



# NIRMALA COLLEGE OF PHARMACY

## IV/VISIT REPORT

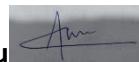
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<b>Course</b>	:	<b>PharmD</b>
<b>Year of Study</b>	:	<b>4<sup>th</sup></b>
<b>Batch</b>	:	<b>2018-24</b>
<b>Number of students participated</b>	:	<b>29</b>
<b>Date of the trip</b>	:	<b>27<sup>th</sup> march- 2<sup>nd</sup> April</b>
<b>Places of visit</b>	:	<b>Uduppi, Dandeli, Goa</b>
<b>Details of the industry/hospital/field visited</b>	:	<b>Manipal Academy of Higher Education, department of pharmacy practise</b>
<b>Name(s)of the accompanied staff</b>	:	<b>1. Mr. Jobin Kunjumon Vilapurath 2. Ms. Meby Susan Mathew</b>
<b>Report on the industry/hospital/site, and how you have benefitted (Attach one or two group photos taken on the visited industry/hospital/site)</b>	:	<b>We were given a brief session regarding the practices and curriculum that is followed by the pharmacy practice department of Manipal Academy. We were able to gain new insights on the way the PharmD program was learned and taught. The session was followed by a quick detour of their campus. We were able to witness the astounding indoor sport complex build within their campus building 'Marena. Lastly, the day at manipal was concluded after a visit to the 'Manipal Museum of Anatomy and Pathology' the largest in Asia which was truly a phenomenal learning experience.</b>

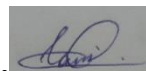
Would you recommend the : yes  
industry/hospital/site for  
further visits

Name and signature of the Class :  
representative(s)

1. Mr. Abin Biju



2. Ms. Camila A Carlman.



Attach photo(s) here



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*For office use only*

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**Verified by  
Class-in-charge**

**Verified by  
IV-in-charge**

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**Name and Signature with date**

**Name and Signature with date**

**Approved/Disapproved by the Principal**

**Approved/Disapproved by the Administrator**

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**Name and Signature with date**

**Name and Signature with date**

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