails enumerat	ed in section	urs training III
			9	an m
	Section V	Head of th	e Training M	reditation ficer
T could she Parence I	A STATE OF THE PARTY OF THE PAR		#c Civil H	ospital Barnala
I certify that Jasmeen k practical training as per ordinances fra from UGC New Delhi.	med by Punjal	completed oi University,	in all resp Patiala, und	ect his/her er the rules
Date 1- July - 24 Vander	8		6	0
Nodal Offic	cer		52	K.
B Voc (MLN			S.D.Colleg	e, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	SECTION I		1000
This form has been issued to Mr./Ms	Simean	Kumari sp.	College, BARNALA
Regd.No. 114-2023-1077 Son		4	
residing at Barnala Who has produced evidence before Training as per ordinances framed b New Delhi.	State Pu	yab is entitled to receive t	he Practical
Date Ture 2 4 Nodal O B Voc (N I. Simman Kumani accept (Name of Student) (Name of the	Section II	Abr Civil Hospi	ce, Barnala Pinicipal college, BARNALA
training and agree to obey and respe	Hospital / Laboral ect him/her during t	tory) as my trainer for the entire period of my to	the above raining.
			3 intraru
		Sti	udent
(Name of Trainer) (Name of Him/her training facilities in my or acquire:-	Student)	trainee and I agree to g	
1. Working knowledge of keeping of 2. Practical Experience in, a) Sample collection, processing an b) Precautions to be taken in clinical c) Hematological analysis. d) Biochemical analysis of various s e) Microbiological analysis of samp	d preservation. al laboratory samples.	linical laboratory.	
	1		
I also agree that a trained technolog	Section IV		f Institution
spread overQulmonths in acc	ordance with detail	Head of the Training 1	III
from UGC New Delhi.	framed by Punjabi	completed in all resp	ect his/her
Date 1 July 24 Nodal O	-	0	0
Nodal O B Voc (M	CONTROL OF	14252362365A	cipal e, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



				Procing
This form has been issued to Mr./Ms	Shaskan	Gree &	3.D. C-"	BABBA
Regd.No. 114-2022-908 Son of			kumar	
0	(1)		Kumuc	
Who has produced evidence before a training as per ordinances framed by New Delhi.	ne that He/She	is entitled to ty, Patiala, und	receive the F ler the rules fr	Practical om UGC
Date 1-7-2024 Nand	o~		-	0
Nodal Off	icer		Pkincipa	In-
B Voc (ML	MDT)		S.D.College, B	Principal
	Section II		S.D. Colleg	e, BARNALA
r. Brookan gang accept Rom	it Sind	of lok Se	The state of the s	of continuences
(Name of Studeot) (Name of the H training and agree to obey and respect	(Name of Trainer) ospital / Labora	itory) as my	trainer for the	above
training and agree to obey and respect	minyner during	the entire peri	V V	The state of the s
			Student	N. C.
	Section III		- Consider	
I fomict single accept Charles.	9000		annon to place	
(Name of Trainer) (Name of St	udent)	a trainee and 1	agree to give	
Him/her training facilities in my orga acquire:-	nization so that	during his/he	r training he/s	she may
1. Working knowledge of keeping of re	cords related to	clinical laborat	tory.	
Practical Experience in, Sample collection, processing and			10000	
b) Precautions to be taken in clinical				
 c) Hematological analysis. d) Biochemical analysis of various sa 	mnlee			
e) Microbiological analysis of sample				
I also agree that a trained technologic	st shall be assign	ed for his/her	ghidanse rape	Catory
			(us)	-
		Name and	rentice Master d address of In	stitution
	Section IV	1000		100000
Δ.ν	4.4		15.	annanan/r
spread over Incmonths in acco	rdance with deta	is undergone ils enumerated	in section III	training
		Head of the	ok Sewa Labo	ratory Nation
	Section V		WS /	
I certify that Bhaskari	Whas	completed in	n all respect	his/her
practical training as per ordinances f from UGC New Delhi.	ramed by Punjab	i University, F	atiala, under	he roles
	dr		4	rincipal
Date 31-7-2029 Nodal Of	ficer	9	D. Collage	Barnala
B Voc (MI			S.D.College, E	

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS



This form has been issued to Mr./Ms	SECTION I	S.D. College,
		D 1 D 1
Regd.No. 114-2022 - 900 Son of		
residing at <u>Raunala</u> Who has produced evidence before Training as per ordinances framed by New Delhi.	me that He/She	s entitled to receive the Practical
Date 03-07-24	dur	00
Nodal Off	CONTRACTOR OF THE PROPERTY OF	Printing
B Voc (ML	MDT)	S.D.College, Barnala
	Section II	S.D. College Principal
I Palak accept M		S.D. College, BARNALA
(Name of Student)	(Name of Trainer) ospital / Laborat	tory) as my trainer for the above
		Palak.
		Student
	Section III	
(Name of Trainer) (Name of St Him/her training facilities in my orga acquire:-	udent)	
1. Working knowledge of keeping of re 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical c) Hematological analysis, d) Biochemical analysis of various sai e) Microbiological analysis of samples	preservation. laboratory	linical laboratory.
	1	
I also agree that a trained technologis	t shall be assigne	(Apprentice Master) Name and address of Institution
0 0	11 Shirt Section 1	
spread over	dance with details	undergone! 8.9 hours training senumerated in section III
0	Section V	Head of the Traiging I madidate Officer
I certify that	amed by Punjabi	completed in all respect his/hor
Date 04-08-24 Jamle	~	00
Nodal Offi		W C I
B Voc (ML)	cer	Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

	6	3
	1	1
1	-Pr	ncipal

	SECTIONI	Princi
This form has been issued	to Mr./Ms. Tagfret No	rayan strotal motal naratans
Regd.No. 114-2022 - 8	Son of /daughter of Sh	Ram yash
residing at Bauncha	State Luy	s entitled to receive the Practical Patiala, under the rules from UGC
Date 1.7.24	Vander	00
Date	Nodal Officer	Principal
	B Voc (MLMDT)	S.D.College, Barnala
	Section II	S.D. College Principal
Name of Stydent) Laboratory (New training and agree to obe	(Name of Trainer) \	S.D. College, BARNALA Sof. Tuniob Computer Scale ory) as my trainer for the above ne entire period of my training. Student
. ^	Section III	
(Name of Trainer) Him/her training facilitie acquire:-	(Name of Student)	trainee and I agree to give uring his/her training he/she may
	keeping of records related to cl	inical laboratory.
2. Practical Experience in	rocessing and preservation.	
b) Precautions to be tak	cen in clinical laboratory	
 d) Hematological analysis 		
e) Microbiological analy		
	1	
I also agree that a train	ed technologist shall be assigned	d for his/her guidance.
		Punish Computerised Laboratory (Apprentice Master) Name and address of Institution
	2 2 22	Name and address of Institution
	Section IV	10
I certify thatJag ped spread over	Narayan Sungla has	Puniab Computerised Laboratory
		Head of the Indiana Institution
	Section V	100
I certify that	ordinances framed by Punjabi	completed in all respect his/her University, Patiala, under the rules
Date 31.7.24	Vandor	011
Date	Nodal Officer	Pilnopal
	B Voc (MLMDT)	S.D.College, Barnala Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOG

D. College, BARRALA
ingh
eive the Practical ne rules from UGC
·el
Principal Principal
D. College, BARNALA
er for the above my training.
Naudee P Sings
ee to give
ining he/she may
ress of Institution
nours training ection III
Hospital BARNALA respect his/her

ST Callege BARNALA

	SECTION I		
This form has been issued to Mr./Ms	Navdiet	Sengh	S.D. College, Santan
Regd.No. 114-2022-862 Son of /d			
0 1	State / P	curjab is entitled to	receive the Practical
Date 1: 8:24 Vander			-0
Nodal Office	r		Printpal
B Voc (MLMD	T)		S.D.College, Barnala Princip
	Section II		S.D. College, BARNAL
(Name of Student) (Name of Student) (Name of the Hosp training and agree to obey and respect hi	lame of Trainer; pital / Labora	atory) as my	trainer for the above
			Naudeep SI
	Section III		
(Name of Trainer) (Name of Stud Him/her training facilities in my organizacquire:-	ent)		
1. Working knowledge of keeping of reco 2. Practical Experience in, a) Sample collection, processing and prob b) Precautions to be taken in clinical late c) Hematological analysis. d) Biochemical analysis of various sample) Microbiological analysis of samples.	eservation. coratory	clinical laborat	ory.
I also agree that a trained technologist s	hall be assign	(Appr	Etighus Computerised Lab entities Sivelijuspital BAR
	Section IV	Name and	address of Institution
I certify that Navdoup Syspead over One months in accorda	nce with deta	as undergone ils enumerated	8.0. hours training in section III
I certify that Maudoof Single practical training as per ordinances fram from UGC New Delhi.	Section Vhas	completed in	Training Institutional Section Compile Section BARNALA all respect his/her atiala, under the rules
Date 31.8.24 Vandar			00
Nodal Office	Trans.		Principal
B Voc (MLMD	(T)		S.D.College, Barnpincipa

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI:

This form has been been a section i	2 * / *
This form has been issued to Mr./Ms. Shimal	S.D. College
This form has been issued to Mr./Ms. Shimal & Regd.No.114-2022 - 870 Son of /daughter of Sh.	labbar Saile
residing at Bauna le State	Provided V
Who has produced evidence before me that He/She is Training as per ordinances framed by Punjabi University, New Delhi.	Control of the contro
Date 1.7.24 \\nuder	. 0
Nodal Officer	Blog
B Voc (MLMDT)	S.D.College, Barnala
Santian **	Principal
SP. O C o J. Section II	
1 Shimal Saif! accept Me level Sick	of Khungi Leb
(Name of Trainer)	al se suu tooto de la
training and agree to obey and respect him/her during the	entire period of my training.
	Shina Soufi
Section III	Student
(Name of Trainer) (Name of Student)	
nim/ner training facilities in my organization so that duri	ing his/her training he/she may
acquire:-	
Working knowledge of keeping of records related to clini Practical Experience in the second	cal laboratory.
Practical Experience in, Sample collection, processing and preservation.	
Precautions to be taken in clinical laboratory	
c) Hematological analysis.	
d) Biochemical analysis of various samples. e) Microbiological analysis of samples.	
y managem unarysis of samples.	Hampwest Short
Tales ages that a task at a second	Managast Singh Khurmi
I also agree that a trained technologist shall be assigned for	or his/her guidance Med. Technologist
	Khurmi Computerised Lab
	(Apprentice Basta) a148101(Pb.) Name and address of Institution
I certify that Shind Suff has un	traine and address of Institution
I certify that Shimal South	100
spread over	dergone
in accordance with details en	dimerated in section III
	Plant Singh Khurmi
// Section V	and of the Trainin Manufact Singh Khurmi Med. Technologist Med. Technologist Med. Technologist Computerised Lat.
Do 1/0000	Med. Technologist Med. Technologist Med. Technologist Computerised Lat Persity Patiala under the miles and the mil
practical training as per ordinances framed by Punjabi Unit from UGC New Delhi.	versity, Patiala, under the rules
Date 31.7.24 Vandan	
Nodal Officer	of 1
. Todai Officei	Principal

B Voc (MLMDT)

S.D.College, Barnala Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

This form has been issued to Mr./Ms	indiagnoseet	Aing D. Colle
110 2 222 - 910 - 444	J Alt	Single
Regd.No. 114-2022-414 Son of /d	aughter of Sh. 1	ax origin
Who has produced evidence before me Training as per ordinances framed by Pu New Delhi.	that He/She is entiti	ed to receive the Practical
Date 1.7.24 Vander		00
Nodal Office	er	Principal
8 Voc (MLMS	OT)	S.D.College, Barnala
0	Section II	Ş.D. College, BARNALA
(Name of Student) (Name of the Hos	Name of Trainer) pital / Laboratory) as	my trainer for the above e period of my training.
		Lind Jun meet Sing
N 1	Section III	
(Name of Trainer) (Name of Stud	(ent) as a trainee	and I agree to give
Him/her training facilities in my organi acquire:-	zation so that during I	nis/her training he/she may
Working knowledge of keeping of reco Practical Experience in, Sample collection, processing and pr	eservation.	aboratory.
 b) Precautions to be taken in clinical la c) Hematological analysis. 	boratory	
d) Biochemical analysis of various sam	ples.	
 e) Microbiological analysis of samples. 		is Proud Silve
		Managet Singh Khurmi
e) Microbiological analysis of samples. I also agree that a trained technologist	shall be assigned for hi	s/her guidance Med. Technologist
		Khurmi Computerised Lah (ApprenticeMaster)148101(Pb.)
	Nar	ne and address of Institution
0	Section IV	
- Jul Jun Prost	Curto has under	gone
spread over	ance with details enum	ersted in section III
0	Head	of the Training Institution Med. Technolog
1.1 / 1	Section V	Khurmi Computerised L
I certify that June June 1	has comple med by Punjabi Univer	ted in all resperantial 46101(P
from UGC New Delhi.	1	- 0
Date 31:7:24 Van	da	2 tu
Nodal Offic		S.D.College, Barnalaincipal
B Voc (MLM	01)	\$,D, College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	SECTIONI	Proceed
This form has been issued to Mr./Ms.	kajal Kumaru	S.D. College BARNALA
Regd.No. 114-2012-896 Son of	daughter of Sh. Ravina	ndan Choubly
residing at Barrolot Who has produced evidence before Training as per ordinances framed by New Delhi.	state ftugab me that He/She is entitled	to receive the Practical
Date. 1:7:24 Nodal Of B Voc (MI	The state of the s	S.D.Colleger Barnala
	Section II	S.D. College, BARNALA
IKAJAJKUMAJU accept .A. (Name of Student)	(Name of Trainer) lospital / Laboratory) as my	trainer for the above
		Student
	Cartina TIT	Student ()
	Section III	
(Name of Trainer) (Name of S Him/her training facilities in my orgacquire:-	tudent)	
1. Working knowledge of keeping of real Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical c) Hematological analysis. d) Biochemical analysis of various sample (a) Microbiological analysis of sample (b)	l preservation. I laboratory amples.	
I also agree that a trained technolog		The state of the s
		oprentice Master) and address of Institution
	Section IV	24
I certify that KAN LUM spread over O AND J months in acco	ordance with details enumerat	e IRO hours training ed in section IN
	Head of to	he Training Institution
I certify that	framed by Punjabi University,	in all respect his/her Patiala, under the rules
Date 31: 7:24	ndar	De la
Nodal ¹ O	fficer LMDT)	S.D.College, BarnaPrincipal
et l'a		

S.D. College, BARNALA

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

	SECTION I	4:	and the same
This form has been issued to Mr./Ms	Amandeep	Kauss.D. Coll	ege, BARNALA
Regd.No. 114-2012-878 Son of	/daughter of Sh	Jaggeet sing	gh
residing at Balkencla	state Punio	th of	
Who has produced evidence before Training as per ordinances framed by New Delhi.	me that He/She is	entitled to receive	
Date 1.7.24 Name	lan	0	0/
Nodal Off	icer	PN	ncipal
B Voc (ML	MDT)	S.D.Colle	ge, Barnala
	Section II	S.D. Co	Princip://
1 0 0			The second of th
	(Name of Trainer)	Anna Anna Anna	
training and agree to obey and respect			
		A	manduf tudent Kaw
	Section III	S	tudent Law
	200		
I. L. M. Karly Madaccept Am And (Name of Trainer) (Name of St Him/her training facilities in my orga acquire:-	udent)	_	_
1. Working knowledge of keeping of re	cords related to clini	cal laboratory.	
Practical Experience in, Sample collection, processing and Precautions to be taken in clinical			
 c) Hematological analysis. d) Biochemical analysis of various sa e) Microbiological analysis of sample 			
	1		
I also agree that a trained technologis	st shall be assigned f	or his/her guidance	A San Namagas
		Communication of	Mario C
		Name and address	
	Section IV		
1 1 0 m	***	100	
I certify that	rdance with details e	ndergone	ours training
		lead of the Training	S Maria
	Section V	Colls.	The state of the s
Amon day	CONTRACTOR OF THE PARTY OF THE	Ex m	Manago
I certify that	P. CHANCHAS corramed by Punjabi Un	mpleted in all res niversity, Patiala, un	pect his/her der the rules
Date 31.7.29	Jun /		20
Date	lear		incipal
B Voc (ML	D. C.	S.D.Colle	ege, Barnalarincipal
3917 NI	0.0000000000000000000000000000000000000	0.5	- mincipal

RD College BARNAL

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI

SECTION I	The same of the sa
This form has been issued to Mr./Ms. Tauhpret Ko	
Regd.No. 114-2021-885 son of /daughter of Sh. Niv	mal Singh
who has produced evidence before me that He/She is enti Training as per ordinances framed by Punjabi University, Patia New Delhi.	tled to receive the Practical ala, under the rules from UGC
Date 7.6.24 Vandor	00/
Nodal Officer	Principal
B Voc (MLMDT)	S.D.College, Barnpincip
Section II	S.D. College, BARNAL
I TOYSH D'rut Kaw accept Qu. Rapin Charolo of	Abea hashilal
(Name of Student) (Name of Trainer) (Name of Trainer) (Name of the Hospital / Laboratory) a training and agree to obey and respect him/her during the ent	s my trainer for the above ire period of my training.
	Jasehpee
	Student
Section III	
1. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
1. Working knowledge of keeping of records related to clinical 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.	laboratory.
I also agree that a trained technologist shall be assigned for h	(Apprentice Master)
	me and address of Testitution
Section IV	Oheron
I certify that Touch Put Kaun has under spread over months in accordance with details enur	ergone
Hear	of the Training Institution
Section V	Consult Court
I certify that	eted in all respect his/her
Date 7.7.24 Vandor	0//
Nodal Officer B Voc (MLMDT)	S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS



Principal S.D.College, Harindipal

3.D. College, BARNALA

	SECTION I	
This form has been issued to Mr./Ms	Honey	S.D. College
Regd.No.114 - 2022 - 902 Son of /	daughter of Sh.	Smarinath
residing at <u>Bathinda</u> Who has produced evidence before n Training as per ordinances framed by P New Delhi.	ne that He/She	is entitled to receive the Practical y, Patiala, under the rules from UGC
Date 01:07:24 Vand Nodal Office B Voc (MLM		Principal S.D.College, Barnala
	F	Prin
I	Name of Trainer) spital / Laborat	S.D. College, BARIWIL of Life Care Loeb, (Dr Par tory) as my trainer for the above the entire period of my training.
		Warry
	12-01-01-01-01	Student
The second secon	Section III	
(Name of Trainer) (Name of Stu Him/her training facilities in my organ acquire:-	dent)	trainee and I agree to give during his/her training he/she may
Working knowledge of keeping of rec Practical Experience in, Sample collection, processing and p		linical laboratory.
b) Precautions to be taken in clinical la	aboratory	
c) Hematological analysis.		
d) Biochemical analysis of various sam		
 e) Microbiological analysis of samples. 		Campbet Singh
	1	Carolite
I also agree that a trained technologist	shall be assigned	Gurpreet Singh
		(Apprentice Master) Hone.
		AND THE RESIDENCE OF THE PARTY
	Section IV	2 LC
I certify that Hours in accord	has lance with details	undergone!R.D., bours training senumerated in section III Life Care Laboratory
		Gurpreet Singh
		Head of the Training Enshitution
	Section V	incide Dr. Partap Nursing Home.
I certify that	med by Punjabi	completed in all respect his/her University, Patiala, under the rules

Nodal Officer B Voc (MLMDT)

Date. 4/: 0.8:24

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS



		The same
The face bear from Second	d to Mr./Ms. Simeaujit	S.D. College, BARNALA
This form has been issue	d to Mr./Ms. SITTOR LUTY	11 . 2 . 1
Regd.No. 114 - 2011 -	866 Son of /daughter of Sh. Br	ilder singu
residing at hule who has produced evid Training as per ordinance New Delhi.	State CLYO lence before me that He/She is o les framed by Punjabi University, P	entitled to receive the Practical
Date \$ 3 07-24	Vandan	00.
	Nodal Officer	S.D.College, Barnala
	B Voc (MLMDT)	Principa
0. 01.	Section II	S.D. College, BARNAL
(Name of Student)	(Name of Trainer) me of the Hospital / Laboratory ey and respect him/her during the	o) as my trainer for the above entire period of my training.
	Santian III	Student
white	Section III	1
(Name of Trainer) Him/her training faciliti acquire:- 1. Working knowledge o 2. Practical Experience is a) Sample collection, p	rocessing and preservation. ken in clinical laboratory sis. s of various samples.	ing his/her training he/she may
I also agree that a train	ed technologist shall be assigned f	or his/her guidance. Yawwi 1 T (Apprentice Master)
		Name and address of Institution
71	Section IV	
I certify that	nonths in accordance with details e	ndergone
		Tertain
I certify that	Restant III Valle	dead of the Training Institutionicer Senior Medical Officer Civil Hospital Barnala mpleted in all respect his/her niversity, Patiala, under the rules
Date 64-28-24	Naudar	OP -
	Nodal Officer	Principal
	B Voc (MLMDT)	S.D.College, Barnala

Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

	1	100			
	И		•		a
	ч	ā	E	Ł	7
	Λ	9	26.	8.	
		No.		7	20
•	1	0	ed.	à.	
ď		暖		(A	200
rigi	60	Ji.	16	M	H

S.D.College, Barnala

Principal

SECTI	C Part of the second se
This form has been issued to Mr./Ms. Auch	deep Singh S.D. College BARN
Regd.No. 14-2022 - 860 Son of /daught	er of sh. Harder Singh
who has produced evidence before me that Training as per ordinances framed by Punjabi New Delhi.	He/She we entitled to receive the Practical
Date 8:8: 24 Vander	00
Nodal Officer B Voc (MLMDT)	S.D.College, Barnala
Sectio	n II Princi
1. Alshdeep Singh accept Ms Kam	S.D. College, BARNA
(Name of Student) (Name of the Hospital / training and agree to obey and respect him/her	Trainer) Laboratory) as my trainer for the above
	Arshdoeb Singf
Section	
(Name of Trainer) (Name of Student) Him/her training facilities in my organization acquire:-	
1. Working knowledge of keeping of records rel 2. Practical Experience in, a) Sample collection, processing and preserva b) Precautions to be taken in clinical laborator c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.	tion.
THE RESERVE THE PROPERTY OF TH	
I also agree that a trained technologist shall be	assigned for his/her guidance.
Section	(Apprentice Master) Name and address of Institution
I certify that Anshaech Singh spread over and months in accordance wi	has undergone .l.c hours training th details enumerated in section III
Sectio	Head of the Arming Institution
0 0 1 1 1 0	has completed in all respect his/her
Date 8. 9. 24 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Nodal Officer	
7.700.00.000.000.000.000.000.000.000.00	Proficion

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI

	SECTION I	S.D. College, Bath
This form has been issued to Mr./Ms		Singh
Regd.No. 114-2012 - 871 Son of /	daughter of Sh. Jog	inclue Singh
who has produced evidence before m Training as per ordinances framed by P New Delhi.	State Payouh e that He/Shevis enti	tled to receive the Practical
Date 8:8:24 Naud	0/	00
Nodal Offic	70.00	Principal
B Voc (MLM	DT)	S.D.College, Barnala Principal
	Section II	S.D. College, BARNALA
1. Shivchalan Sighaccept Ms.	kamni or	Civil Hospital
(Name of Student) (Name of the Hotraining and agree to obey and respect)	Name of Trainer) spital / Laboratory) a	s my trainer for the above
		9/0
	Castles III	Student
An var o Contra	Section III	
(Name of Trainer) (Name of Stu Him/her training facilities in my organ acquire:-		
Working knowledge of keeping of rec Practical Experience in, Sample collection, processing and p Precautions to be taken in clinical lac) Hematological analysis, Biochemical analysis of various same	reservation. aboratory aples.	laboratory.
e) Microbiological analysis of samples.		
		and the second representative and the
I also agree that a trained technologist	shall be assigned for h	47 M C 1994 C 200 M C 1994 C 1
		(Apprentice Master)
	Section IV	me and address of Institution
I certify that Shiv Chanan Sing spread over ene months in accord	hhas under lance with details enum	gone .NO hours training erated in section III
0	Section V Head	of the service Heatifution
I certify thatShivchanan S practical training as per ordinances fra from UGC New Delhi.	AXIAhas comple	eted in all respect his/her
Date 8 9 24 1 1 1		00
Nodal Offic		Principal
B Voc (MLM	DI)	S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS



This form has been issued to Mr./Ms	SECTION I	S.D. College, BARMALA
III to a see to to	square orny	
Regd.No. 114-2022-1016 Son of	AND DESCRIPTION OF THE PARTY OF	The second secon
who has produced evidence before Training as per ordinances framed by	State Runjah me that He/She is e Punjabi University, P	entitled to receive the Practical
New Delhi.		
Date		0
Nodal Off B Voc (ML		Principal S. D. College
2 700 (110		S.D.Coffege, Barnala
	Section II	S.D. College, BARNALA
Nursing and agree to obey and respect	ospital / Laboratory	as my trainer for the above entire period of my training.
	Section III	Student
(Name of Trainer) (Name of St Him/her training facilities in my orga acquire:-	udent)	ALTO CONTRACTOR OF THE CONTRAC
1. Working knowledge of keeping of re	cords related to clinic	al laboratory.
2. Practical Experience in,		W/W/X62530.85
 a) Sample collection, processing and b) Precautions to be taken in clinical 	preservation. laboratory	
c) Hematological analysis.	mano managa.	AL
 d) Biochemical analysis of various sate e) Microbiological analysis of samples 		his/her quidance Carpered Single
	-	9 520
I also agree that a trained technologis	t shall be assigned for	the there evidence Gulf
I also agree that a trained technologis	c anan be assigned to	Life Care Laboratory
		Gurpreet Singh
		Name and address at Institution
0.00	Section IV	Barnals-148101 (Pb.)
I certify that Taloal Singh spread over	dance with details en	Name and all all assistances (Pro) Barnal -148101 (Pb.) dergone
		Life Care Laboratory
	He	ad of the Training Institutionsh
0 0 0	Section V	B.Sc, MLT (PTU)
I certify that	nas com	pleted in all@gespect@161s/her versity, Patiala, under the rules

Nodal Officer B Voc (MLMDT)

Date. A.L. A.S. 24

S.D.College, Bapyancipal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI:

				10
	SECTION I			200
This form has been issued to Mr./M	is. Lovedeeb	Singh	S.D. College	Princin
Regd.No. 114-2022-874 Sor	of /daughter of Sh.	Jackin	Singh	- Seminario
residing at <u>Bankala</u> Who has produced evidence beformation as per ordinances framed New Delhi.	State / wi	is entitled t	o receive the	
Date	when		0	0
	Officer		Princip	at
B Voc	(MLMDT)		S.D.College, E	Princip
	Section II		S.D. College	
I LOVE CED Singh accept	(Name of Trainer)	U	rds Compa	tirised
training and agree to obey and resp	pect him/her during	the entire per	riod of my train	ing.
			Love	edeel Sing
	Section III			
(Name of Trainer) (Name of Him/her training facilities in my of acquire:-	of Student) organization so that			
Working knowledge of keeping of 2. Practical Experience in,	of records related to	clinical labora	story.	
a) Sample collection, processing a				
 b) Precautions to be taken in clini c) Hematological analysis. 	ical laboratory			
 d) Biochemical analysis of various e) Microbiological analysis of sam 				
	1			
I also agree that a trained technol	ogist shall be assign	ed for his/her	r guidance.	herstory
		Edonds	Computarised Li Computarised Li prentice Master id, address of Co	PNALA
		(AP)	prentice Master	1
	Castley TV	Name an	address of In	stitution
1 1 2	Section IV		Muddy 8	W. C.
I certify that	ccordance with detail	Is enumerate	18.9. hours	13 .
	rises about the	Head of th	e Training Insti	ENHALA
	Section V			
I certify that			in all respect Patiala, under	

Nodal Officer B Voc (MLMDT)

Date ... 01-08:24

S.D.College, Barnala Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

		-
	SECTION I	2.2
This form has been issued	d to Mr./Ms. SUKHULL KQU	S.D. College BARDIA
	Son of /daughter of Sh. 6/W	Old College and Market
		Ande Sirgh
who has produced evide	ence before me that He/She is ent	ritled to receive the Practical
Training as per ordinance	es framed by Punjabi University, Pati	ala, under the rules from UGC
New Delhi.	a) don	0.0
Date.!-7-2624	Nodal Officer	Plan
	B Voc (MLMDT)	S.D.College, Barnala Princip
	Section II	S.D. College, BARNAL
1. Sukhus kaus	accept An Shamshad of J	
(Name of Student)	(Name of Trainer)	The state of the s
training and agree to obe	me of the Hospital / Laboratory) is and respect him/her during the ent	as my trainer for the above tire period of my training.
		Rukhvin lear
		Student
S 20 A 180	Section III	
1.Pm. Shamshold, accep	ot Sukhvia Kausi as a traine	ee and I agree to give
(Name of Trainer) Him/her training facilitie	(Name of Student) s in my organization so that during	his/her training he/she may
acquire:-		may men arising mer size may
1. Working knowledge of	keeping of records related to clinical	laboratory.
2. Practical Experience in	, ocessing and preservation.	
b) Precautions to be tak	en in clinical laboratory	
 c) Hematological analys d) Biochemical analysis 		
e) Microbiological analys		1
	1	M
I also agree that a traine	d technologist shall be assigned for h	his/her guidance/
		POSTAL
	N-	(Apprentice Master)
	Section IV	ine and address of Institution
I certify that Suk	huis caushas unde	len //had
spread over	onths in accordance with details enun	nerated in section III
		Gen. 14 No.13 48304
	Head	of the Training Institution
	Section V	
I certify that	ordinances framed by Punjabi Unive	eted in all respect his/her rsity, Patiala, under the rules
Date 31 - 7-2024	1 1	00
Date	Nodal Officer	o - Principal
		N D Callibrat

B Voc (MLMDT)

s.B. Conege Barnatanala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

					100 0
		SECTION I	, 0		Princip
This form has been issu			100	S.D. College	
Regd.No. 114-2012	- 863 Son of /d	aughter of S	sh. Jatena	ler kuma	H
residing at <u>Roven</u> Who has produced evi Training as per ordinan New Delhi.	ala s	tate	Punjah	to receive the	Donation
Date 1.08.24	Nodal Office	_		RE	2/
	B Voc (MLMD			S.D.College, I	Barnala .
	~	Section II	0	S.D. Colleg	e. BARNAI
I Yetish Jain (Name of Student) (Name of Student) (National Student) (National Student)	ame of the Hosp	esh du ame of Traine ital / Labo m/her durin	eratory) as m	ias Compu	terised
				yatist	h jain
0		ection III		Stude	nt
(Name of Trainer)	ept Yalish	lain		d I agree to give	
Him/her training facilit acquire;-	ies in my organiz	ation so the	at during his/	ner training he/	she may
Working knowledge of 2. Practical Experience if a) Sample collection, p b) Precautions to be tac) Hematological analysis e) Microbiological analysis e)	n, processing and pre sken in clinical labors sis. s of various sampl	servation. oratory	o clinical labor	atory.	
	1				
I also agree that a train	ed technologist sh	all be assig	The second secon		
		ection IV	Name	opren CZmaster popren CZmaster pd address of In	skytipm/
I certify that	ti'sh Jain nonths in accordan	ice with det		NE1239	training
I certify that	tiel Jain	ection V	Rami	putelling where	URBA C
practical training as per from UGC New Delhi.	ordinances frame	ed by Punja	bi University,	in all respect Patiala, under t	his/her he rules
Date 31.08.24	Nanda			4	8km
,	Nodal Officer			e n cPrincipa	Parmela
	B Voc (MLMDT)		5.8: Conega, B	arfiala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

			A STATE OF THE STA
This form has been issued to Mr./Ms	SECTION I	kan -	
			0
Regd.No. 114-2012-884 Son of	/daughter of Sh.	gwinel	Sugh
who has produced evidence before in Training as per ordinances framed by New Delhi.	State (Luc ne that He/She Punjabi Universi	is entitled to ty, Patiala, und	receive the Practical er the rules from UGC
Date.1-7-2024 Vom Nodal Offi B Voc (MLI	T. T. T. L.		Principal S.D.Coffege, Barnala
	Section II		Principal
Sukhula kara	The state of the s	-	S.D. College BADMAL
(Name of Student) (Name of Student) (Name of the Hetraining and agree to obey and respect	(Name of Trainer) ospital / Labora	story) as my t	rainer for the above
			Pulchurg Laces
	Section III		Student
(Name of Trainer) (Name of St Him/her training facilities in my orga acquire:-	A. LOUAL as	14-	- 1-
1. Working knowledge of keeping of re 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical c) Hematological analysis. d) Biochemical analysis of various same) Microbiological analysis of samples.	preservation. laboratory mples,	clinical laborato	iry.
I also agree that a trained technologis	t shall be assign		R. SHAMSHAU
			address of Institution
	Section IV	6	HEWST CODAINS
spread overmonths in accor	dance with detail	s undergone ils enumerated	hours training in section At 3. A8304
		Head of the 1	raining Institution
ALMONOUTH TO THE TOTAL TO THE TOTAL	Section V		
I certify that	amed by Punjab	completed in i University, Pa	all respect his/her tiala, under the rules
Date 31-7-2024 Vande	/		De la
Nodal Offi	and the same of th		S.D. Cincipal Barnala
B Voc (MLI	101)	-	s.b.Conege, Barnata

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI

í	A CONTRACTOR OF THE PARTY OF TH
GI	
۱	
	Production
E.	PARAMONIA

S. S. C. College, Barriala

	SECTION I	and the contract	Proce
This form has been issued to Mr./N	1s. Apashde	ep Sings.D.	College, BARNA
Regd.No. 114-2022-861 Sor			Single
residing at <u>Roundla</u> . Who has produced evidence before Training as per ordinances framed New Delhi.	State Po	ujab	re the Practical rules from UGC
Date 1.08.24	ander		00
	Officer MLMDT)		Principal
	,,,,,	5.0.00	llege, Barnala
0111111	Section II	SDC	Princip Princip Pliege, BARNAL
Bon Name of the training and agree to obey and resp	Hospital / Labor	of Tuends Com	spliderised Slabou
			Student
	Section III		was land On
(Name of Trainer) (Name of Him/her training facilities in my of acquire:-	Studenti		
Working knowledge of keeping of 2. Practical Experience in, Sample collection, processing a b) Precautions to be taken in clinic c) Hematological analysis. Biochemical analysis of various e) Microbiological analysis of sample.	nd preservation. cal laboratory	clinical laboratory.	
- 1000			
I also agree that a trained technolo	gist shall be assign	ed for his/her guidanc	en Sinsh
	Section IV	(Apprentice Name and address	
I certify that PKOLLAMO And spread over AMC months in acc	bha cordance with detai	s undergone 150 Is enumerated in secti	
	Section V	Head of the Training	and the second s
I certify that A KONNO Rh practical training as per ordinances from UGC New Delhi.	ich ha	completed to the	
Date31.08.24	moles		De.

Nodal Officer B Voc (MLMDT)

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

CECTION	Principal
This form has been issued to Mr./Ms. 109-10.	O. O. COllego RAPNALA
Regd.No. 114-2-022 - 10 7 Son of /daughter	
residing at <u>Boundo</u> State Who has produced evidence before me that H Training as per ordinances framed by Punjabi Un New Delhi.	rungah le/She is entitled to receive the Practical
Date 1:08:24	00
Nodal Officer B Voc (MLMDT)	Principal S.D.College, Barnala
	Princip.
Section	0
I again Name of the Hospital /	(rainer) Laboratory) as my trainer for the above
training and agree to obey and respect him/her of	during the entire period of my training.
	Student Seven S
Section	Ш
(Name of Trainer) (Name of Student) Him/her training facilities in my organization sacquire:-	o that during his/her training he/she may
1. Working knowledge of keeping of records related. Practical Experience in, a) Sample collection, processing and preservation by Precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.	on.
I also agree that a trained technologist shall be	For Punjab Hi-Tech Laboratory (Apprentice Master)
Section	Name and address of Institution
I certify that Tag jeevan Singh spread over and months in accordance with	h details enumerated in section III
Section	Hearts Haming Institution
Te - 10014 0 1	has completed in all respect his/her
Date 31.8.29 Vandr	@
Nodal Officer B Voc (MLMDT)	S.D.o.College, Banata

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

SECTION I	Friedding
This form has been issued to Mr./Ms. Kulwinde	4. Kour S.D. College, Carmine
Regd.No. 114-2012 - 891 Son of /daughter of Si	n. Swifeet Singh
residing at Bathinda state Pu	wiah "
Who has produced evidence before me that He/Sh	nyic antitled to resolve the next t
Training as per ordinances framed by Punjabi University	sity, Patiala, under the rules from UGC
01 1	
Date. 4.08:24 Vander	0.6
Nodal Officer	Principal
B Voc (MLMDT)	S.D.College, Barnala
Section II	S.D. College, BARNALA
I Kulcoinder Kom 8 Townsont 800	
(Name of Student)	or History Diagnostic
""" I ahor	atory) as my tening for the ch
training and agree to obey and respect him/her during	the entire period of my training.
	Kulvoinder Kaurt
	Kultomatri
Section III	Statelit
(Name of Trainer) (Name of Student)	2414111
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 Jahoratons
z. Fractical Experience in,	contrat laboratory.
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.	
1	
I also agree that a trained technologist shall be assign	ed for his/her guidance.
	(Apprentice Master)
	Nama Rickalld AGNODA HELLIAB
Section IV	BARNALA
I certify that Kulionder Kour ha	as undergoneks hours training
spread overmonths in accordance with deta	ils enumerated in section III
	APEX DIAGNOSTIC LAB
	Head of the Training ASTIVATION
Cartina V	

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

Principal

I certify that Kulunindu Koun 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. 2. 24.

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI



Principal

		Mark Color Color	Principal
	SECTION I	S.D. Coller	BARNADA
This form has been issued to Mr./Ms	semaan	Singh	-
Regd.No. 114-2012 - 871 Son of			gh
who has produced evidence before in Training as per ordinances framed by New Delhi.		entitled to receive the	
Date 1.7:24 Van	V	0/	0
Nodal Offi	cer	Princ	mal
B Voc (MLI	Control of the Contro	S.D.College,	
	AND THE RESERVE OF THE PARTY OF		Principal
	Section II	S.D. Colleg	ge, BARNALA
(Name of Student) (Name of the Hetraining and agree to obey and respect	(Name of Trainer) ospital / Laborati	ory) as my trainer for	the above
			Amora
		Stud	ent
2	Section III		
I Kaldeco Singlaccept Atmoor	Singleas a	trainee and I agree to giv	re
Him/her training facilities in my orga acquire:-		uring his/her training he	:/she may
Working knowledge of keeping of re Practical Experience in, Sample collection, processing and Precautions to be taken in clinical Hematological analysis. Biochemical analysis of various same) Microbiological analysis of samples.	preservation. laboratory mples.	inical laboratory.	
	1		
I also agree that a trained technologis	t shall be assigned	d for his/her guidance.	
		Néapprentice Mast	Control of the Contro
	Section IV	Kuldeep C	_
I certify that Atmom Singh spread over months in account	dance with details	undergone	
		Friends Comput	erised Laboratory
	Section V	Head of the Frairitid his	P S-4
I certify that	4has	completed in all respec	ct his/her
Date 31.7.2024 Vands	7	1	01/
Nodal Off	57575 W.	Princ	IDAL
B Voc (ML	mui)	S.D.College	parnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	CECTION T	500
This form has been issu	section i suneh -	Kaux S.D. College, SAN
Regd.No. 114-2011-	817 Son of /daughter of Sh.	wement Such
residing at Bound	. 0 1	entitled to receive the Practical
Date 02-01-24	Vander	Batashari
Date M. A. T. M. A. T	B Voc (MLMDT)	Principal S.D.College, Barnala
	Section II	S.D. College, BARNAL
Tech(N	accept (ARC+ika VPh)MQ o (Name of Trainer) lame of the Hospital / Laboratory bey and respect him/her during the	r) as my trainer for the above entire period of my training.
		Switch Kaws
	Section III	
(Name of Trainer) Him/her training facilit acquire:- 1. Working knowledge of the control of the	processing and preservation. aken in clinical laboratory ysis. is of various samples. lysis of samples.	ing his/her training he/she may
I also agree that a trai	ned technologist shall be assigned for section IV	(Apprentice (Master) M.D. Patholog Name and address of Institution ital, Barna
	months in accordance with details e	ndergone 300 hours training numerated in section III
	н	lead of the Training Institution D Patholog
	Section V	ead of the Training Institution 1.17 Page 100 Groves Hospital Barno
	er ordinances framed by Punjabi Un	npleted in all respect his/her
Datenmannam.	нор	Principal ()
	B Voc (MLMDT)	S.D.College, Barnala

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOG

as (
PTIREIDIZOZZ OGB, BAISHAKSHI
Rajput
the Practical les from UGC
Principa Sallege BARNALI
or the above training.
ghe Student
give
g he/she may
е.
Master H CENTRE
Prop. hours training
Y HEALTH SENTRE
arnest his ther

Principal S.D.College, Barnata

		Propries
	SECTION I	S.D. College, BA SHAKSH
This form has been issued to Mr./	Ms. Shabshi	
This form has been issued to the	Tier	mout ofnah Princet
Regd.No. 114-2021-816 Seresiding at Baunala	on of /daughter of Sh.	and sign again
who has produced evidence be Training as per ordinances frame	fore me that He/She is ent of by Punjabi University, Pati	itled to receive the Practical ala, under the rules from UGC
New Delhi.	als des	
Date. 2 - 1 - 2 - 2 - 4	HOD	Principal
B Vo	c (MLMDT)	S.D.College, Barnala
		Princi
0111.	Va : 0 Section II Classes	19. STY CAllege BARNA
T Shals Ws accept	Kawveler Short	City Danier g
(Name of Student) (Name of training and agree to obey and re	(Name of Trainer) the Hospital / Laboratory) espect him/her during the en	as my trainer for the above tire period of my training.
training and agree to obey and it	apect miny mer and	
		Student
	Section III	Student
Mr Louisches Sharing	Ch. Lelv	d T some to give
(Name of Trainer) (Name Him/her training facilities in macquire:-		
1. Working knowledge of keepin	o of records related to clinica	l laboratory.
2 Practical Experience in.		
a) Sample collection, processing	g and preservation.	
b) Precautions to be taken in c	linical laboratory	
 d) Hematological analysis. d) Biochemical analysis of variety 	ous samples.	
e) Microbiological analysis of s	amples.	
I also agree that a trained tech	nologist shall be assigned for	his/her guidance.
		Apprentice Master CENTRE
		Name and address of institution
	Section IV	
×1 1	. 0	Prop.
I certify thatmonths i	n accordance with details en	dergone340 hours training
	He	ad of the Training Institution
	Section V	
a la		all parant his than
practical training as per ordina from UGC New Delhi.	inces framed by Punjabi Uni	pleted in all respect his/fier versity, Patiala, under the rules
A Committee of the Comm	01. 0	
Date 4:3:24	Ourons	Principal 0

HOD

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been issued to Mr./Ms		5.1	D. Collega	
Regd.No. 114-2021 - 815 Son of	/daughter of Sh	Pam Nima		Anni de la constita
who has produced evidence before in Training as per ordinances framed by I New Delhi.	State	unjab		ical IGC
Date #2:01-24	~			
B Voc (ML)	(DT)	Prin S.D.O	cipal College, Barnal	00
	Section II			Julia
(Name of Student) (Name of Student) (Name of the Hotraining and agree to obey and respect	nenden Son			Principa BARNALA
			01	
			Sabru	
1 Sugicinden Soni accept Salana (Name of Trainer) (Name of Stu	Section III dent)	trainee and I agree	to give	
Him/her training facilities in my organ acquire:-	ization so that	during his/her train	ing he/she m	ay
Working knowledge of keeping of rec. Practical Experience in, Sample collection, processing and p. Precautions to be taken in clinical lac. Hematological analysis. Biochemical analysis of various same. Microbiological analysis of samples.	reservation. boratory	linical laboratory.		
I also agree that a trained technologist	shall be assisted			MOLY
e and the second	Section IV	(Apprentice Name and addre	SS OF Institute	icen
I certify that	Section V has ned by Punjabi		ab. Tech. Suren	atory der Soni

Principal S.D.College, Barnala

Date...04:03:24

HOD B Voc (MLMDT)

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



This form has been issued to Mr./Ms. Laj Kumau S.D. College.	Principal
residing at Barnala State funjah Who has produced evidence before me that He/She is exitted to receive the Pri	actical
Training as per ordinances framed by Punjabi University, Patiala, under the rules from New Delhi. Date 92.06-24 HOD Principal S.D.College, Bar Section II (Name of Trainer) (Name of the Hospital / Laboratory) as my trainer for the position of the Hospital / Laboratory)	n UGC
training and agree to obey and respect him/her during the entire period of my training	
Section III York Signature of Student 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 acquire:-	e may
Working knowledge of keeping of records related to clinical laboratory. Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples.	
I also agree that a trained technologist shall be assigned for his/her guidance.	
(Apprentice Master) Name and address of Jasth Section IV I certify that	tution Prop.
I certify that Ruj kumarihas completed in all respect hi practical training as per ordinances framed by Punjabi University, Patiala, under the from UGC New Delhi.	s/her

Principal

HOD B VOC (MLMDT

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



				100
This form has been issued to Mr./Ms	SECTION I		S.D. College,	ARNALA
Regd.No.114-2021-813 Son of	/daughter of S	h. Surindi	u Kumai	
who has produced evidence before representations as per ordinances framed by New Delhi.	_State	unjas		
0100	JAM'S	Try Tusining unio	or the rules from	n ugc
B Voc (ML)	MDT)		Principal	Miket
0	Castley vv		S.D.S.D. College	
Bankada (Name of the Ho training and agree to obey and respect	Name of Trainer	A CONTRACTOR OF THE PARTY OF TH	rainer for the a	bove
			Student	1014
	Section III			TO DO
(Name of Trainer) (Name of Stu Him/her training facilities in my organ acquire:-	au as	a trainee and I a	agree to give training he/she	may
Working knowledge of keeping of rec Practical Experience in,		clinical laborato	ry.	
Sample collection, processing and p Precautions to be taken in clinical la	reservation.			
c) nematological analysis.			1	
 d) Biochemical analysis of various sam e) Microbiological analysis of samples. 			1	Project
I also agree that a trained tack-out	autour process and the		read Labor	ospital,
I also agree that a trained technologist I certify that POOMAM	shall be assign	Delhi Col	DI. Keni BARNALA	8729A
	Carrier and	Name and a	diress of Institut	tions
V	Section IV	Won	1	Victory
I certify that OOMAM. I certify that OOMAM. I certify that practical training as per ordinances frantfrom UGC New Delbi	ha	s undergone & ls enumerated in Delh	hours who	NALA 914A-49978
0	Section V	Head of the T	aining Teorgamor	
I cartify that	SOUTH T		Mob. gal	
practical training as per ordinances fran	ned by Punjabi	completed in a University, Pati	all respect his/ ala, under the ru	her les

HOD Vander

Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



Principal S.D.College, Barnala

	Principal
SECTION	S.D. College, BARNALA
This form has been issued to Mr./Ms. NOVI	et kaus
Regd.No. 114-2021-812 Son of /daughter of	
Political Son of Adaughter of	sh. noopa orga
residing at Pakho - Kalar State	Parjah
Who has produced evidence before me that He Training as per ordinances framed by Punjabi Univ. New Delhi.	She is entitled to receive the Practical versity, Patiala, under the rules from UGC
Date 2 Jon, 8084 HOD	Principal
B Voc (MLMDT)	S.D.College, Barnala
Section II	Frincip
I Name tans accept Release K	Turdol River S.D. College, BARNAL
(Name of Student) (Name of Tra	iner)
training and agree to obey and respect him/her du	boratory) as my trainer for the above
	1 h bot tous.
	Student
Section II	
(Name of Trainer) (Name of Student)	Las a trainee and I agree to give
Him/her training facilities in my organization so acquire:-	that during his/her training he/she may
1. Working knowledge of keeping of records related	d 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.	
cy moreological analysis of samples.	
I also agree that a trained technologist shall be as	signed for his/her guldance.
	Rakem Kamas Jaidel
	(Apprentice Master)
Section IV	EISTO でもがけられている。
	LABORATORY
I certify that Naugot Kaus	has undergone 360 hours training
spread over	letails enumerated in section III
	Raleess kunne Jandal
ماه اللات العالمات ال	Head of the Training Institution EISHU COMPUTERTSED
Section V	
practical training as per ordinances framed by Pur	has completed AM QRATORY his/her hjabi University, Patiala, under the rules
Date Alkerts 2024 Vander	- 0

HOD

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



	S.D. College Barries
This form has been issued to Mr./Ms. Manput /	No. of the last of
Regd. No. 114-2021-811 Son of /daughter of Sh. Ratic	i cinali
who has produced evidence before me that He/She is entitle Training as per ordinances framed by Punjabi University, Patiala New Delhi.	<u> </u>
Date\$2::01:2.4 HOD B Voc (MLMDT)	Principal S.D.College, Barnara
Section II	S.D. College Prinefpal
IMON DELEGATION ACCEPT GRUSS DELEGATION OF LIFE (Name of Trainer) [Name of Student) (Name of the Hospital / Laboratory) as training and agree to obey and respect him/her during the entire	де сояе
	Manyaraet Kawar
· Section III	Student
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that during his acquire:-	s/her training he/she may
J. Working knowledge of keeping of records related to clinical lab Practical Experience in, Sample collection, processing and preservation. Precautions to be taken in clinical laboratory Hematological analysis. Biochemical analysis of various samples. Microbiological analysis of samples.	Care Laboratory
	Charles Control Control Control
(A Name	her guidance: M.T (PTU) e Dr. Partap Norsing Hon.e. Bamals-148101 (Pb.) Apprentice Master) and address of Institution
Section IV	0 1. 100
I certify that Manbacet X919(has undergo spread over months in accordance with details enumerable Life	one 2.9.9 hours training atted in section III Care Laboratory Gurpreet Singh
#TALWELL WILL	the Training Institution
I certify that	Partap Nursing Hone Barnals 148101 (Pb.) d in all respect his/her y, Patiala, under the rules

Date 04 . 03 . 24

HOD MINDT

Principal

OK,

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



				RY
This face to	SECTION I	. ,	S.D. Colle	Principal
rills form has been issued to Mr./Ms	manp	rut Ka	S.D. College,	BARNALA
Regd.No. 114 - 20 21 -985 Son of /d	aughter of Sh	Jagger	Lingl	
This form has been issued to Mr./Ms	State // / that He/Sho njabi Univers	Innjab is entitled to ity, Patiala, unde	receive the Pracer the rules from	ctical UGC
Date 02-01-24 Vander				
B Voc (MLMD	T)		Principal S.D.College, Barn	O.R.
CASHANAMAN NAME AND ASSESSED TO THE PARTY OF	Section II		3.D. College	Princip
I Manbareet Noven accept Guerb (Name of Student) (Name of the Hosp training and agree to obey and respect his	mine of trailect	territor to the Control	же	
			Manbare	ret kaus
, ,	ection III		Student	
Name of Trainer) (Name of Stude Him/her training facilities in my organizacquire:	MOUSIas ent) ation so that	a trainee and I a	gree to give training he/she	may
Working knowledge of keeping of record. Practical Experience in, Sample collection, processing and preb) Precautions to be taken in clinical laber. Hematological analysis. Biochemical analysis of various sample.	servation. oratory			a. A.
e) Microbiological analysis of samples.	es. I		Curpied	hay!
d) Biochemical analysis of various sample e) Microbiological analysis of samples. I also agree that a trained technologist sh	all be assigne	ed for his/her gu	Care Laborator Idan Strippedt Sing B.Sc., MLT (P) Partap Nursing Hor Itiga Mustap 01 (F)	gh (U) (26.)
		Name and a	ddress of Institut	ion
ALCOHOL STATE OF THE STATE OF T	ection IV		3 1.	1 Carl
I certify that	ce with detail	s undergone .3	Gurpreet Singh	
S	ection V	Head of the Tra	B.Sc. MLT (PTU)	
I certify that Manbaleet Koun practical training as per ordinances frame from UGC New Delhi.	d by Punjabi	AND DESCRIPTION OF THE PARTY OF	Jamail-140101 V	'
Date 04.03:24 Will				

HOD B Voc (MLMDT)

Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIS

			1
			400
This form has been	SECTION	1	
***** Torin has been	issued to Mr./Ms. Jaya	Sharma sp Co	Man I Manual
Regd.No. 1/7-2	issued to Mr./Ms. Jaya 0 2/-832 son of /daughter of	ish. Manchar 1	0.0
Who has produced	evidence before me that He, nances framed by Punjabi Univ	unjab	
Date 2 . 1 . 21	Noda Officer		area from ogc
A. A	Nodal Officer B Voc (MLMDT)	р	rincipal
	a voc (MLMD1)	S.D.Coll	ege, Barnala
Jan da	Section II		Princi
training and agree/to	(Name of the Hospital / Lat obey and respect him/her duri	ner) poratory) as my trainer fing the entire period of my	or the above training.
			. Owners
(Name of Trainer)	Section III Compt Jaya Sharme (Name of Student)	s a trainee and I agree to	tudent give
acquire:-	(Name of Student) lities in my organization so th	at during his/her training	he/she may
1. Working knowledge	of knaping of		
Practical Experience Sample collection	in,	to clinical laboratory.	
	processing and preservation, taken in clinical laboratory		
d) Biochemical analys	is of various same.		
e) Microbiological and	alysis of samples.		
I also agree that a trai	ned technologist should	Mark 200 Mark 1997	
	ned technologist shall be assig		110
		Ralcesh Kame	
	Section IV	(Apprentice Mas	Institution
I certify that	Tarra at	1 4 5 5 5 5 5	
spread over2	Jaya Sharman	as undergone	ors training
		Rolein Kima	Just
. 7	Section V	Head of the Training To	ERTSED
practical training as per from UGC New Dollar	ya Sharm 9 has	complete ABORATO	RY _{his/her}
Date 4.3.24	1 1.	The state of the s	the rules
and the second section of	Janay		-0

Principal Principal

Nodal Officer B Voc (MLMDT)

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



	SECTION I		Principal
This form has been issued to Mr./Ms	Amsit	picet stagollege	BARNALA
This form has been issued to Mr./Ms Regd.No. 114-2021-806 Son of	/daughter of Sh.	Ranjet Kingh	
who has produced evidence before recogning as per ordinances framed by New Delhi.	_State	titled to receive the Pr	ractical
Date 2.1.2624 HO	11500	Principal S.D.College, Ba	
(Name of Student) (Name of the Hotraining and agree to obey and respect	ospital / Laboratory)	S.D. College Elsku Compact as my trainer for the ntire period of my trainin	above
Rakesh Kulingscept Amrithmed (Name of Trainer) (Name of St. Him/her training facilities in my orga	udent)	nee and I agree to give	kaug ne may
2. Working knowledge of keeping of re 2. Practical Experience in, a) Sample collection, processing and b) Precautions to be taken in clinical c) Hematological analysis. d) Biochemical analysis of various same) Microbiological analysis of samples	preservation. laboratory	il laboratory.	
I also agree that a trained technologis I certify that Amril breef. Kaux.	Section IV E	(Apprentice Master) (Appre	TSED
I certify that	Section V EI	Hern Kanne SHU COMPUTER	Judul ISED
Date 4:3:2024	Jul		

HOD Vander B Voc (MLMDT)

Principal
S.D.College, Barnal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGI

2	25	,
	3	
	BAENKIA	

	On the last
SECTION 1	· Al of an College Baralia
This form has been issued to Mr./Ms	y stages. B. come
Regd.No. 114-2021-83 Son of /daughter of Sh	Taksem Singh
residing at Bachala State	lunias 1
This form has been issued to Mr./Ms. Regd.No. 114-2021-83 Son of /daughter of Sh residing at Bachala State Who has produced evidence before me that He/She Training as per ordinances framed by Punjabi Univers New Delhi.	is entitled to receive the Practical ity, Patiala, under the rules from UGC
Date 2:1:2014	
Nodal Officer	Principal
B Voc (MLMDT)	S.D.College, Barnala
SectionalI	S.D. College, BARN
I YOUR AJ SINGH JANDW accept Show Pal	at dauta come.
(Name of Student) (Name of Trainer	
training and agree to obey and respect him/her during	
training and agree to souly and corporation, has define	J CV
	12180
Section III	Stedent
I Shir Pal accept YourAJ SINGH JANDUAS	C 1852000 000 02200 000 0150200
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that	
acquire:-	during ma/ner training ne/ane may
1. Working knowledge of keeping of records related to	clinical laboratory.
Practical Experience in, Sample collection, processing and preservation.	
b) Precautions to be taken in clinical laboratory	
d) Hematological analysis. d) Biochemical analysis of various samples.	
e) Microbiological analysis of samples.	
	ned for His Aber dutte Shanti Hall Gate
I also agree that a trained technologist shall be assign	ned for his/her guidence.
	Shop No. 2.
	(Apprentice Master)
72/04/20	Name and address of Institution
Section IV	
I certify that XWAJ SINGH ANDU his spread over	is undergone 300 hours training
	Total Comparation H
	Head of the Training Institution
Section V	Specification And Annie
practical training as per ordinances framed by Punjab	completed in all respect his/her of University, Patiala, under the rules
from UGC New Delhi.	
Date4:3:2024 Varial	
Nodal Officer B Voc (MLMDT)	Principal S.D.College, Barnale
- 1-3 (1-11-17)	The section of the se

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	(0)6
SECTION	S.D. Call
This form has been issued to Mr./Ms.	oseet Kaus College, BARNALA
Regd.No. 114-2021-807 Son of (daughter of Sh	Man meet Sinch
This form has been issued to Mr./Ms. SECTION I Regd.No. 114-2021-807 Son of /daughter of Sh residing at Khur Khur A, Dhur State P Who has produced evidence before me that He/She Training as per ordinances framed by Punjabi Universi New Delhi.	is/entitled to receive the Practical ty, Patiala, under the rules from UGC
Date. 92 . 01-24 HOD	
B Voc (MLMDT)	Principal S.D.College Bernet
	S.D.College, Barnala
I. Aushpacet Koust accept Dr. Chim Again (Name of Student) (Name of Aller) (Name of Student) (Name of the Hospital / Labora training and agree to obey and respect him/her during	
	postpacet kaun
Section III	Student
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so that acquire:-	
1. Working knowledge of keeping of records related to 2. Practical Experience in,	clinical laboratory.
a) Sample collection, processing and preservation. b) Precautions to be taken in clinical laboratory c) Hematological analysis.	
Biochemical analysis of various samples. Microbiological analysis of samples.	
I also agree that a trained technologist shall be assigned	ed for his/her guidance.
	Q on a
	(Apprentice Master)
Section IV	Name and address of Institution
I certify that	s undergone 300 hours training
	Head of the Training Institution of the Barnals Senior Hospital Barnals completed in all respect his/her
	Head of the Training Instituted Cal Barnal
Section V	Senio, Mospilar
I certify that Assumet Kau has practical training as per ordinances framed by Punishi	CHILL
practical training as per ordinances framed by Punjabi from UGC New Delhi.	University, Patiala, under the rules

Principal

Date...94:03:24

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



				-
	SECTION T		SD Caller	-
This form has been issued to Mr./Ms	Jaipe	atap s	ing Lyxk	ALL NEWS
This form has been issued to Mr./Ms Regd.No	/daughter of Sh.	sewa	sinch	
residing at Box no le	P. P.	2000	()	
Training as per ordinances framed by New Delhi.	ne that He/She Punjabi Universit	the formation of the	receive the Prac ler the rules from	tical UGC
Date 22:01:24 HO	dev			
B Voc (MLI	The second second		Principal S.D.College, Barre	ala ha
	Section II		SD Coll-	Principa
Lame of Student) (Name of the W.	Sibha Aggar (Name of Thalmer)	wood Civil	tospital	
training and agree to obey and respect	him/her during t	tory) as my the entire perio	rainer for the at	oove
			Tripartal Si	not Week
	Section III		Student	0
I. D. Mibby Aggraccept Caipath (Name of Training facilities in my organ acquire:-	same h With as a ident)	trainee and I furing his/her	agree to give	may
Working knowledge of keeping of rec Practical Experience in	ords related to a	Union to be a second		
Practical Experience in, Sample collection, processing and processing an		inical laborato	iry.	
 b) Precautions to be taken in clinical I. c) Hematological analysis. 	aboratory			
Biochemical analysis of various san Microbiological analysis of samples	nples			
I also agree that a trained to the		a sur con more records		
I also agree that a trained technologist	shall be assigned	d for his/her g	uidance.	
		HO Law	tatice Master)	
	Cartina Tu	Chate Hood	address of Institut	tion
T.0 10 C 1	Section IV	Barnan		
I certify that Jachastaf Singh spread over months in accord	lance with details	undergone enumerated i	n section III	ing
		2	R	- Test
	Section V	Head of the T	raining Institution	ical Omcala
I certify that Jalpartap Sing	h. Wisk has c	completed in	raining Institution	spital
practical training as per ordinances fra from UGC New Delhi.	med by Punjabi I	University, Pat	dala, under the ru	iles

Principal

Date 94:03:24

HOD B Voc (MLMDT)

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

SECTION	
This form has been issued to Mr./Ms. Togoda	b singh S.D. College SARNAL
This form has been issued to Mr./Ms. Tagali Regd.No. 114-2021 - 986 Son of /daughter	of sh. Davinder squal
residing at Dhanalila State	Punjab
Who has produced evidence before me that Ho Training as per ordinances framed by Punjabi Un New Delhi.	e/She/is entitled to receive the Practical
Date 03/1/34 HOD B Voc (MLMDT)	Principal S.D.College, Barnala
Section I Tagdee P Singh, accept Rate K (Name of Student) (Name of T training and agree to obey and respect him/her of	S.D. College, BARNA of Eisha Compating & Lab (rainer) Laboratory) as my trainer for the above
training and agree to obey and respect min/ ner o	Jaghet Singh
	Student
I Roken K. Jadal Jagdoop Sings	ш
(Name of Trainer) (Name of Student) Him/her training facilities in my organization so acquire:-	
1. Working knowledge of keeping of records related. Practical Experience in, a) Sample collection, processing and preservation of the precautions to be taken in clinical laboratory c) Hematological analysis. d) Biochemical analysis of various samples. e) Microbiological analysis of samples.	ion.
I also agree that a trained technologist shall be	assigned for his/her guidance.
Section	Rakera Kama Jundare (Apprentice Master) EISHU COMPUTERTSED
I certify that Jagdesh Singh spread over months in accordance with	Rakiesh Kama Darolak
I certify that	LABORATORYhas completed in all respect his/her
Date 0 9 03 24 HOD Vander	Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



Principal S.D.College, Barnale

			-00
	SECTION I		Princ
This form has been issued to Mr./Ms	Dildeep	senglo	S.D. College, BARN
Regd.No. 114-2021-1019 son of	/daughter of Sh.	Amond	och sough
who has produced evidence before a Training as per ordinances framed by New Delhi.	_State	ls entitled to	receive the Practical
Date 2:1:24	alu-V		Balantani
B Voc (ML	MDT)		Principal S.D.College, Barnala
	Section II		40
1 Dilolelp Singhoccopt Rs	section 11	1-1-	S.D. College, BAR
(Name of Stedent) (Name of the Hotraining and agree to obey and respect	(Name of Trainer) ospital / Labora	tory) as my	trainer for the above
	Section III		/ Student /
(Name of Trainer) (Name of St. Him/her training facilities in my organ acquire: 1. Working knowledge of keeping of rest. Practical Experience in, a) Sample collection, processing and post precautions to be taken in clinical local Hematological analysis. d) Biochemical analysis of various same) Microbiological analysis of samples	ords related to coreservation. aboratory	during his/her	training he/she may
I also agree that a trained technologist	shall be assigne	d for his/her g	guidance.
I certify that Dildup Sing		Name and	300. hours training
spread overmonths in accord	Section V	Head of the	Training Institution
practical training as per ordinances fra from UGC New Delhi.	med by Punjabi	completed in University, Pa	all respect his/her itiala, under the rules
Date			Principal A

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



SECTION I	
This is a second of the second	-1
This form has been issued to Mr./Ms. Canandup	Shainie
This form has been issued to Mr./Ms. Ramandup. Regd.No. 114 - 2020 - 850 Son of /daughter of Sh. Ashok	Kumai Shaima
residing at Barrala State Punias	
residing at Barnala State Punjas Who has produced evidence before me that He/She is entitled to Training as per ordinances framed by Punjabi University, Patiala, un New Delhi.	to receive the Practical nder the rules from UGC
Date 02:01:24 HOD	
B Voc (MLMDT)	Principal S.D.College, Barrata
Section II	S.D. Coll. Principal
r Ramandeeb. Shanma. accept . Grundheet Lingh of . Life (Name of Trainer) (Name of Trainer) (Name of the Hospital / Laboratory) as my training and agree to obey and respect him/her during the entire pe	trainer for the above
	Duran
	Student
rinumpheet singh accept Romandeep shannas a trainee and	
Him/her training facilities in my organization so that during his/h acquire:- 1. Working knowledge of keeping of records related to clinical labora 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.	atory.
I also agree that a trained technologist shall be assigned for his/her	Life Care Laboratory
Section IV	nd address of History
I certify that Ramandeeb Aharima has undergone spread over months in accordance with details enumerate	.360Bamais-148101 (Pb.) .360Bamais-148101 (Pb.) ad in section III (map)
Section V Head of the	Life Care Laboratory e Training Testitude Singh B.Sc. MLT (PTU)
0	ida Ly. Partap Nursing Hon/e.

HOD Vand

Date ... 04.63.24

Principal

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST



Principal S.D.College, Barnala

	SECTION I		200
This form has been issued to Mr./Ms	Resham	Sengh	Princip
Regd.No. 114-2018-975 Son of	daughter of Sh.	kala sing	College, Date
who has produced evidence before in Training as per ordinances framed by F. New Delhi.	State Run	is entitled to recei	ve the Practical e rules from UGC
Date 2/1/24 HOL	dr	Market Market	2002
B Voc (MLN		Princ	cipal ollege, Barnala 🏽 🎵
The second secon		5.5.0	onege, parnara
0 1	Section II		S.D. College BA
I Lesham Silghaccept Vi Id Name of Student) Name of the Ho training and agree to obey and respect	(Name of Trainer) spital / Laborat him/her during t	he entire period of i	r for the above my training.
			Student
	Section III		
(Name of Trainer) (Name of Stu Him/her training facilities in my organ acquire:-	ization so that d	luring his/her train	to give ing he/she may
1. Working knowledge of keeping of rec 2. Practical Experience in, a) Sample collection, processing and p b) Precautions to be taken in clinical lac) Hematological analysis. d) Biochemical analysis of various same) Microbiological analysis of samples.	reservation. aboratory	inical laboratory.	
Tales and the same and the same and			^
I also agree that a trained technologist	Section IV	(Apprentice	Master)
I certify that Resham Sing	Collins of the contract of the collins of the colli	undergone 180 enumerated in sec	82
I certify that Resham Signarctical training as per ordinances (refrom UGC New Delhi.	med by Punjabi	For Vijay Gompute	respect his for
Date 4/2/24 HOD MA	1-/		
HOD VIV	2000	Princip	pal 00
	PROPERTY.	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.

PRACTICAL TRAINING CONTRACT FORM FOR MEDICAL LAB TECHNOLOGIST

	SECTION	1	S.D. College HARM
This form has been issued to Mr./Ms	Els	hu	The second second
Regd.No.SD (6)2006-21 Son of residing at Balnala Who has produced evidence before	/daughter o	sh. Rakesh	Kumae
residing at Balnale	State	Pharak	
Who has produced evidence before raining as per ordinances framed by New Delhi.	me that He/ Punjabi Univ	She is entitled to versity, Patiala, un	receive the Practical der the rules from UGC
Date 92:61:14 B Voc (ML)			Principal S.D.College, Barnal
	Section II		Princi
I	(Name of Trai	iner)	S.D. College, BARNA
		- Pari	da or my training.
			Elm
21 2 1 10	Section III		Student
(Name of Trainer) (Name of Str Him/her training facilities in my organ acquire:-	huudent) nization so t	.as a trainee and I	agree to give
acquire:-			training trey sine may
Working knowledge of keeping of rec Practical Experience in, Sample collection, processing and p Precautions to be taken in clinical Ic Hematological analysis. Biochemical analysis of various same) Microbiological analysis of samples.	preservation. aboratory		ory.
I also agree that a trained technologist	shall be ass	igned for his/her	guidance.
		Rakent	~ 10
	Section IV	EISHU C	OMPUTERTSED
I certify that	fance with de	LA	BORATORY Sep hours training
		Rakessa	Kuman Jardal
	Section V	FISHU CO	SMPOTERTSED
I certify that		LAB	ORATORY
Date04.03:24	les .		
HOD B Voc (MLM	DT)		Principal S.D.College, Barnala