

# JKK MUNIRAJAH MEDICAL RESEARCH FOUNDATION'S ANNAI JKK SAMPOORANI AMMAL COLLEGE OF PHARMACY



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

**Accredited by NAAC "A" Grade and ISO Certified**

Ethirmedu, B. Komarapalayam - 638183, Namakkal Dist. Tamilnadu, India.

Website: [www.jkkmmrfpharmacy.edu.in](http://www.jkkmmrfpharmacy.edu.in) / e.mail : [principal@jkkmmrfpharmacy.edu.in](mailto:principal@jkkmmrfpharmacy.edu.in)

Contact No : +919789456750, +919943066944, +919943069944

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

REF : PHARM.D /2024

Date: 04/01/2024

TO

**Panimalar Medical College Hospital,**  
Chennai

Respected Sir/Madam,

SUB: Requisition letter for our PHARM.D Students for Internship Training  
at your esteemed Hospital – Reg .

With reference to the subject cited, I wish to request you to provide the  
internship Training to **Mr. VENKATESH A**, Sixth PHARM D Students at your esteemed  
hospital , So, kindly permit them to do their internship training and I assure you that our  
students will not distrub the routine hospital activities.

Thanking you,

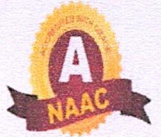
Yours sincerely

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

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



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**Principal**

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Date: 04/01/2024

TO

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**Chennai.**

Respected Sir/Madam,

SUB: Requisition letter for our PHARM.D Students for Internship Training  
at your esteemed Hospital – Reg .

With reference to the subject cited, I wish to request you to provide the  
internship Training to **Mr. PRAVEEN N**, Sixth PHARM D Students at your esteemed hospital  
, So, kindly permit them to do their internship training and I assure you that our students will  
not distrub the routine hospital activities.

Thanking you,

Yours sincerely,

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

**JKK MUNIRAJAH MEDICAL RESEARCH FOUNDATION**  
**ANNAL JKK SAMPOORANI AMMAL COLLEGE OF PHARMACY,**  
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**Principal**

REF : PHARM.D/2024

Date: 04/01/2024

TO

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**Chennai**

Respected Sir/Madam,

SUB: Requisition letter for our PHARM.D Students for Internship Training  
at your esteemed Hospital – Reg .

With reference to the subject cited, I wish to request you to provide the  
internship Training to **Mr. KISHANKANTH P**, Sixth PHARM D Students at your esteemed  
hospital , So, kindly permit them to do their internship training and I assure you that our  
students will not distrub the routine hospital activities.

Thanking you,

Yours sincerely,

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

**JKK MUNIRAJAH MEDICAL RESEARCH FOUNDATION**  
**ANNAL JKK SAMPOORANI AMMAL COLLEGE OF PHARMACY,**  
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**NAMAKKAL DISTRICT, TAMILNADU.**





**PANIMALAR**  
MEDICAL COLLEGE HOSPITAL  
& RESEARCH INSTITUTE  
MAKING A HEALTHY TOMORROW

To,

Date: 22 Aug 2024

**Arulprakasam - HOD - Pharmacy Practice**  
JKK MUNIRAJAH MEDICAL RESEARCH FOUNDATION  
Annai Jkk Sampoorani Ammal College Of Pharmacy Komarapalayam,  
Namakkal, Tamilnadu – 638183

Sub: Acknowledgement of Internship Training Completion– Reg

Dear Sir,

Greetings from Ethos Clinical Research!

We are pleased to inform you that the following students from your esteemed institution have successfully completed their internship in the field of Clinical Research at our organization:

1. **A. Venkatesh**  
Internship Period: 01-05-2024 to 06-07-2024
2. **Praveen N.**  
Internship Period: 13-05-2024 to 09-07-2024
3. **Kishankanth P.**  
Internship Period: 13-05-2024 to 17-07-2024

During their internship, the students have learnt work ethics, and a good understanding of clinical research practices. We are confident that they will continue to excel in their future endeavors.

We sincerely thank you for sending such dedicated students for the internship training. We would also like to request that you continue to send more students for future internships, as we look forward to furthering this collaborative relationship.

**Enclosed:** Internship certificates of the above-mentioned students.

We kindly request you to acknowledge receipt of the same at your earliest convenience at Email : [support@ethosclinicalresearch.com](mailto:support@ethosclinicalresearch.com), Mob.No:7305220021.

Thank you once again for your support.

Regards

  
Jenifer Jayaraj



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

JKK MUNIRAJAH MEDICAL RESEARCH FOUNDATION  
ANNAI JKK SAMPOORANI AMMAL COLLEGE OF PHARMACY,  
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**PANIMALAR**  
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**Ethos Clinical Research**  
A CUSTOM OF INNOVATION IN CLINICAL RESEARCH

# INTERNSHIP CERTIFICATE

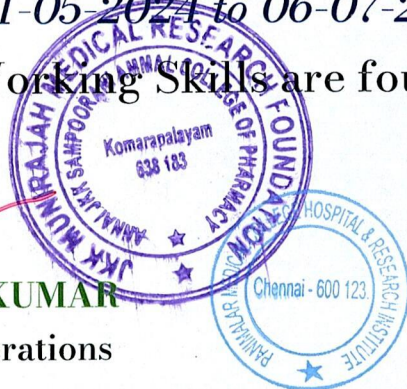
This is to Certify that

*Mr. Venkatesh. A*

*Department of Pharm D in JKKMMRF'S Annai Sampoorani Ammal College of Pharmacy, Tamilnadu, India has learned and successfully completed the **INTERNSHIP TRAINING** in the field of Clinical Research conducted by **Ethos Clinical Research at Panimalar Medical College Hospital & Research Institute, Chennai from 01-05-2024 to 06-07-2024.*** During the period of Internship their Learning and Working Skills are found to be good and understanding.



*Saranagapani Kumar*  
**SARANAGAPANI KUMAR**  
Head – Clinical Operations



*Jenifer Jayaraj*  
**JENIFER JAYARAJ**  
Project Manager

*Dr. N. Senthil Kumar*  
**Dr. N. SENTHIL KUMAR,**  
PRINCIPAL,

JKK MUNIRAJAH MEDICAL RESEARCH FOUNDATION  
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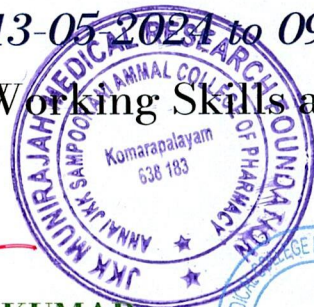
**Ethos Clinical Research**  
A CUSTOM OF INNOVATION IN CLINICAL RESEARCH

# INTERNSHIP CERTIFICATE

This is to Certify that

*Mr. Praveen N*

*Department of Pharm D in JKKMMRF'S Annai Sampoorani Ammal College of Pharmacy, Tamilnadu, India has learned and successfully completed the **INTERNSHIP TRAINING** in the field of Clinical Research conducted by **Ethos Clinical Research** at **Panimalar Medical College Hospital & Research Institute, Chennai** from 13-05-2024 to 09-07-2024. During the period of Internship their Learning and Working Skills are found to be good and understanding.*



*SARANAGAPANI KUMAR*  
Head – Clinical Operations



*Jenifer Jayaraj*  
**JENIFER JAYARAJ**  
Project Manager

*Dr. N.SENTHILKUMAR*  
PRINCIPAL,

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This is to Certify that

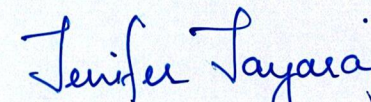
*Mr. Kishankanth. P*

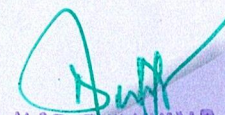
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**SARANAGAPANI KUMAR**  
Head – Clinical Operations



  
**JENIFER JAYARAJ**  
Project Manager

  
**Dr. N.SENTHILKUMAR,**  
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