



**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

REF:PHARM D/2021

Date:19/04/2021

To

Dr.Basil Sunny, Pharm D.,
Sunrise Hospital,
Kakkanad,
Ernakulam,
Kerala.

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 **Ms. Maria Reji, Ms. Naomi L, Silpa Gopinath M, Thesni Pasha** six Pharm D students at
your esteemed hospital. So, Kindly permit them to do their internship training and I assure you
that our student will not disturb 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.**





SIMS/HRD/TRAINING.CERT/2021/39


31.07.2021

TO WHOMSOEVER IT MAY CONCERN

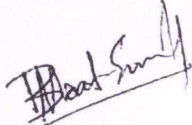
This is to certify that **Ms. Maria Reji**, Pharm D student from **Annai JKK Sampoorani Ammal College of Pharmacy**, Namakkal has undergone **internship training** in our institution in our institution in the department of **Clinical Pharmacy** for a period of **three months** effective from **01.05.2021 to 31.07.2021**.

During the period her performance was good. She is knowledgeable, hardworking and disciplined.

We wish success in all her future endeavors.


Varun Raj R
Manager-HR




Dr. Basil Sunny
Manager and clinical pharmacologist




Dr. N. SENTHILKUMAR,
PRINCIPAL,

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SIMS/HRD/TRAINING.CERT/2021/44

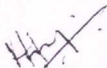
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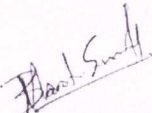
This is to certify that **Ms. Thesni Pasha S**, Pharm D student from **Annai JKK Sampoorani Ammal College of Pharmacy, Namakkal** has undergone **internship training** in our institution in our institution in the department of **Clinical Pharmacy** for a period of **three months** effective from **01.05.2021 to 31.07.2021**.


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Manager-HR




Dr. Basil Sunny
Manager and clinical pharmacologist


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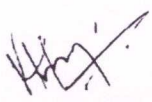
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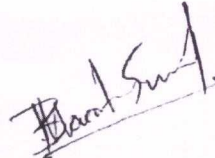
This is to certify that **Ms. Silpa Gopinath M**, Pharm D student from **Annai JKK Sampoorani Ammal College of Pharmacy**, Namakkal has undergone **internship training** in our institution in our institution in the department of **Clinical Pharmacy** for a period of **three months** effective from **01.05.2021 to 31.07.2021**.

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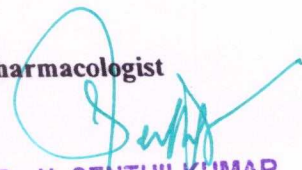
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SUNRISE HOSPITAL
(A unit of Sunrise Institute of Medical Sciences(p) Ltd. Kakkanad)



SIMS/HRD/TRAINING.CERT/2021/38

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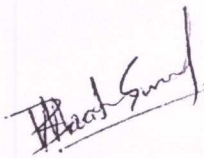
This is to certify that **Ms. Naomi L.**, Pharm D student from **Annai JKK Sampoorani Ammal College of Pharmacy**, Namakkal has undergone **internship training** in our institution in our institution in the department of **Clinical Pharmacy** for a period of **two months** effective from **01.05.2021 to 31.07.2021.**

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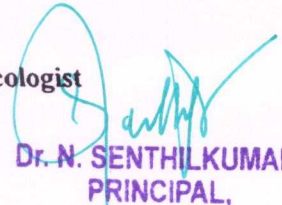
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