

Summer Training

“BALILA-Market Survey”

at

Jolly Healthcare

(01th APRIL – 31st MAY 2020)

BY

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It is great pleasure for me to acknowledge all those who have contributed towards the conception, origin and nurturing of this project.

This work was carried out at the School of Pharmaceutical Management, The IIHMR University, Jaipur, Rajasthan.

It is a delightful moment for me, to put into words all my gratitude to my esteemed guide and preceptor **Dr. Saurabh Kumar**, Dean, School of Pharmaceutical Management, The IIHMR University, for his inestimable guidance, valuable suggestions and constant encouragement during the course of this study. It is with affection and reverence that I acknowledge my indebtedness to him and his outstanding dedication, often far beyond the call of duty. Apart from guiding me, his unwiring moral support and advice.

I am also thankful to **Mr. Rahul Sharma** faculty at School of Pharmaceutical Management for their valuable support.

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At this moment, last but not least, express my heartiest regards to **My Family** for their energetic, moral and economical support that boosted my spirits. It was the blessing of them that gave me courage to face the challenges and made my path easier. It is because of them I have reached the place where I am today.

DIVYA KUMARI

SCHOOL OF PHARMACEUTICAL MANAGEMENT
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CERTIFICATE

This is to certify that this project report entitled “**BALILA- Market Survey**” submitted to Indian Institute of Health Management and Research University, Jaipur a bonafide record of work done by **DIVYA KUMARI** under the supervision of **Dr. RAHUL SHARMA** from April 01, 2020 to May 31,2020.

Dr. RAHUL SHARMA

Associate Professor

School of Pharmaceutical Management

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I. EXECUTIVE SUMMARY:

The project assigned to me is **BALILA Market Survey**.

The study aimed to determine the current market scenario for hypoglycemic pharmaceutical products. The survey was done by collecting certain information and data from the pediatric, neonatologist and endocrinologists hospital in some of the cities.

The project was carried under three major stages:

1. Finding pediatric, neonatologist and endocrinologist hospital.
2. Finding whether these hospitals have NICU facility
3. Telephonic and online survey of doctors and their response was recorded.
4. Data analysis and data interpretation.

II. COMPANY PROFILE:

JOLLY HEALTHCARE

Jolly Healthcare-Bridging the Unmet Medical Needs!!

Ella and Mrs Suchitra Ella came back from the US to rearrange an enterprise committed to creating imaginative antibodies and bio-therapeutics. Dr Ella was introduction from a glance and instructing spell inside the US and he needed the new organization to be a scholarly capital force to be reckoned with. inside the years that followed, he gathered a bunch of brilliant researchers and drove the making of way breaking antibodies. Today, Jolly Pharmaceuticals has over 50 licenses. As a main biotechnology organization, we consistently ride the universes of advertising exploration and assembling to border powerful antibodies and therapeutics for patients around the world." "Cheerful Healthcare is one in everything about quickest developing Pharma Exporter in India with an enormous scope of pharmaceutical definitions with a confirmation important and dependability for both Domestic and Export (Indian Subcontinent and Africa) advertise. the company has contract-producing tie-up with a innovative WHO-GMP ensured fabricating Unit at Haridwar. Sprightly Healthcare watches Safety Health Environment (SHE), U.K.- M.H.R.A. what's more, U.S.- FDA. Standards. Our item portfolio covers most remedial sections like Anti-malarial, Analgesics, Anti-diabetics, Gastro-intestinal, Anti-unfavorably susceptible, Cough and cold arrangements, Anti-parasitic, Antibiotics, Sedatives, Tranquilizers, Anti-amoebic, Anti-diarrheal, impotency tablet, Hypertension tablets, Anti-contagious, Anti-HIV, Anti-Cancer, Vitamins, Corticosteroids, Anti-ulcers, Hormonal Preparations, Ointments and Cosmetics and Herbals and Nutraceuticals and Food Supplements. At Jolly Healthcare we gracefully details in essentially all measurement structures, for instance Tablets, Capsules, Soft Gels, Dry Syrups, Liquid Orals, Powder in Sachet, Dry and Liquid Injections, Pre-filled Syringes, Large Volume Parenteral, Eye/Ear/Nasal Drops. Jaunty HEALTHCARE qualities be creating Quality and

Affordable Products with QC testaments COA report and COPP endorsements. we've got the most effective group for the merchandise Dossiers and have 100% achievement rate in Dossier Approval. we've built up a swap medicate conveyance framework for 100% Timely Delivery of Products to our Valuable Importers. Our pharmaceutical plans have increased colossal affirmation for his or her fantastic adequacy and exceptionally serious rates."

Our Mission- To prove to be No. lack and vagrant pharma in India by 2020.

Our Vision- Availability of life-sparing medications and diagnostics for the ignored over the planet..

Our USP- Essential ingredients of Exports possessed by Jolly Healthcare-

1. Quality
2. Capacity & Timely delivery
3. Competitive price
4. Sound Financial Status
5. Well defined systems of production
6. WHO-GMP, ISO-9001, ISO-14001, SHE & International Bar Coding.
7. Exports to Bhutan, Sri Lanka, Africa etc
8. Manufacturing & Marketing Shortage & Orphan Drugs

Our strengths-

1. WHO-GMP Approved & UKMHRA Compliant Manufacturing Unit
2. Anabolic Steroid Manufacturer
3. Best ACTD/CTD dossier
4. Timely Delivery
5. Comfortable payment terms
6. Affordable Pricing

Our plant is approved by the following authority:

- WHO GMP CERTIFICATE- With more than 900 COPP
- NAFDAC, Ministry of Health, Nigeria
- MOH-ZAMBIA
- DOMINIC REPUBLIC
- MOLDOVA
- SRILANKA
- ANVISA

Trade affiliations-

- PHARMEXCIL
- DGFT
- Company of Registrar
- Indian Pharmaceutical Association
- WHO-GMP

Trade show we participate-

- CPhi India
- CPhi SEA
- Middle East Gateway for the Medical & Pharmaceutical Industries

Transparency in Dealings-

1. Transparent & honest dealings
2. Ethics of business
3. Corporate governance
4. Fair dealings
5. Fast communication
6. 100% Dossier approval
7. QC certificates-COA report and COPP certificates

100 % Timely Delivery of Product

III. Product Portfolio

A. Anti-HIV

- a) Cytoflu (Flucytosine)*
- b) Valgaid (Vanganciclovir)*

B. Antibiotics

- a) Jolltrim (Trimethoprim + Sulfamethoxazole)*
- b) Jolclo (Cloxacillin)*
- c) Jollpen (PenicillinG)*
- d) Huelin (Benzathine Penicillin)*
- e) Nostof (Cefazolin Sodium)*
- f) Sulphaz (Sulphadiazine)*

C. Analgesic

- a) Cabaza (Pentoxifyline)*

D. Antifungal

- a) Mycoflu (Amphoterecin-B)*

E. Diagnostics

- a) Exacto (HIV test kit)*

IV. INTRODUCTION:

Neonatal hypoglycemia happens when the kid's blood glucose level isn't really the infant youngster's body basics for parts, for example, cell imperativeness and assimilation. There is irregularity all around for expressive cutoff focuses. In US, hypoglycemia is place the glucose level is underneath 30 mg/dl inside the 24 hours of life and underneath 45 mg/dl beginning there. In the UK, in any case, lower and intelligently factor edges are utilized (<18 mg/dl at whatever point OR infant with strange clinical signs and a particular worth <45 mg/dl OR infant youngster in danger for debilitated metabolic adjustment at any rate without eccentric clinical signs and an estimation <36 mg/dl and remaining <36 mg/dl at next estimation). The kid's gestational age, birth weight, metabolic essentials, and prosperity condition of the infant kid impressively impact the adolescent's blood glucose level. There are recognized risk factors that can be both maternal and neonatal. This is a treatable condition. Its treatment relies on the reason behind the hypoglycemia. In spite of the way that it is treatable, it may be savage at whatever point gone undetected. Hypoglycemia is the most extensively seen metabolic issue in infant kids.

Hyper-insulinemic hypoglycemia (HH) has constantly been seen as an explanation behind resolved hypoglycemia in kids and child teenagers. HH happens by ideals of uncontrolled arrival of insulin from β -cells of islets of Langerhans in the pancreas. Little for gestational age (SGA) youngsters and macrosomia infant of diabetic mothers (IDM) are the two most crucial gatherings of infant kid kids in peril for hypoglycemia in the neonatal period. Glucose is basic centrality hotspot for the new-imagined cerebrum and hypoglycemia is known to cause irreversible neuronal injury when it is bleak and genuine; so practical request and treatment of these infant adolescents with HH is basic. HH is of two sorts for instance transient and inborn. Data on blood glucose homeostasis and fitting evaluations for center solitary metabolites all through a scene of hypoglycemia is the establishment for assessment and the administrators of HH. The relationship of remedially slow HH paying little psyche to everything remains a test. Data on inherited changes, progressively momentous imaging modalities like Fluorine 18L-3, 4 dihydroxyphenyl alanine positron transmission tomography (18F-DOPA-PET) yield and availability of histological division of focal and diffuse kinds of consistent HH have streamlined the relationship of Congenital Hyperinsulinism (CHI).

I] What causes hypoglycemia in an infant?

Hypoglycemia can be brought about by conditions, for example,

1. Poor sustenance for the mother during pregnancy
2. Making an excessive amount of insulin in light of the fact that the mother has inadequately controlled diabetes

3. Incompatible blood classifications of mother and child (extreme hemolytic sickness of the infant)
4. More insulin in the child's stool for different reasons, for example, a tumour of the pancreas
5. Birth imperfections
6. Congenital metabolic maladies or hormone insufficiencies. A portion of these disagreement families.
7. Not enough oxygen during childbirth (birth asphyxia)
8. Liver malady
9. Infection

II] Which babies are in danger for hypoglycemia?

Infants are bound to have hypoglycemia include:

1. Babies destined to moms with diabetes
2. Babies who are little for gestational age or development confined
3. Preterm infants, particularly those with low birth loads
4. Babies brought into the world under critical pressure
5. Babies with moms rewarded with specific medications, for example, terbutaline
6. Babies who are huge for their gestational age

III] What are the indications of hypoglycemia in an infant?

Indications of low glucose may not be clear in infants. The most well-known signs include:

1. Shakiness
2. Blue color to skin and lips (cyanosis)
3. Stopping breathing (apnea)

4. Low internal heat level (hypothermia)
5. Floppy muscles (poor muscle tone)
6. Not keen on taking care of
7. Lack of development and vitality (laziness)
8. Seizure

IV] Management of Hyperinsulinemic Hypoglycemia with Diazoxide

Diazoxide, a Potassium-Adenosine Tri Phosphate channel activator, is a mainstay of clinical treatment in deferred HH. Diazoxide prevents alpha-cell layer depolarization, furthermore, subdues insulin release by keeping a Potassium-Adenosine Tri Phosphate channels open. It is managed by means of oral course with a portion of 5-20 milligram for every kg every day in three divided measurements. Once using diazoxide in infants having hepatic brokenness or hypoalbuminemia, use lower measurements of 3 milligrams for every kg every day as it is significantly protein-bound (over 90%). Moreover, lower measurements are increasingly secure in SGA children as they are unstable to diazoxide. Diazoxide is customarily gotten together with thiazide diuretics to adjust its most typical response of fluid support in children. Hypertrichosis is likewise a noteworthy ordinary multifaceted design of this atom which generally returns following the finish of treatment. Diazoxide impact is noted when child can snappy appropriately for age, keeps up standard glucose levels and shows climb in serum unsaturated fats and ketone bodies close to the completion of brisk. Nifedipine, a Ca^{+2} channel adversary, has been used in scarcely any diazoxide dormant occurrences of CHI, in any case, a great deal of such patients neglects to show any reaction.

V] About the product – BALILA

Diazoxide enables the release of insulin from pancreas by opening the potassium channel. Hence it increases the potassium ion permeability through the membrane and causes the hyperpolarization eliciting the relaxation of the local smooth muscles (because of which voltage-gated calcium ion channel switches off leading to inhibition of action potential generation).

It also acts as a peripheral vasodilator hence used for hypertensive emergencies (it relaxes articular smooth muscles and decreases the vascular resistance). Diazoxide is an antidiuretic hence increase the reabsorption or retention of

sodium and water/fluid in the body (therefore it may precipitate the CHF in cardiac patients).

JOLLY HEALTHCARE

DIAZOXIDE Brings Rhythm Control in Blood Sugar

Balila™
Diazoxide 25mg Capsule

- BALILA (Diazoxide) blocks the release of Insulin, a hormone that lowers blood sugar levels
- BALILA (Diazoxide) can be used to treat various types of Hypoglycaemia e.g.
 - Ideopathic Hypoglycaemia of leucosensitive children
 - Ideopathic Hypoglycaemia of unclassified childhood
 - Neonatal Hypoglycaemia
- BALILA (Diazoxide) can be used to treat Hypoglycaemia especially in cases of inoperable malignant or benign tumor of pancreas
- Balila (Diazoxide) offers suitable treatment options for patients who are not cured by surgery or unsuitable for surgery

DOSAGE

For Hypoglycaemia
Recommended initial dose is 5-10mg/kg/day in 2-3 doses
For hypoglycaemia secondary to hyperinsulinaemia, up to 10-15mg/kg/day in 8-12 hourly doses
For severe hypertension
1-3mg/kg for severe hypertension. Can be given every 5-15 minutes. Dose is titrated according to blood pressure response

DIAZOXIDE 1st Time in Asia

IN

- Hypoglycaemia (due To Hyperinsulinaemia)
- Hypertentions/malignant Hypertension

For Order info@jollyhealthcare.org [+91 8003633988](tel:+918003633988) www.jollyhealthcare.org

References:
1. Hyperinsulinemic Hypoglycaemia in Infancy: Current Concepts in Diagnosis and Management by Dr. Shreshth Vohra
2. Clinical Practice guidelines for Congenital Hyperinsulinism by Dr. Teenu Yodanis

Fig.1- Balila Pamphlet

The pharmacokinetics of the drug is as follows-

- 1) Absorption- readily absorbed in the body following the oral route of administration.
- 2) Distribution- Dispersed all through the body; the most significant level is found in kidneys, liver, and adrenal organs; it passes through the placental barrier and blood-cerebrum barrier. It has high protein-philic affinity i.e. around 90% to serum proteins, in this manner, it has a half-life of around 25 to 35 hours in typical grown-ups.
- 3) Metabolism- partially metabolised in the liver.
- 4) Excretion- discharged gradually by the kidneys in urine.

Consecutive administration of benzothiazide and in presence of hypokalaemia condition the hyperglycaemic activity of diazoxide gets enhanced. The hyperglycaemic activity of diazoxide

can be antagonized by the administration of insulin, tolbutamide and alpha-blockers (like prazosin terazosin and doxazosin etc).

Diazoxide is commonly recommended for grown-ups who have inoperable islet cell adenoma or carcinoma or extrapancreatic danger. It can likewise be utilized in babies and youngsters which are experiencing leucine affectability, islet cell hyperplasia, nesidioblastosis and extrapancreatic danger.

It is contraindicated in patients with hypersensitivity towards diazoxide or to other thiazides. It should also not prescribe in case of improper renal functioning, functional hypoglycaemia, pregnancy (due to severe teratogenic effects).

Diazoxide requires close clinical oversight with cautious checking of blood glucose and clinical reaction so portion alteration should be possible appropriately.

Some ADR's related to the drug is as follows-

- 1) Hirsutism
- 2) Diabetic ketoacidosis
- 3) Hyperosmolar non-ketonic coma
- 4) Na⁺ ion and water retention
- 5) GI intolerance like nausea, vomiting.
- 6) Hypotension
- 7) Cataract
- 8) Fever
- 9) Gout
- 10) Acute Pancreatitis

Overdose of diazoxide can be treated with prompt insulin administration and Restoration of electrolyte balance and fluid. It also requires prolonged surveillance for up to 7 days due to the long half-life of the drug. It shows a drug-drug interaction with a diuretic, coumarin anticoagulants, diphenylhydantoin, and chlorpromazine.

Usual daily dosage for adults and children is 3 to 8 mg per KG and for infants and new-borns, it is 8-15 milligram per kilogram separated into 2 or 3 equivalent quantities every 8 or 12 hrs. To maintain its stability ideally it must be stored at room temperature ranging between 15-30 C.

VII. Literature Review

Shrenik Vora, Suresh Chandran, Victor Samuel Rajadurai And Khalid Hussain

“Assessment of blood tests, gathered at the hour of hypoglycemic scenes, for delegate metabolites and hormones is essential for finding and treatment. Extended thought among clinicians about infant youngster youths "at serious risk" of hypoglycemia and late advances inside the innate assessment has made an essential commitment to the affirmation and in this manner the primary collection of hyperinsulinism. Continuously stream drugs like lanreotide (long-acting somatostatin direct) and sirolimus (mammalian target of rapamycin (mTOR) blocker) appear, apparently, to enable as patients with the diffuse distress are regularly managed acceptably without subtotal pancreatectomy, constraining the all-encompassing length sequelae of diabetes and pancreatic need. Additional driving edge bits of information in understanding the sub-nuclear and histological clarification and updates in imaging and cautious structures will change the best gratitude to pander to regulate patients with ordinary hyperinsulinism.”

Paul J. Rozance, MD

“The executives of neonatal hypoglycemia stays questionable because of conflicting definitions and an absence of top notch interventional preliminaries [1;63]. No new investigations tended to these inadequacies. In any case, new examinations have been distributed depicting the frequency of low glucose focuses in the four most in danger gathering of asymptomatic youngsters and indicating that dreary low glucose fixations are not related with unfavorable long haul results. In any case, the genuine outcomes of hypoglycemia, particularly because of hyperinsulinism, have been affirmed and advances made in the analysis and the executives of these patients. At last, more up to date contemplates keep on exhibiting the guarantee of CGMS for improving exploration and clinical consideration around there.”

Siddique A.A., Saleem A.M.

“As indicated by our observation, the occurrence of hypoglycemia in low birth weight children in the current examination is 24%. Little for gestational age is a huge determinant for hypoglycemia. The point that review adding to the current information - Hypoglycemic scenes were fundamentally seen in the initial 24 hours when contrasted with some other time span. Different co-morbidities were investigated in normoglycemic and hypoglycemic newborn children of which sepsis was fundamentally seen after hypoglycemia.”

OBJECTIVE OF THE PROJECT:

Objective: - To study the market for Diazoxide in selected cities of India.

VIII. RESEARCH METHODOLOGY:

Mode of data collection:

<u>Study type:</u>	Descriptive Study
<u>Type of data:</u>	Quantitative data
<u>Sampling technique:</u>	Purposive sampling
<u>Data collection:</u>	Telephonic and online survey using a questionnaire
<u>Study Timeline:</u>	Two months (April 2020 - May 2020)
<u>Sample size:</u>	Response of 76 neonatologists/pediatrician doctors were recorded.

Data Analysis and Interpretation:

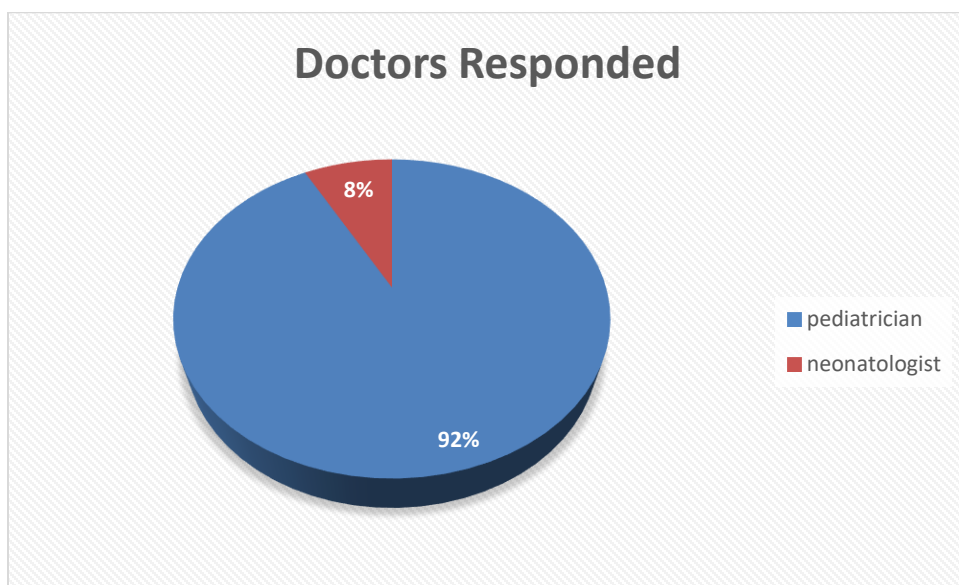
Analysis and interpretation of the data have been carried out to deduce the conclusions with the aid of appropriate statistical tools.

IX. Results & Discussions

PREFACE

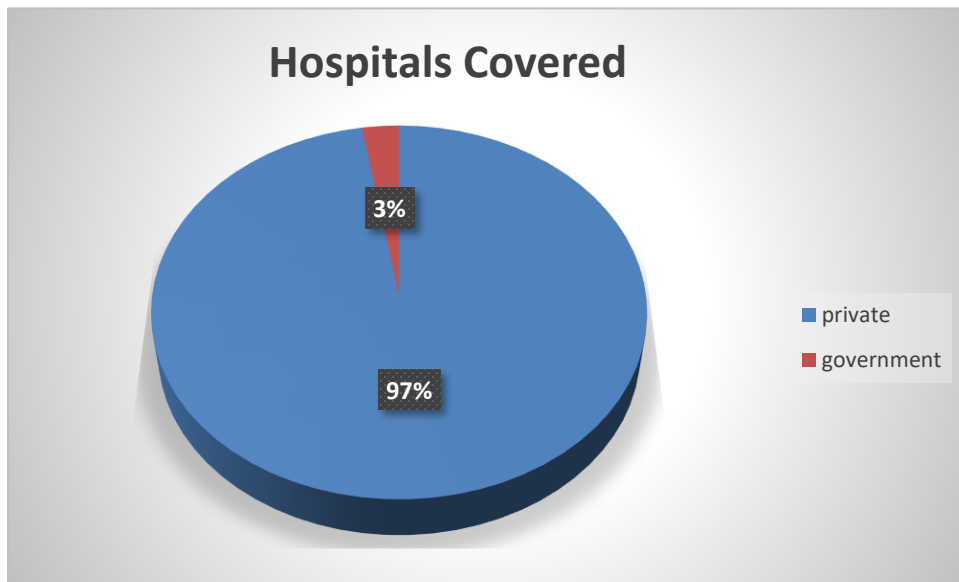
This projects represents the data collected and analyzed with the help of different form of visual representation so that its interpretation can be done. Through this report we can make our recommendations which can somewhat help the company in their product launching.

1. No. of Doctors responded?



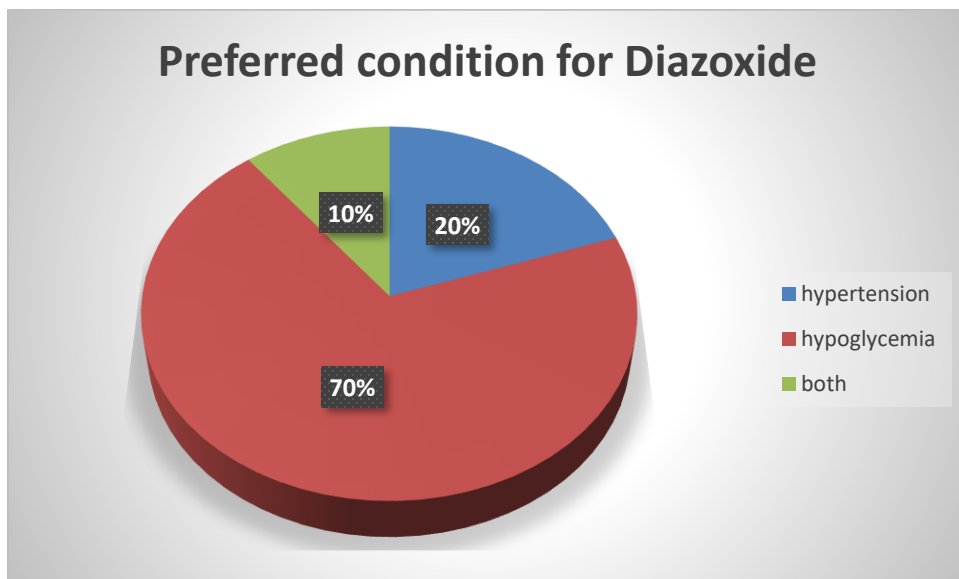
Out of 76 respondents, 92% respondents are pediatrician and 8% respondents are neonatologists.

2. Type of Hospitals covered



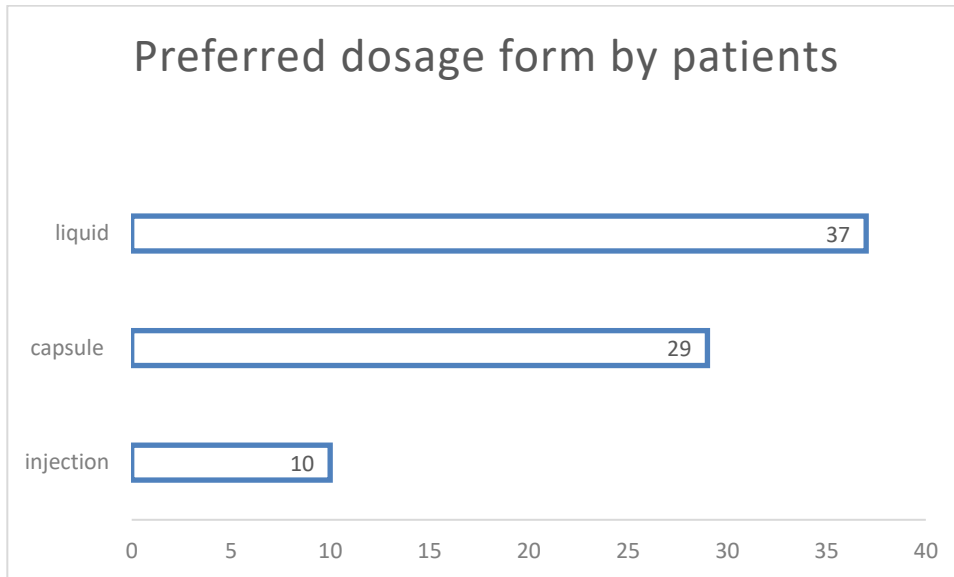
Through this pie chart it is found that 97% hospitals are private and 3% hospitals are government.

3. In which condition(s) doctors will preferred the Diazoxide molecule?



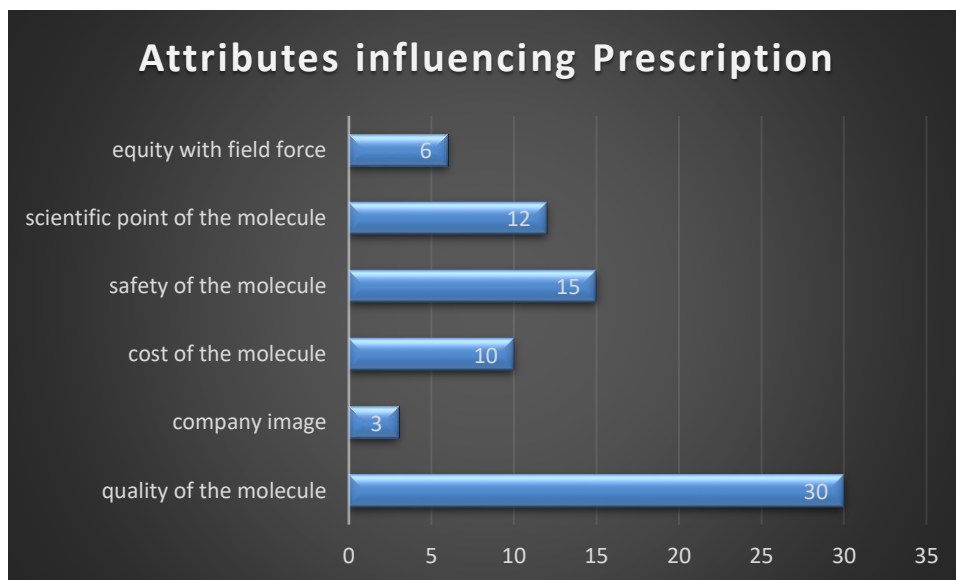
70% respondents will prefer diazoxide in hypoglycemia, 20% respondents will prefer diazoxide in hypertension and only 10% respondents will prefer in both conditions.

4. Which is the most preferred form of administered by patients?



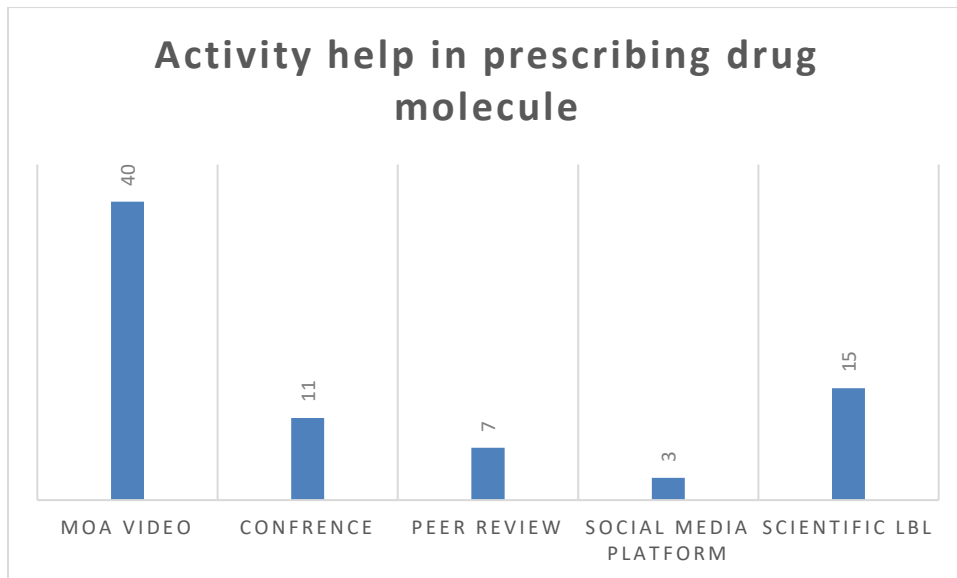
Out of capsule, liquid and injection, liquid is the most preferred dosage form by patients followed by capsule.

5. Which of the following attributes influences doctors to write prescription?



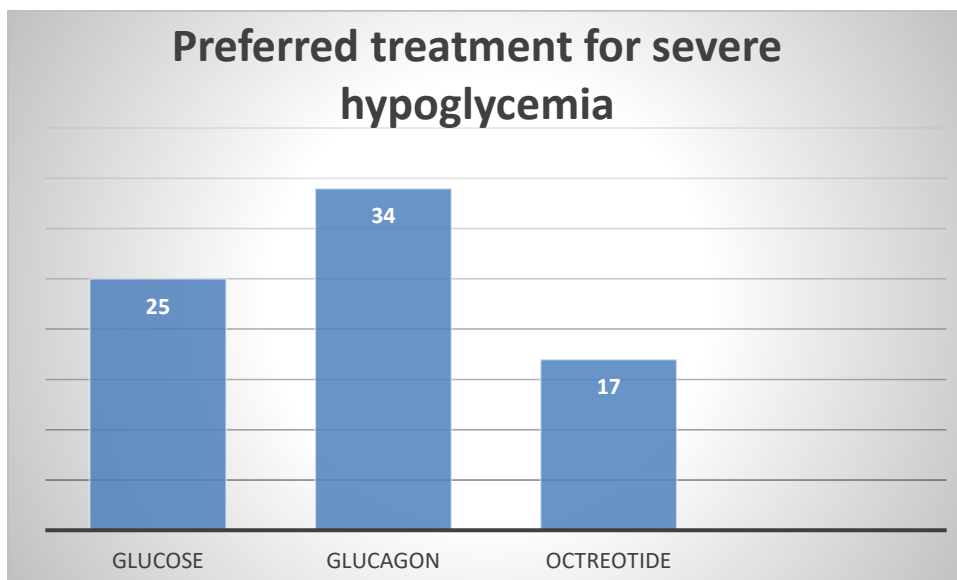
From this chart it was observed that quality and safety of the molecule are the major attributes influencing the prescription.

6. Which of the following activity will help doctors in prescribing the drug molecule?



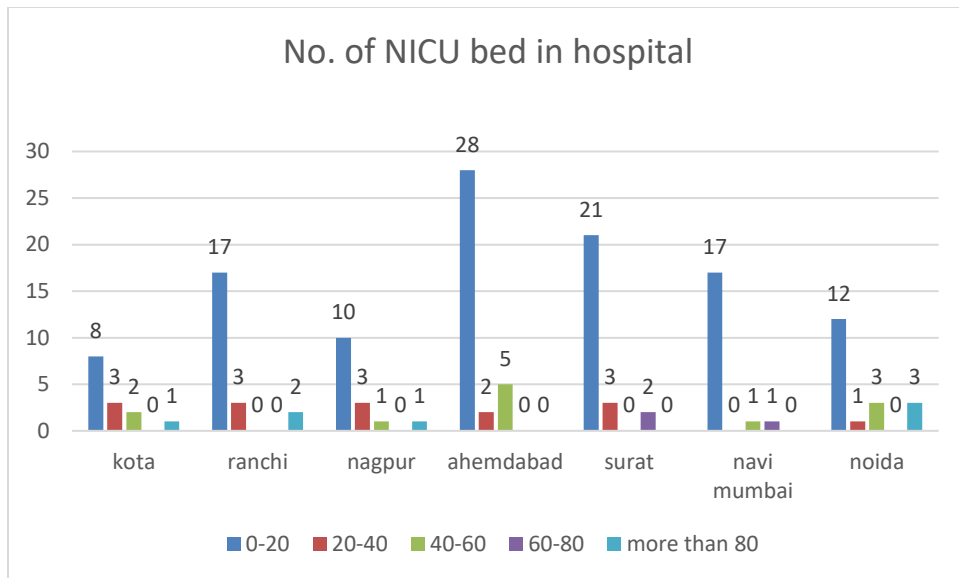
From this it was observed that Mechanism Of Action video followed by scientific label are the major activity that help in prescribing the drug molecule.

7. How do you mostly treat Severe Hypoglycemia patients?



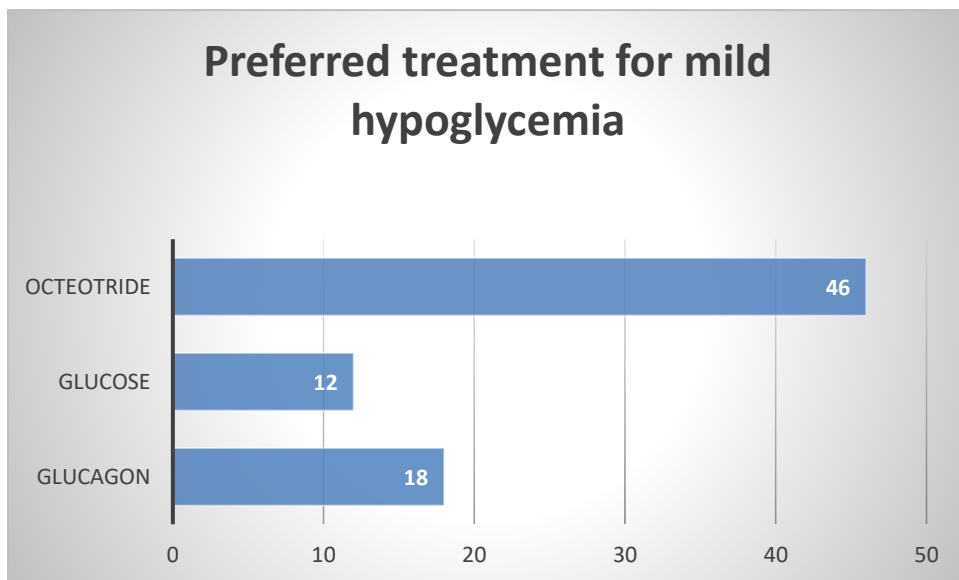
Glucagon and glucose (I.V) are the most preferred treatment for severe hypoglycemia.

8. No. of NICU bed in hospital ?



From the obtained bar graph It was observed that product should be launched in Ahemdabad followed by Surat as Ahemdabad has highest number of 0-20 range beds.

9. How do you mostly treat mild Hypoglycemia patients?



Octerotide was the most preferred drug for mild/moderate hypoglycemia.

X. CONCLUSION

To finish up diazoxide is a efficacious treatment for Hyperinsulinemic hypoglycemia and dangerous hypertension. Hyperinsulinemic hypoglycemia significantly happens because of over the top endogenous insulin .As India grabs second position in world population and due to the hectic and stressful routine there are chances to develop hypertension . There can be a possibly undiscovered market for this product. Jolly Health care is perhaps the best organization in the orphan medication advertise which gives quality and strong items to specialists and patients at a serious cost and there are less contenders present in the market for orpahn medications which give quality and successful medications to the specialists. So with the help of data that has been collected and analyzed it was observed that Diazoxide is preferred over Octerotide on the basis of its quality and safety. And if we reach out to a large number of doctors with mechanism of action video and a descriptive scientific label then it would help a lot in prescribing the Diazoxide molecule.

LIMITATION-

- From this study we can not comment about its dosage frequency and dose.

XI. RECOMMENDATION

- So, with the help of data that has been collected and analyzed it was observed that Diazoxide is preferred over Octerotide on the basis of its quality and safety.
- If we reach out to a large number of doctors with mechanism of action video and a descriptive scientific label then it would help a lot in prescribing the Diazoxide molecule.
- As the company is mainly focusing on neonatal and pediatric hypoglycemia then they should go for liquid dosage form as per my data collection and analysis.
- In mild/moderate hypoglycemia Octerotide is mainly prescribed so if Balila overcomes the side effects or limitations of octerotide then it can be prescribed in place of the same for moderate hypoglycemia.
- Gluagon and glucose are still used in severe hypoglycemia.
- According to respondents, Diazoxide is a potent molecule which can be used in Hyperinsulinemic Hypoglycemia and severe hypertension conditions.
- Strong scientific knowledge backed representative can bring good Top line growth.
- Safety of the molecules is a major source of concern for respondents towards their patients therefore lesser side effects molecule or a drug with a precise amount of active ingredient will be most suitable.

XII. REFERENCE

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Fundamentals of Visualization with tableau

Report
by
Divya Kumari

MBA Pharmaceutical Management
2019-2021



THE IIHMR UNIVERSITY
1, PRABHU DAYAL MARG, SANGANER, JAIPUR-302029



CERTIFICATE

This is to certify that Miss. DIVYA KUMARI student of MBA PM 11, Enrolment no. **IIHMR-U/02/2019-21/0180** (academic year 2019-2021) has completed online course **“Fundamentals of Visualization with tableau”** in partial fulfilment for the requirement for the award of **MASTER OF BUSINESS ADMINISTRATION**.

SUPERVISOR

Dr. RAHUL SHARMA

ASSOCIATE PROFESSOR

SCHOOL OF PHARMACEUTICAL MANAGEMENT

Name of the course: Fundamentals of Visualization with tableau.

Course description

Tableau is an intuitive, self-administration detailing and examination apparatus that permits personnel and staff to coordinate and blend information from various sources into representations and be gotten to during a solitary work area condition utilizing Tableau Desktop or through a common dashboard. Tableau Desktop might be a report improvement apparatus for making reports and arranging the data into representations.

These perceptions might be sorted out during a dashboard for singular use or shared by means of Tableau Server. A permit is required to utilize Tableau Desktop. The permit is reestablished yearly for proceeded with use. Tableau Server might be a safe entry that licenses dashboards made in Tableau Desktop to be safely imparted to others from any program or cell phone.

This administration is given by North-western IT and bolstered by Enterprise Reporting and Analytics. In any event one duplicate of the Tableau Desktop permit per office/school is required to utilize Tableau Server for sharing information. It is the secure, and adaptable begin to finish assessment stage for your data.

Lift people with the workplace of information. Tableau is that the main business knowledge stage that transforms your information into bits of knowledge that drive activity.

Objectives of the course

- Apply the fundamentals of the tool
- Use all the basic functionality to visualize their data
- Connect to various data sources
- Build a variety of basic charts
- Combine insights into a useable dashboard
- Share and publish visualizations
- Create complex calculations and dynamic parameters
- Build a dashboard with powerful interactivity

- Produce complex chart types
- Apply advanced formatting and data visualization best practices
- Slice and dice your data to mine for critical insights

Course content

- 1.Introduction to Data visualization
- 2.Tools for Data Visualization;
- 3.Introduction to tableau;
- 4.Examine and navigate tableau workspace;
- 5.Examine ways to define your project.

Learning methodology used in the course

- ❖ Recorded videos
- ❖ reading materials
- ❖ assignments
- ❖ lectures

Key learnings

- Tableau software knowledge
- Data visualization
- Share and publish visualizations
- Build a dashboard with powerful interactivity
- Produce complex chart types

CERTIFICATE

