



# SS INSTITUTE OF PHARMACY

(A unit of VS Educational & Charitable Trust)

Approved by Tamilnadu Government & Pharmacy Council of India, New Delhi.  
Affiliated to the Tamilnadu Dr. M.G.R. Medical University,  
and The Directorate of Medical Education, Chennai.

## SUBSTANCE ABUSE PREVENTION

Date :01.01.2024

**From:**

Program Coordinator,  
SS institute of pharmacy,  
Sankari-637301.

**To:**

The Principal,  
SS institute of pharmacy,  
Sankari-637301.

**Respected sir,**

**Subject:** Request for Approval to Conduct a “**Substance Abuse Prevention**”.

We are writing to seek your approval to organize a “**Substance Abuse Prevention**” for our college students and the residents of nearby villages. This workshop aims to raise awareness about the dangers of substance abuse and to educate participants on prevention strategies and support resources. We propose to hold the on **08.01.2024** at **SSIP**. Your support and approval for this initiative would be greatly appreciated.

**Thanking you,**

**Yours sincerely,**  
Program Coordinator,  
SS institute of pharmacy.



**PRINCIPAL.**  
**SS INSTITUTE OF PHARMACY.**  
**KUPPANUR (PO), SANKARI (TK).**  
**SALEM - 637301**



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## CIRCULAR

Date :03.01.2024

Dear All,

**Subject :** Invitation about “**Substance Abuse Prevention**”.

We are pleased to announce an upcoming “**Substance Abuse Prevention**”, organized by the Department of **Pharmacy**. The is scheduled for **08.01.2024** at **SSIP**. This initiative is designed to raise awareness about the risks of substance abuse and to provide practical strategies for prevention.

The will feature expert speakers and interactive sessions aimed at equipping participants with the knowledge and tools needed to avoid substance abuse. We strongly encourage all students and community members to attend this important workshop. Together, we can work towards a healthier and safer community.

**Copy to:**

- Chairman sir
- Administrative officer
- Notice board

Principal

PRINCIPAL,  
SS INSTITUTE OF PHARMACY,  
KUPPANUR (PO), SANKARI (TK),  
SALEM - 637301.





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## LIST OF VOLUNTEERS:

S.NO	VOLUNTEERS	YEAR
1.	SENTHAMIZHAN.S	II YEAR
2	SHALINI.R	II YEAR
3.	SHIVABHARATHI.P	II YEAR
4.	SHIVADHARSHINI.S	II YEAR
5.	SRIDHAR.S	II YEAR
6.	SUGAVANAM.C	II YEAR
7.	SURIYA PRAKASH.I	II YEAR
8.	SWATHI.V	II YEAR
9.	VIJAYALAKSHIMI.M	II YEAR
10.	VIJAYALAKSHIMI.V	II YEAR
11.	VIKASH.V	II YEAR
12.	VINOTHINI.M	II YEAR
13.	V.PRITHIVIRAJ	I YEAR
14	N.PRIYADHARSHINI	I YEAR
15.	K.PUGALENTHI	I YEAR
16.	R.RAGUL	I YEAR
17.	S.SAREEN KUMAR	I YEAR
18.	S.SNEHA	I YEAR
19.	S.SUBALAKSHMI	I YEAR
20.	K.TAMILSELVAN	I YEAR
21.	S.TARUNIKA	I YEAR
22.	V.VASANTHA KUMAR	I YEAR
23.	C.VETRIVEL	I YEAR
24.	M.YASAR IHDISHAM	I YEAR



  
PRINCIPAL.  
SS INSTITUTE OF PHARMACY,  
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## PHOTOCOPY OF THE EVENT:



null, Tamil Nadu, India

FVG9+VJ9, Sankari - Edappadi - Mecheri Rd, VN Palayam,

Long 77.869075°

Lat 11.477157°

8/1/2024 10:11 PM

## SUBSTANCE ABUSE PREVENTION



*[Signature]*  
**PRINCIPAL.**  
**SS INSTITUTE OF PHARMACY.**  
**KUPPANUR (PO), SANKARI (TK).**  
**SALEM - 637301.**



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## EVENT REPORT

Date:10.01.2024

Respected Sir,

Subject : Report on “Substance Abuse Prevention ”.

We are pleased to submit the post-event report for the “**Substance Abuse Prevention**”, which was successfully conducted on **08.01.2024** at SSIP. The was attended by **24** participants, including students from various departments. The event featured insightful presentations by counselors and health professionals who discussed the dangers of substance abuse, prevention strategies, and available support resources. The interactive sessions allowed participants to engage in meaningful discussions and seek guidance from the experts.

### Beneficiaries of the Program:

- College students from multiple departments, particularly those at higher risk of exposure to substance abuse.
- The broader community, through increased awareness and understanding of substance abuse prevention.

The workshop was highly impactful, and the feedback from participants was overwhelmingly positive. I would like to express my gratitude for your support in making this important event possible.



  
PRINCIPAL,  
SS INSTITUTE OF PHARMACY,  
KUPPANUR (PO), SANKARI (TK),  
SALEM - 637301.





# SS INSTITUTE OF PHARMACY



## CERTIFICATE OF APPRECIATION

This is to certify that Mr./Mrs./Miss.....SENTHAMIZHAN.S..... of  
.....I<sup>nd</sup>..... year .....B:PHARM..... branch has been actively participated in the event  
of .....SUBSTANCE ABUSE PREVENTION..... on 08.01.2024..... organised by **NSS**

PRINCIPAL



NSS CO-ORDINATOR

PRINCIPAL,  
SS INSTITUTE OF PHARMACY,  
KUPPANUR (PO), SANKARI (TK),  
SALEM - 637