



**J.K.K.MUNIRAJAH MEDICAL RESEARCH FOUNDATION'S**  
**ANNAL JKK SAMPOORANI AMMAL COLLEGE OF PHARMACY**  
 Ethirmedu, B.Komarapalayam – 638 183, Namakkal Dist. Tamilnadu India  
 Approved by : Pharmacy Council of India, New Delhi & The Tamilnadu Dr.M.G.R Medical University, Chennai.  
 Website : [www.jkkmmrfpharmacy.edu.in](http://www.jkkmmrfpharmacy.edu.in) E-Mail : [principal@jkkmmrfpharmacy.edu.in](mailto:principal@jkkmmrfpharmacy.edu.in)  
 Contact No : +919789456750, +919943069944, +919943066944



Document ID :	2019-20/NSS/JKKMCOP/EVENT	Document Name :	NSS REPORT
Department :	NSS – JKKMMRFCOP	Date :	27/10/2019

Programme Report

Name of Event : Awareness on drug abuse

Place of the Event: School Campus

Date of the Event : 25/10/2019

Total Beneficiaries : Students

Outcomes : To promote and educate the awareness on drug abuse

No: of NSS Volunteers : 30 Volunteers

Our students had conducted an awareness program at JKKM College of pharmacy on 25.10.2019 as a part of the drug abuse day. Around 250 students had attended the programme, were various points to be followed to keep our ear healthy had discussed in the session.



**DRUG ABUSE DAY**

**EVENT CO ORDINATOR**

**PRINCIPAL**



**Dr. N. SENTHILKUMAR,**  
**PRINCIPAL,**

**JKK MUNIRAJAH MEDICAL RESEARCH FOUNDATION**  
**ANNAL JKK SAMPOORANI AMMAL COLLEGE OF PHARMACY,**  
**ETHIRMEDU, KOMARAPALAYAM - 638 183.**  
**NAMAKKAL DISTRICT, TAMILNADU.**



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Website : [www.jkkmmrfpharmacy.edu.in](http://www.jkkmmrfpharmacy.edu.in) E-Mail : [principal@jkkmmrfpharmacy.edu.in](mailto:principal@jkkmmrfpharmacy.edu.in)  
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Document ID :	2019-20/NSS/JKKMCOP/EVENT	Document Name :	NSS REQUEST
Department :	NSS - JKKMMRFCOP	Date :	23.10.2019

REF.NO: NSS/JKKM/2019-20/05

Date :23/10/2019

From

NSS Co-ordinator,  
JKKMMRF'S Annai JKK Sampoorani Ammal College Of Pharmacy,  
Komarapalayam,  
Namakkal (Dt) - 638183,  
Tamil Nadu.

To

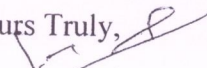
The Principal,  
JKKMMRF'S Annai JKK Sampoorani Ammal College Of Pharmacy,  
Komarapalayam,  
Namakkal (Dt) - 638183,  
Tamil Nadu.

Sub : Conducting NSS Activity - reg


Respected sir,

NSS Committee is willing to conduct NSS activity on the event entitled **DRUG ABUSE awareness** .So we request you to grant us permission for the same.

Kindly do the needful.

Yours Truly,  
  
NSS Co-ordinator



  
**Dr. N. SENTHILKUMAR,**  
**PRINCIPAL,**  
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Website: www.jkkmmrpharmacy.edu.in / Email: principal.jkkmmrpharmacy.edu.in  
Contact No: 919289456750 / 919943069344 / 919943064011



Document ID :	2019-20/NSS/JKKMCOP/EVENT	Document Name :	NSS CIRCULAR
Department :	NSS - JKKMMRFCOP	Date :	24.10.2019

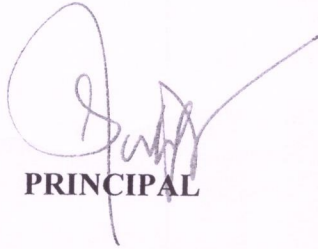
### CIRCULAR

This is to inform that our NSS Unit has planned to conduct a DRUG ABUSE awareness on 23.10.2020 in College Campus. Interested NSS Volunteers register your name with NSS Co-ordinator and may take part in this event.

Co-ordinator Details :

K. C. Arulprakasam

NSS Officer , JKKMMRFCOP



**PRINCIPAL**

Copy to

- Notice Board
- All HODs



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ETHIRMEDU, KOMARAPALAYAM - 638 183.  
NAMAKKAL DISTRICT, TAMILNADU.




NSS Students Volunteer List

S. No	Reg. No:	Name	Year	Course
1	381710411	MUKILAN M	I	PHARM D
2	381710412	NATHIYA A	I	PHARM D
3	381710413	PREETHI T	I	PHARM D
4	381710414	PUSHPARAJ A	I	PHARM D
5	381710415	RAGHUL G	I	PHARM D
6	381710416	SHANGEETHA S	I	PHARM D
7	381710417	SUDHARSAN V	I	PHARM D
8	381710418	SULIMAN B	I	PHARM D
9	381710419	TAMIL SELVAN S	I	PHARM D
10	381710420	VEDIYAPPAN V	I	PHARM D
11	561758005	AMARNATH A	I	B.PHARM
12	561758006	ANANTH R	I	B.PHARM
13	561758007	ANBUDURAI S	I	B.PHARM
14	561758008	ARJUNAN K	I	B.PHARM
15	561758009	ARUN KUMAR R	I	B.PHARM
16	561758010	ARUNPRAKASH S	I	B.PHARM
17	561758011	AYYASAMY R	I	B.PHARM
18	561758012	BALA GURU I T	I	B.PHARM
19	561758013	CHANDRU D	I	B.PHARM
20	561758014	DEEPA P	I	B.PHARM
21	561658005	ARCHANA R	II	B.PHARM
22	561658006	ARUNKUMAR D	II	B.PHARM
23	561658007	AYYAPPAN S	II	B.PHARM
24	561658008	BARATH KANNAN K	II	B.PHARM
25	561658009	BHARATHIRAGAVAN V	II	B.PHARM
26	561658010	BHARATHIRAJA A	II	B.PHARM
27	561658011	BRINDHA R	II	B.PHARM
28	561658012	CHANDRU S	II	B.PHARM
29	561658013	DEVANANDH D	II	B.PHARM
30	561658014	DEVANATHAN G	II	B.PHARM

  
EVENT COORDINATOR

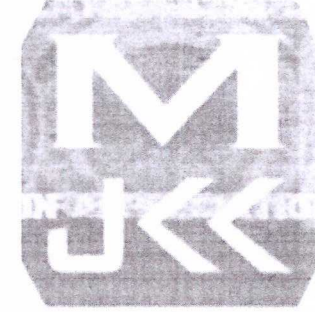
  
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KOMARAPALAYAM - 638183



CERTIFICATE OF APPRECIATION

This is to certify that Mr./Mrs./Miss./ **DEEPA .D** of ..... I.....  
year ..... I..... B. PHARM..... branch has actively participated in the event of the  
..... DRUG ABUSE..... AWARENESS.....  
on ..... 25.10.2019..... organised by NSS.

PRINCIPAL

Dr. N.SENTHILKUMAR,  
PRINCIPAL

NSS CO-ORDINATOR

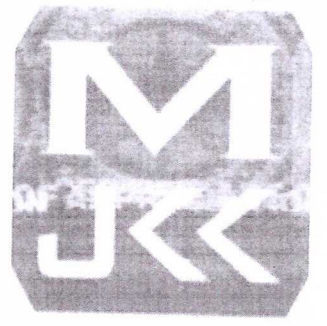
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CERTIFICATE OF APPRECIATION

This is to certify that Mr./Mrs./Miss./ **ARUN PARAKASH S** of **I**  
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on **25.10.2019**..... organised by NSS.

PRINCIPAL

Dr. N. Senthilkumar,  
PRINCIPAL

NSS CO-ORDINATOR

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