



# **J.K.K. MUNIRAJAH MEDICAL RESEARCH FOUNDATION**

## **ANNAI J.K.K. SAMPOORANI AMMAL COLLEGE OF PHARMACY**

**Ethirmedi, B. Komarapalayam-638 183, Namakkal Dist. Tamilnadu,India.**

**Approved by : Pharmacy Council of India. New Delhi & Affiliated to The Tamilnadu Dr. M.G.R Medical University, Chennai.**

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**Contact No : +919789456750, +919943066944, +919943069944.**

**Dr.N. SENTHILKUMAR, M.Pharm., Ph.D.,**  
**Principal**

PHARM D/INTERNSHIP/2023

Date : 11/01/2023

To,

**FORTIS HOSPITAL,**

**BG ROAD,**

**BENGALURU.**

Respected Sir/Madam,

SUB: Requisition Letter To Our Pharm D Student for Internship at your Esteemed Hospital - Reg,

With reference to the subject cited, I wish to request you to provide the internship training to, Mr. Raghul VI Pharm D student at your esteemed hospital for a Period of 3 Months. So, kindly permit them to avail their internship training. I assure you that our student will not disturb the routine hospital activities.

Thanking You,

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

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

Dear Raghul,

We are happy to inform you that your request to join internship has been approved. You are asked to report to the hospital on 3<sup>rd</sup> April 2023.

below are the Documents Required for the internship joinee:

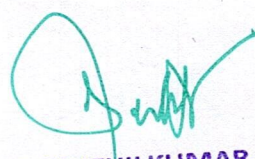
1. Bonafede letter from college.
2. Academic mark of the 10<sup>th</sup>, 12<sup>th</sup> certificate 1-5<sup>th</sup> year PharmD marksheet.
3. Student personal id proof.
4. Passport size photograph – 5nos.
5. Monthly fee Rs 2500 per student, payable at Fortis Hospital BG Road.
6. COVID\_19 vaccination certificate .

for any clarification revert back

Warm Regards,

Team clinical Pharmacy,  
Fortis Hospital, BG Road.  
Bengaluru-560076.  
No:9500367444.



  
Dr. N.SENTHILKUMAR,  
PRINCIPAL

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