



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

PHARM D/CLERKSHIP/2023

Date- 19/12/2022

To,

**MMCH HOSPITAL,**

**PERUNDURAI ROAD,**

**ERODE.**

Respected Sir/Madam,

SUB: Requisition Letter to Our Pharm D Students for Clerkship at your Esteemed Hospital - Reg,

With reference to the subject cited, I wish to request you to provide the clerkship training to V Pharm D students at your esteemed hospital. So, kindly permit them to avail their clerkship training. I assure you that our students 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.**