



**J.K.K.MUNIRAJAH MEDICAL RESEARCH FOUNDATION'S
ANNAI JKK SAMPOORANI AMMAL COLLEGE OF PHARMACY**

Ethirnedu, B.Komarapalayam – 636 183, Namakkal Dist, Tamilnadu, India
Approved by Pharmacy Council of India, New Delhi & The Tamilnadu Dr.M.G.R Medical University, Chennai
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Contact No: +919789456750, +919943069944, +919943066944



Document ID :	2018-19/NSS/JKKMCOP/EVENT	Document Name :	NSS REPORT
Department :	NSS – JKKMMRFCOP	Date :	08.02.2019

Programme Report

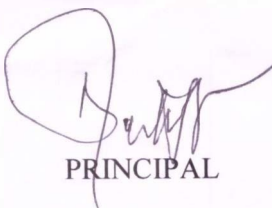
Name of Event : Free Eye Camp
Place of the Event : JKKMMRF'S ANNAI JKK SAMPOORANI AMMAL COLLEGE OF PHARMACY, KOMARAPALAYAM
Date of the Event : 06.02.2019
Total Beneficiaries : Public
No: of NSS Volunteers : 26 Volunteers

On 06.02.2019 Free Eye Camp was conducted by JKKMMRF college of pharmacy Students. The purpose of conducting is to provide Eye health services to the population in remote and undeserved areas.



Free Eye Checkup


EVENT COORDINATOR


PRINCIPAL


Dr. N.SENTHILKUMAR,
PRINCIPAL



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NAMAKKAL DISTRICT, TAMILNADU, INDIA.



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Document ID :	2018-19/NSS/JKKMCOP/EVENT	Document Name :	NSS REQUEST
Department :	NSS – JKKMMRFCOP	Date :	05.02.2019

REF.NO: NSS/JKKM/2017-18/13

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 Free eye camp on 06.02.2019 .So we request you to grant us permission for the same.

Kindly do the needful.

Yours Truly,

NSS Co-ordinator



Dr. N.SENTHILKUMAR
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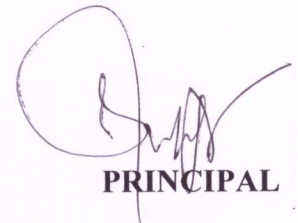
CIRCULAR

This is to inform that our NSS Unit has planned to conduct a **Free eye camp** on 06.02.2019 in College Campus. Interested NSS Volunteers register your name with NSS Co-ordinator and may take part in this event.

Co-ordinator Details :

Dr. K. C. ARUL PRAKASAM


NSS Officer , JKKMMRFCOP


PRINCIPAL

Copy to

- Notice Board
- All HODs



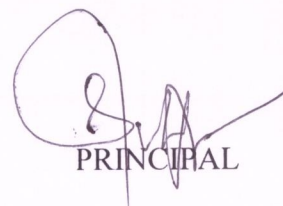

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NAMAKKAL DISTRICT, TAMILNADU, INDIA.

NSS Volunteers:

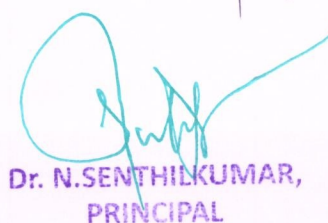
S. NO	REG No	NAME OF STUDENT	YEAR/SEM	COURSE/PROGRAMME
1	381810401	AAMINA HANEEF	I	PHARM D
2	381810402	ABDUL BASITH M	I	PHARM D
3	381810403	ABDULVASEEM A	I	PHARM D
4	381810404	ABISHEK P	I	PHARM D
5	381810405	ALWIN BABYKUTTY ALEX	I	PHARM D
6	381810406	ANAGHA S	I	PHARM D
7	381810407	ASWIN A V	I	PHARM D
8	381810408	BERFININ MAHIBA R J	I	PHARM D
9	381810409	BIBIN RIJO W	I	PHARM D
10	381810410	DIVIKA S	I	PHARM D
11	561858044	PRAKASH G	SEM-I	B.PHARM
12	561858045	PRAKASHRAJ M	SEM-I	B.PHARM
13	561858046	PRAKASHRAJ V	SEM-I	B.PHARM
14	561858047	PRASANTH K	SEM-I	B.PHARM
15	561858048	PRAVEEN M	SEM-I	B.PHARM
16	561858049	PRAVEEN V G	SEM-I	B.PHARM
17	561858050	PRETHY S	SEM-I	B.PHARM
18	561858051	PRIYADHARSHINI M	SEM-I	B.PHARM
19	561858052	PRIYANKA S	SEM-I	B.PHARM
20	561858053	RAJA V M	SEM-I	B.PHARM
21	561758064	PARTHEEPAN S	SEM-III	B.PHARM
22	561758065	PAVITHRA R	SEM-III	B.PHARM
23	561758066	PAVITHRAN K	SEM-III	B.PHARM
24	561758067	PRAKASH S	SEM-III	B.PHARM
25	561758068	PRAVEEN KUMAR C	SEM-III	B.PHARM
26	561758069	PRIYADHARSHINI M	SEM-III	B.PHARM



EVENT COORDINATOR



PRINCIPAL

Dr. N.SENTHILKUMAR,
PRINCIPAL

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KOMARAPALAYAM-638183



CERTIFICATE OF APPRECIATION

This is to certify that Mr./Mrs./Miss./ ...**ABTISHEK**...**P**... of
.....**I**..... year**PHARM.-D.**... branch has actively participated
in the event of the**FREE**....**EYE**....**CAMP**.....
on **06/02/2019**..... organised by **NSS**.



PRINCIPAL

Dr. N. SENTHILKUMAR,
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JKK MUNIRAJAH MEDICAL RESEARCH FOUNDATION
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ETHIRMEDU KOMARAPALAYAM - 638 183,
NAMAKKAL DISTRICT TAMILNADU.

NSS CO-ORDINATOR

JKK MUNIRAJAH MEDICAL RESEARCH FOUNDATION
ANNAL JKK SAMPOORANI AMMAL COLLEGE OF PHARMACY

KOMARAPALAYAM-638183



CERTIFICATE OF APPRECIATION

This is to certify that *Mr./Mrs./Miss./* **PRAKASH G**..... of
.....*I*..... year*B-PHARM*.... branch has actively participated
in the event of the*FREE EYE CAMP*.....
on....*06/02/2019*..... organised by *NSS*.



[Signature]
PRINCIPAL

[Signature]
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PRINCIPAL,

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[Signature]
NSS CO-ORDINATOR