



J.K.K. MUNIRAJAH MEDICAL RESEARCH FOUNDATION

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

Ethirmedu, 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.

Website : www.jkkmmrfpharmacy.edu.in / E-Mail : principal@jkkmmrfpharmacy.edu.in

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

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

Principal

Document ID :	2022- 23/NSS/JKKMCOP/EVENT	Document Name :	NSS REPORT	
Department :	NSS – JKKMMRFCOP	Date :	27/01/2023	

Programme Report

Name of Event : Blood Donation Camp

Place of the Event : Annai JKK Sampoorni Ammal College of Pharmacy

Date of the Event : 23/01/2023

Total Beneficiaries : Public

Outcome : Patients in Gov. Hospitals were benefited with blood donation camp and students were educated on the importance of Blood donation.

No: of NSS Volunteers: 23

A Blood donation camp was arranged by the NSS in JKKMMRF's Annai JKK Sampoorni Ammal college of Pharmacy, Komarapalayam . During the camp, donors which includes students and faculty, who were fit to donate their blood had participated in the camp. Totally, 163 units of blood was donated by the team. The agenda of the programme was to create awareness among students, faculties and public regarding the importance of blood donation which is a hope of hand to save the lives.


EVENT CO ORDINATOR


PRINCIPAL

Dr. N.SENTHILKUMAR,
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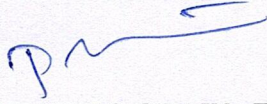
NSS Volunteers:

S. NO	REG No	NAME OF STUDENT	YEAR/SEM	COURSE/PROGRAMME
1.	560021507501	ABDULLAAH S	II SEM	B - PHARM
2.	560021507502	ABITHA SRI J	II SEM	B - PHARM
3.	560021507503	AJITH KUMAR M	II SEM	B - PHARM
4.	560021507504	ANBARASAN B	II SEM	B - PHARM
5.	560021507601	ARULKUMAR G	II SEM	B - PHARM
6.	560021507602	BALAMURUGAN S	II SEM	B - PHARM
7.	560021507603	HEMAVARSHINY K	II SEM	B - PHARM
8.	560021507604	KANNAN M	II SEM	B - PHARM
9.	561958001	ABDUL VAHID	II SEM	B - PHARM
10.	561958002	AJITH KUMAR K	II SEM	B - PHARM
11.	561958003	ANAND M	II SEM	B - PHARM
12.	561958004	ANAND R	II SEM	B - PHARM
13.	561958005	ANBARASAN S	II SEM	B - PHARM
14.	261120507501	ANANTHAKUMAR R	I SEM	M - PHARM
15.	261120507502	DEVANANDH D	I SEM	M - PHARM
16.	261120507503	GOKUL L	I SEM	M - PHARM
17.	261120507504	GOWTHAM K	I SEM	M - PHARM
18.	380021507501	AJAY MILAN P	II YR	PHARM - D
19.	380021507502	AJAY SRINIVAS M	II YR	PHARM - D
20.	380021507503	AZHAGURAJA B	II YR	PHARM - D
21.	380021507504	DHARENI M	II YR	PHARM - D

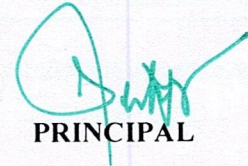


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22.	380021507505	GOBIKA G	II YR	PHARM - D
23.	380021507506	HARINI M	II YR	PHARM - D



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

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GLIMPSE OF EVENTS



Blood donation camp organized by NSS unit on 23.01.2023 at College Seminar Hall in association with Salem Medical College.



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Document ID :	2022- 23/NSS/JKKMCOP/EVENT	Document Name :	NSS REQUEST	
Department :	NSS – JKKMMRFCOP	Date :	18/01/2023	

REF.NO: NSS/JKKM/2022-23/04

Date: 18.01.2023

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 **Blood Donation Camp** on 23.01.2023. So, we request you to grant us permission for the same.

Kindly do the needful.



Dr. N.SENTHILKUMAR,
PRINCIPAL,

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

Yours Truly,

NSS Co-ordinator



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Department :	NSS – JKKMMRFCOP	Date :	22/01/2023	

CIRCULAR

This is to inform that our NSS Unit has planned to conduct a **Blood Donation Camp** on 23.01.2023 in our college. Interested NSS Volunteers register your name with NSS Co-ordinator and may take part in this event.

Co-ordinator Details :

Dr. P. Satheesh Kumar

NSS Officer , JKKMMRFCOP



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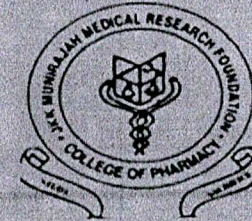
- Notice Board
- IQAC
- All HODs

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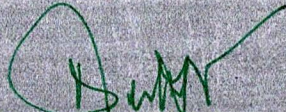
**CERTIFICATE OF
APPRECIATION**

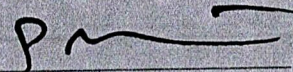
THIS IS TO CERTIFY THAT MR/MRS/MISS**HARINI...M**.....OF
.....**IInd**.....YEAR **PHARM.D**.....BRANCH HAS ACTIVELY PARTICIPATED
IN THE EVENT OF**BLOOD DONATION CAMP**.....
ON.....**23/01/2023**... ORGANISED BY NSS.





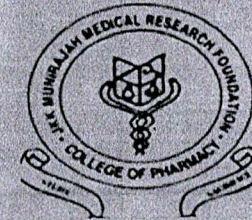
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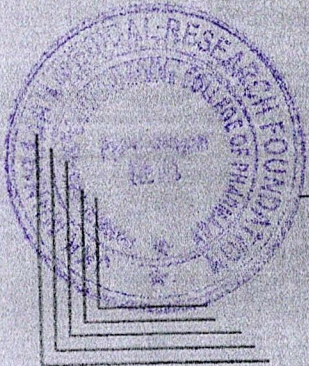
**NSS CO-
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**JKKMMRF'S MUNIRAJAH MEDICAL RESEARCH
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**CERTIFICATE OF
APPRECIATION**

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..... **IInd SEMESTER** YEAR **B. PHARM** BRANCH HAS ACTIVELY PARTICIPATED
IN THE EVENT OF **BLOOD DONATION CAMP**
ON **23/01/2023** .. ORGANISED BY NSS.



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**NSS CO-
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