



Figure 1 consists of nine scatter plots arranged in a 3x3 grid. Each plot shows the relationship between the number of children (x-axis) and the number of adults (y-axis) in a household. The top row shows a positive correlation, the middle row shows a negative correlation, and the bottom row shows no correlation. Each plot has a title indicating the type of correlation: 'Positive correlation', 'Negative correlation', and 'No correlation'.

(244) / OBSERVATION



T2104520

**MURUGESAN**

U. MAHADESHWARI

[illegible]

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Figure 1. The study area.

11185/2 GURUVAYUR STREET

11/16/01

OKKUR POST - SIVAGANGA

1

Order # / File No.

**RESUME**  
**POST APPLIED FOR: PHARMACIST**

**M.SASIKARAN**

S/O R.Murugesan  
1/185,Gurvaurstree,  
Okkur,Sivagangai- 630557

Mobile: 9629646438

Email Id:sasikaransk2001@gmail.com



**OBJECTIVE:**

To take up the job in an organization to develop my skills, to work as a team and exercise a good opportunity to expose knowledge to the best of self and to explore information.

**ACADAMIC QUALIFICATION:**

Course	Institution	Year of passing	Percentage
D pharm	K.M College of Pharmacy, Madurai	2020	70%
HSC	Sri Ramana Vikas Hr.Sec.School, Sivagangai	2018	65%
SSLC		2016	78.4%
Anesthesia Tech	Sivagangai Medical College Hospital, Sivagangai	2021	70%

**STRENGTH:**

- Positive Attitude

**WORKING EXPERIENCE:**

- 6 Months in Temp. Pharmacist Sivagangai GH.
- Green Medicals incharge August 10 to Till date.

**PERSONAL DETAILS:**

Name : M. SASIKARAN  
Father's Name : R. Murugesan  
Date of Birth : 23.05.2001  
Gender : Male  
Marital Status : Unmarried  
Religion : Hindu  
Nationality : Indian  
Language Known : Tamil, English Address :  
Address : 1/185, Gurvaurstree,  
Okkur, Sivagangai- 630557

**DECLARATION:**

I hereby declare that the information furnished above is correct and true to the best of my knowledge and belief.

Place:

Signature

Date:

**(M. SASIKARAN)**





D.C. No. **39947**

**DIRECTORATE OF MEDICAL EDUCATION  
CHENNAI, TAMILNADU STATE, INDIA  
BOARD OF PHARMACY EDUCATION**



Registration No. **20382581**

*Mr./Ms. SASIKARAN M*

*has satisfactorily completed the course of Theoretical and Practical Training as prescribed in the Education Regulations of the Pharmacy Council of India for*

**DIPLOMA IN PHARMACY**

*at K.M. COLLEGE OF PHARMACY, MADURAI*

*and has passed the final qualifying examination held in OCTOBER 2021*

*He / She underwent 500 hours Practical Training during the period from  
26/04/2021 to 26/07/2021 at GOVERNMENT SIVAGANGAI MEDICAL COLLEGE HOSPITAL,  
SIVAGANGAI.*

*He / She has qualified for the award of Diploma in Pharmacy by The Board of  
Examining Authority constituted by Government of Tamil Nadu.*

Deputy Chairman,  
Board of Examiners(Pharmacy)  
Joint Director of Medical Education

Chairman,  
Board of Examiners(Pharmacy)  
Director of Medical Education



SEAL WITH DATE



ORIGINAL

# TAMILNADU PHARMACY COUNCIL CHENNAI



## Pharmacist Registration Certificate



Certificate No: 65181 A2

Date : 31st January 2022

*This is to certify that*

**M. SASIKARAN D.Pharm**

( son of R.Murugesan )

whose date of birth is 23rd May 2001 (Twenty Zero One)

has been duly registered as a

**Registered Pharmacist**

and is entitled to all the privileges granted under

The Pharmacy Act 1948 (Central Act No. VIII of 1948)

as amended to regulate the practice of Pharmacy in the State of Tamilnadu.

IN WITNESS whereof are herewith affixed the seal of the

Tamil Nadu Pharmacy Council and the Signature of the

Registrar of the said Pharmacy Council.

**M. Sasikaran**

Signature of the Candidate



  
Registrar

Note : (1) This Certificate shall remain in force till 31st December, 2023 days of grace upto 31st March, 2024



# "APPENDIX - E"

(Regulation 13)



## Certificate to be produced by student Pharmacists after completion of Practical Training

No : 31/2021

Date : 27-07-2021

I.....**V. ARULMOZHAI**.....hereby certify that  
.....**SASIKARAN.M**..... after completing the Academic training for the Diploma in Pharmacy

course, practical training at Govt. Sivagangai Medical College Hospital, Sivagangai during the period  
from **26-04-2021** to **26-07-2021** under my supervision and guidance in the manner prescribed in the  
Education Regulations of the pharmacy Council of India.

I affirm that I am a registered pharmacist under the pharmacy Act.1948. In the  
State of **TAMIL NADU** and my Registration number is.....**4242/A2**.....

Countersigned by the Head of Institution

Signature :

Name :

Designation :

Address :

*Dr. V. Arulmozhi*  
27.7.2021

*V. Arulmozhi*  
CHIEF PHARMACIST  
SIVAGANGAI MEDICAL COLLEGE HOSPITAL  
SIVAGANGAI

Govt. Sivagangai Medical College Hospital

Sivagangai - 606 004





**GOVERNMENT SIVAGANGAI MEDICAL COLLEGE & HOSPITAL**  
**SIVAGANGAI-630561**

**Name : M.SASIKARAN**

**Designation : PHARMACY**

**Reg No : 153/SVGF/FS/SN/2021**

**Dept : PHARMACY**



**Dean's Signature**

*[Handwritten signature in purple ink]*

**Signature of the Staff**

*[Handwritten signature in black ink]*





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பெயர் / OBSERVATION

பாபு / MISCELLANEOUS SERVICE

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T2 10-4520

பெயர் / அங்கு அமைக்கப்பட்ட பெயர் / Name of Father / Legal Guardian

MURUGESAN

பெயர் / பெயர் / Name of Mother

UMAMAHESHWARI

பெயர் / பெயர் / Name of Spouse

முக / Address

1/185/2, GURUVAYUR STREET

OKKUR POST, SIVAGANGA

PIN: 630557, TAMIL NADU, INDIA

பெயர் / பெயர் / Name of Spouse / With Date and Place of Issue

பெயர் / File No.

MD1062377890719