
 J.K.K. MUNIRAJAH MEDICAL RESEARCH FOUNDATION'S ANNAI 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 E-Mail : principal@jkkmmrfpharmacy.edu.in Contact No. : +919789456750, +919943069944, +919943066944			
Document ID :	2017-18/NSS/JKKMCOP/EVENT	Document Name :	NSS REPORT
Department :	NSS – JKKMMRFCOP	Date :	27/10/2017

Programme Report

Name of Event : Road safety awareness programme

Place of the Event : Lekshmi Nagar

Date of the Event : 25/10/2017

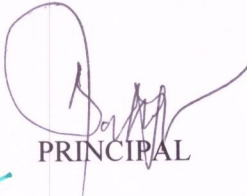
Total Beneficiaries : Students

Outcomes : It reduces the fatal accidents and improves risk-avoiding behavior

No: of NSS Volunteers : 30 Volunteers On 25.10.2017 Road safety Awareness programme was conducted by NSS students of JKKMMRF'S College of Pharmacy in the public. After the completion of the event everyone aware about to wear seatbelt, helmet, and to obey traffic signal.




EVENT COORDINATOR


PRINCIPAL




Dr. N.SENTHILKUMAR,
PRINCIPAL
JKK MUNIRAJAH MEDICAL RESEARCH FOUNDATION
ANNAI JKK SAMPOORANI AMMAL COLLEGE OF PHARMACY
ETHIRMEDU, KOMARAPALAYAM - 638 183.
NAMAKKAL DISTRICT, TAMILNADU, INDIA.



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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 | E-Mail : principal@jkkmmrfpharmacy.edu.in
Contact No : 919789156750 / 919941069944 / 919941564914



Document ID :	2017-18/NSS/JKKMCOP/EVENT	Document Name :	NSS REQUEST
Department :	NSS - JKKMMRFCOP	Date :	24/10/2017

REF.NO: NSS/JKKM/2017-18/06

Date :24/10/2017 From

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

To

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

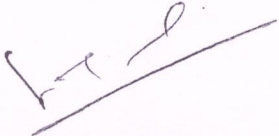
Sub : Conducting NSS Activity - reg

Respected sir,

NSS Committee is willing to conduct NSS activity on **Road safety awarenessprogramme**.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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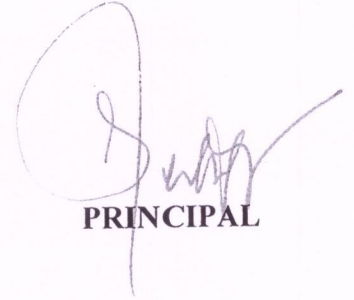
CIRCULAR

This is to inform that our NSS Unit has planned to conduct **Road safety awareness programme** on 25/10/2017 in Lekshmi Nagar . Intrested 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
- IQAC
- All HODs



**Dr. N. SENTHILKUMAR,
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ETHIRMEDU, KOMARAPALAYAM - 638 183.
NAMAKKAL DISTRICT, TAMILNADU.**

NSS volunteer students:

S. NO	REG No	NAME OF STUDENT	YEAR/SEM	COURSE/PROGRAMME
1	381710401	ANDLY CHEDRICK C	I	PHARM D
2	381710402	ASHA M	I	PHARM D
3	381710403	ASHRITHA D N	I	PHARM D
4	381710404	DEEPIKA K	I	PHARM D
5	381710405	HARINI R	I	PHARM D
6	381710406	JAYAPRAKASH U	I	PHARM D
7	381710407	JEBISH G S	I	PHARM D
8	381710408	JEMISHA J	I	PHARM D
9	381710409	KAVINKISHORE S	I	PHARM D
10	381710410	MUGILARASAN S	I	PHARM D
11	381610401	AARTHY P	II	PHARM D
12	381610402	AKSHARA RAJU	II	PHARM D
13	381610403	ALFIYA S KHAN	II	PHARM D
14	381610404	ASHLY STANLEY	II	PHARM D
15	381610405	BALAMURUGAN V	II	PHARM D
16	381610406	BHARATH K	II	PHARM D
17	381610407	BITTY R	II	PHARM D
18	381610408	DEEPAK K	II	PHARM D
19	381610409	FEBA SHAJI	II	PHARM D
20	381610410	HARIHARAN V	II	PHARM D
21	381410410	HARISH M	III	PHARM D
22	381510401	ATHIRA RAJKUMAR	III	PHARM D
23	381510402	AZAD. V.P	III	PHARM D
24	381510404	DILEEP.R	III	PHARM D
25	381510405	HEERA.V	III	PHARM D
26	381510406	HIMAJA.G	III	PHARM D
27	381510407	JEBISHA.Y.J	III	PHARM D
28	381510408	MARIA REJI	III	PHARM D
29	381510409	MERTYL TINA DAVID	III	PHARM D
30	381510410	MOHANA PRIYA.M	III	PHARM D

EVENT COORDINATOR

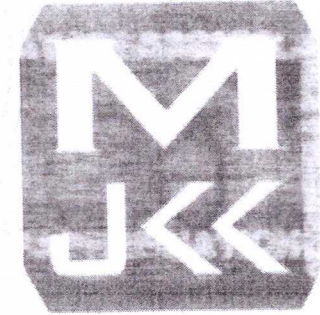


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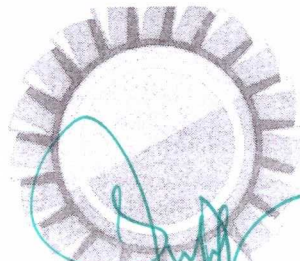
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KOMARAPALAYAM - 638183



CERTIFICATE OF APPRECIATION

This is to certify that Mr./Mrs./Miss./ **ASHA.M.** of!.....
year ..P.H.A.R.M.:D..... branch has actively participated in the event of the
...ROAD SAFETY AWARENESS PROGRAME...
on ..25.10.2017..... organised by NSS.



Dr. N.SENTHILKUMAR,
PRINCIPAL

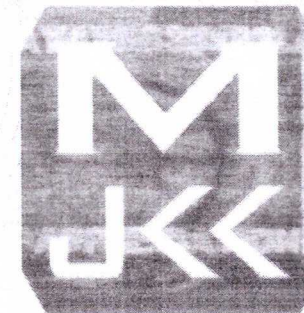
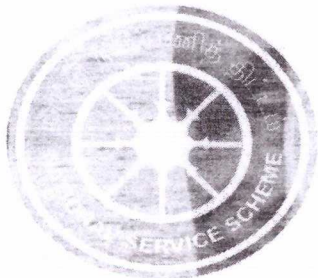
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[Signature]
NSS CO-ORDINATOR



PRINCIPAL

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KOMARAPALAYAM - 638183

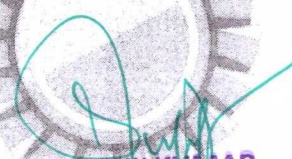


CERTIFICATE OF APPRECIATION


*This is to certify that Mr./Mrs./Miss./ **BAJAMURAGAN Y.** of **T**.....
year**PHARM.D**..... branch has actively participated in the event of the
..ROAD SAFETY..AWARENESS..PROGRAMME
on**25.10.2017**..... organised by NSS.*



PRINCIPAL


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NSS CO-ORDINATOR