

SUMMER INTERNSHIP PROGRAM

at

Mankind Pharma

12th of May 2025 – 21st of July 2025

A

REPORT BY

Rohan Sharma

Master of Business Administration

(Pharmaceutical Management)

Roll no. - 0691

2024-2026

Under the mentorship of

Dr. Sudhinder Singh

Chowhan

Associate Professor



31-July -2025

To Whomsoever It May Concern

This is to certify that **Mr. Rohan Sharma** student of MBA Pharmaceutical Management from **IIHMR University Jaipur** has successfully completed his training program with **Mankind Pharma Ltd.** in PMT Department from **13th May 2025 to 25th July 2025.**

He was found to be diligent, sincere & dedicated during his training period.

We wish him all the best for future endeavors.

For Mankind Pharma Ltd.




Abhishek Khare ★
DGM - Human Resources

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Rohan Sharma** of academic year 2024-26 of **School of Pharmaceutical Management** has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

A handwritten signature in blue ink, appearing to read 'Sudhinder Singh Chowhan', written over a horizontal line.

Date:

Dr. Sudhinder Singh Chowhan

Associate Professor

About Company

Mankind Pharma was incorporated in 1991, and began active operations in 1995, launched by brothers Ramesh C. Juneja (Chairman) and Rajeev Juneja (MD & Vice Chairman) with a small investment and just 25 medical representatives. Their early strategy focused on ultra-low pricing of essential drugs like Zenflo and Moxikind CV, targeting rural and price-sensitive markets.

Expansion and Diversification

From its founding core, Mankind expanded across therapeutic segments. Key milestones:

- Entered OTC and consumer health in 2007, launching major brands such as Manforce condoms, Prega News pregnancy kits, Unwanted-72, and others.
- Acquired Magnet Labs (2007) to enter antipsychotic drugs; bought.
- Longifene in 2010 for pediatric appetite-stimulants.

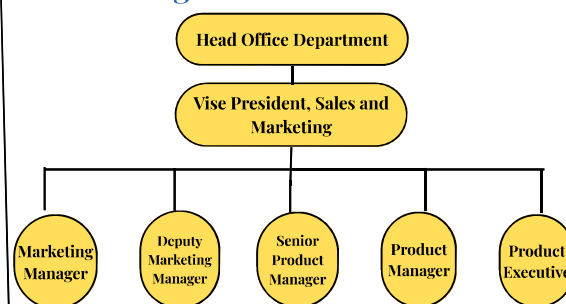
Organisation Vision

Mankind Pharma aims to achieve global leadership in the healthcare industry by offering effective, reliable, and high-quality healthcare products. They also aspire to foster trust and positive change through their products.

Organisation Mission

Their core mission is to provide high-quality treatment at a fair cost to everyone. This includes continuously seeking innovative solutions and supporting societal health and safety. They emphasize the importance of ethical conduct, customer care, and delivering accessible, high-quality healthcare solutions promptly.

Organisation Structure

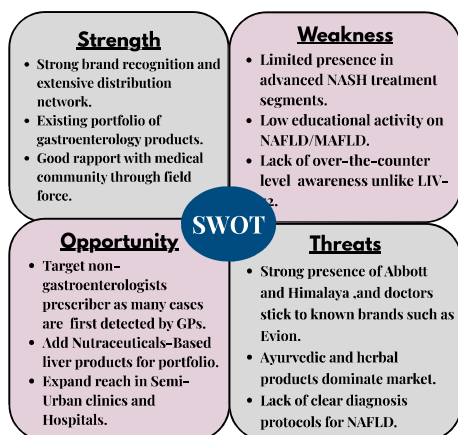


Learning and Value Addition

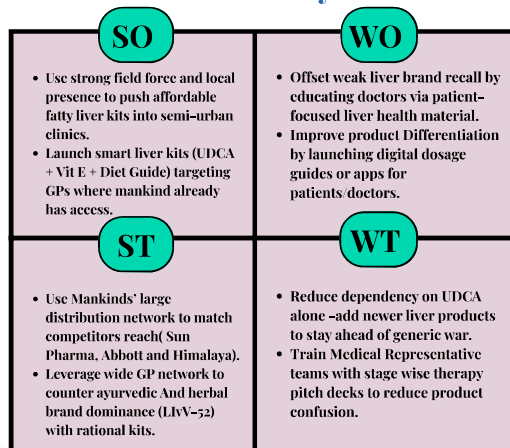
Internship Overview

During my internship at Mankind Pharma, I worked as a market research intern-Gastroenterology Division with the primary objective of collecting data. My responsibilities involved identifying and meeting gastroenterologists across various hospitals and clinics, explaining the purpose of the survey, and collecting expert opinions related to NAFLD and MAFLD. I aimed to understand current diagnostic practices, including the use of serum biomarkers like FIB-4 and NAFLD Fibrosis Score, and gather insights into commonly prescribed liver health medications. The data collected was intended to assess market trends, unmet needs, and clinical preferences, which could inform strategic decisions for product positioning and new launches. Throughout the internship, I maintained regular field visits, documented interactions, followed up with doctors when necessary.

SWOT analysis



TOWS analysis



Activity Snapshot



COMPETITORS (HEPAKIND)

Company	Brand	MRP	DOSAGE FORM
Sun pharmaceuticals	Ursocol 300	433	Tablet
Cipla	Maxirich liver-care	140	Liquid
Abbott	Udiliv 300	346	Tablet
Himalaya	Liv 52	235	Tablet
Lupin	Ulyses 300	414	Tablet
Torrent Pharma	Ursetor 300	439	Tablet
Win-Medicare	Hepamcrz	249	Tablet



Practical VS Theoretical approach

Practical Exposure	Theoretical Learnings
- Approached doctors using short to the point conversations. - Observed how product is positioned in comparison to other liver brands. - Conducted surveys with gastroenterologists and modified questions based on real time responses.	- Studied communication flow and importance of KOL engagement. - Understood product life cycle, branding strategy and positioning using 4Ps. - Learnt how to design surveys, segment target audience and analyze data.

Challenges faced during internship

- DOCTORS' TIME CONSTRAINTS:** Most doctors' were extremely busy, especially in OPD hours, making it difficult to explain the purpose of the survey and get it filled.
- DIFFICULTY IN GETTING APPOINTMENTS:** Many times, I waited hours without a confirmed meeting which delayed my daily targets and affected overall planning.
- VARIATIONS IN CLINICAL PRACTICES:** There was no consistency in how NAFLD was diagnosed -even among experienced doctors. Each doctor had their own protocols.

Major learnings from internship

- IMPROVED DOCTOR COMMUNICATION SKILLS:** I learned how to approach and communicate professionally with doctors, adjust my tone and language based on seniority.
- UNDERSTANDING GROUND LEVEL HEALTHCARE PRACTICES:** This internship gave me reel look at how liver-related diseases like NAFLD/MAFLD are actually diagnosed and treated.
- EXPOSURE TO BRAND PERCEPTION & MARKET BEHAVIOR:** I gained insights how liver brands are perceived and how competition operates in this segment.

Suggestions for improvement

- INCLUDE GPs IN FUTURE OUTREACH:** Many patients with fatty liver symptoms visit GPs, not gastroenterologists
- BUILD DOCTOR ENGAGEMENT THROUGH CMEs:** Several doctors showed interest in academic discussions. Hosting small scale CMEs would build stronger relationships.
- PRE-SURVEY ORIENTATION FOR INTERNS:** Field interns should be given a clear, well-prepared script or short training on how to introduce themselves, explain the objective of the survey.

Compiled Reporting Format

Name of the Organisation: Mankind Pharma

Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Rohan Sharma

Roll no: 0691

Stream: MBA-PM16

Activity Done	Week- 1 • I met with my mentor to discuss the survey and internship's objectives. • Before entering the field, I began learning more about NAFLD and MAFLD to gain a better understanding of the topics. Week -2 • Jaipur's main clinics and hospitals have been marked out for improved coverage. • Began scheduling consultations with gastroenterologists to gather survey answers. • Visited both public and private facilities to learn about various strategies. Week - 3 • Carried on with the survey and started incorporating some endocrinologists and general practitioners. • To maintain consistency, I set a daily goal of seeing three to four doctors. • Rescheduled some visits after noticing delays brought on by clinic hours. Week - 4 • Has so far covered fifty physicians. • Examined pharmacological and dietary viewpoints. • Suggested appointment scheduling to increase productivity. Week - 5 • Follow-up on unfinished surveys • Questions centred on understanding MAFLD versus NAFLD • Observed differences in patient education methods Week - 6 • A total of 120 doctors were reached. • Started compiling information for analysis • During consultations, time constraints were encountered. Week - 7
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	- Completed 160 surveys. - Physicians posed important queries regarding cirrhosis versus fibrosis. - Organised answers to find patterns. Week- 8 210 doctors were reached - Concentrated on the diagnostic process's practical difficulties. Week - 9 - I met 235 doctors and received positive feedback. - Utilised ideas from pharmaceutical marketing. - A trend of screening-over-awareness was identified. Week - 10 250 surveys were finished. - Acquired comprehensive knowledge about Saroglitazar, Vitamin E, and UDCA. - Discovered the opinions of physicians regarding the influence of fast food and patient behaviour.
Linking theory (Classroom learning) with practice at your organisation	- Practical exposure to real-world pharmaceutical marketing - Strengthened communication, data collection, and analysis skills - Understood how evidence-based strategies are designed using Healthcare Professional feedback. - Gained field-level understanding of disease awareness gaps
Gaps identified on the working area.	- Limited time with doctors restricted detailed interactions - Awareness levels on MAFLD varied significantly - Some doctors were more tool-oriented (Fibro Scan) than patient education-focused - Manual data entry was time-consuming
Suggestions for improvement	- Introduce digital forms for efficient survey collection - Share short info leaflets on MAFLD with doctors - Organize small CMEs or group discussions. - Plan area-wise doctor visits in advance to avoid delays
Conclusion & Learnings	The internship was a valuable learning experience, bridging classroom knowledge with on-ground pharmaceutical practices. Through interaction with 280 doctors, I understood how field data drives awareness campaigns and evidence-based marketing strategies in pharma.

Signature of the Student:

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

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Name of the Student: Rohan Sharma

Roll no: 0691

Stream: MBA-PM16

Week no: 1 **From:** 12-06-25 to 17-06-25

Activity Done	The week began with a briefing session with ma'am, where I was guided on how to approach doctors and conduct the survey. Over the next 3 days, I met 15 doctors (5 per day) in Indore and collected their opinions on NAFLD/MAFLD. Doctors shared views on dietary risks, use of UDCA, and current screening methods.
Linking theory (Classroom learning) with practice at your organisation	Applied MBA concepts in real settings like survey framing and doctor interaction.
Gaps identified on the working area.	Limited consultation time and varying awareness among doctors.
Suggestions for improvement	Use digital forms and provide doctors with short awareness material.
Conclusion & Learnings	Improved communication and learned how doctor feedback supports pharma strategies.

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Week no: 2 **From :** 19-05-25 to 24-05-25

Activity Done	• Conducted a field survey on Non -Alcoholic Fatty Liver Disease (NAFLD) / MAFLD in consultation with gastroenterologists. • Collected data and insights regarding the approach of Healthcare Providers towards treating NAFLD / MAFLD
Linking theory (Classroom learning) with practice at your organisation	• Communication-communication skills learned helped me interacting with healthcare professionals and make them understand better what the survey is really about.
Gaps identified on the working area.	• Low Response Rates /Limited Availability:- busy schedules of doctors leads to difficulty in getting appointments which also leads to incomplete response by them. • Behavioral barriers:- aggressive behaviour of some doctors and their supporting staffs (such as assistants) leads to incomplete and inaccurate research. This leads to weak conclusions.
Suggestions for improvement	• Train field Researchers in soft skills:-train on how to handle objections,show respect for time. • Provide monetary support:-we may be more willing to contribute if we receive value in return,atleast daily expenses can be given.
Plan for the next week	• Finalize a list of gastroenterologists to meet according to their location and availability. • Arrive early and be professional

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Stream: MBA-PM16

Week no: 3

From : 26-05-25 to 31-05-25

Activity Done	• Conducted in-depth market research on NAFLD/MAFLD. • Engaged with gastroenterologists to understand their perspective on diagnosis, patient categorization, and treatment approaches.
Linking theory (Classroom learning) with practice at your organisation	• Our research into how doctors categorize patients supports product positioning strategies. • Regulatory and Ethical considerations: by conducting surveys ethically and handling sensitive data responsibly. • Collected data to support to support strategies in NAFLD/MAFLD management.
Gaps identified on the working area.	• No universally accepted treatment guidelines leads to different opinions of healthcare providers, hence strong conclusion cannot be made.
Suggestions for improvement	• Encourage hospitals and clinics to collect patient outcomes and treatment response.
Plan for the next week	• Adapt field realities: I will be prepared for challenges like appointment cancellation. • Deepen my understanding about field and off-course about the disease.

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Roll no: 0691

Stream: MBA-PM16

Week no: 4 **From:** 02-06-25 to 07-06-25

Activity Done	• Conducted a field survey on NAFLD/MAFLD in consultation with gastroenterologists. • Collected data regarding the approach of healthcare providers towards treating the disease.
Linking theory (Classroom learning) with practice at your organisation	• Communication skills learned helped me interacting with doctors and make them understand better what survey is really about. • Market research & analysis skills helped me executing a market research project on NAFLD/MAFLD.
Gaps identified on the working area.	• Low patient awareness : consultants report that patient lack understanding of the disease. • Limited awareness & difficulty in early detection: healthcare providers often finds it difficult in early diagnosis of the disease.
Suggestions for improvement	• Conduct continuing medical education(CME) programs : training programs for doctors can be implemented that would help them I early detection of the disease. • Patient awareness programs : spreading information to public digitally can be a economic and effective.
Plan for the next week	• Maintain continuity in data collection. • Complete goals on daily basis.

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Stream: MBA-PM16

Week no: 5 **From:** 09-06-25 to 14-06-25

Activity Done	• Visited gastroenterologists and consultants in the city to conduct a structured survey on NAFLD/MAFLD. • Collected expert medical opinions, recorded insights on diagnosis and treatment patterns, and ensured proper data documentation. • Ensured ethical standards during data collection.
Linking theory (Classroom learning) with practice at your organisation	• Utilized concept of field research and market data analysis. • Practical skills like communication , ethical data handling ,and professional behaviour were exercised in real world settings.
Gaps identified on the working area.	• Manual survey methods are time consuming. • Difficulty scheduling appointments due to doctors busy schedules.
Suggestions for improvement	• Develop a short educational booklet on NAFLD/MAFLD for doctors and patients. • Develop mobile survey apps to minimize paperwork and errors.
Plan for the next week	• Continuing meeting 4-5 doctors per day, expanding doctors of other cities. • Prepare a weekly report.

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Week no: 6 **From:** 16-06-25 to 21-06-25

Activity Done	• Visited multiple hospitals and clinics daily to meet gastroenterologists and consultants. • Explained the objective of the survey to busy doctors
Linking theory (Classroom learning) with practice at your organisation	• Theories from organisation behaviour guided and helped me understanding and adapting to different personalities and professional behaviour of doctors. • Pharmaceutical marketing management helped me how to communicate the objective of the survey effectively and build trust within doctors.
Gaps identified on the working area.	• Many doctors are handling NAFLD/MAFLD cases but do not follow uniform protocols. • Some clinics lack a designated staff members to coordinate with visitors.
Suggestions for improvement	• Collaborate with clinics to create a patient handout on NAFLD. • Conduct a short training for field interns on how to tactfully approach different kinds of practitioners.
Plan for the next week	• Revisit 5-6 clinics where partial data was collected and complete those surveys. • Start shortlisting key insights for final report preparation.

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Week no:7 **From:** 23-06-25 to 28-06-25

Activity Done	- Scheduled and attempted appointments with 4-5 gastroenterologists per day in different hospitals and clinics. - Conducted face to face interviews and collected detailed responses on their current practices and awareness of NAFLD/MAFLD.
Linking theory (Classroom learning) with practice at your organisation	- Applied pharmaceutical marketing skills in interacting with doctors and make them understand better what survey is really about. - Market research & analysis skills helped me executing a market research project on NAFLD/MAFLD.
Gaps identified on the working area.	- Low patient awareness : consultants report that patient lack understanding of the disease. - Lack of standardized diagnostic protocols for NAFLD/MAFLD.
Suggestions for improvement	- Create a quick reference tools or checklists for doctors to screen for NAFLD in busy OPDs. - Patient awareness programs : Develop short video modules or pamphlets for patients to be shown in waiting rooms.
Plan for the next week	- Maintain continuity in data collection. - Continuing doctor visit and focus more on private clinics this week.

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Stream: MBA-PM16

Week no: 8

From: 30-06-25 to 05-07-25

Activity Done	- Analyzed correlation between patient load and attention to NAFLD: Overburden OPDs often ignored fatty liver screening. - Started preparing for final presentation and preparation of posters. .
Linking theory (Classroom learning) with practice at your organisation	- Applied Principles of public health to frame that NAFLD/MAFLD is not just as a clinical but a public health challenge. - Skills learned from human resource management prepared me to resolve objections politely and providing clarity
Gaps identified on the working area.	- Over dependence on MRIs and ultrasound: rural hospitals rely on MRI practices as their only hope for treatment, they lack techniques like fibro scan. - Rural hospitals still treat fatty liver disease as a general lifestyle issue without structured intervention.
Suggestions for improvement	- Conduct continuing medical education (CME) programs: training programs for doctors can be implemented that would help them I early detection of the disease. - Make mobile based awareness programs accessible to Tier-2/Tier -3 cities.
Plan for the next week	- Complete goals on daily basis. - Plan to visit hospitals and clinics of rural area.

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Stream: MBA-PM16

Week no:9 **From:** 7-06-25 to 12-07-25

Activity Done	• Visited multiple hospitals and private clinics to meet gastroenterologists and collect targeted insights about NAFLD/MAFLD. • Observed how the disease is approached differently in government vs private hospitals.
Linking theory (Classroom learning) with practice at your organisation	• Learned how practical barriers(cost,awareness,time)affects the theoretical model of disease management we studied in classs. • Applied Market research skills not just asking questions, but in listening actively.
Gaps identified on the working area.	• Affordability gap: Many patients skip liver function tests due to high cost,even after being advised by the doctors. • Standard protocol missing: No uniform diagnostic protocols followed-each doctor uses their own judgement due to lack of national guidelines awareness.
Suggestions for improvement	• Tie-up with diagnostic labs to offer low cost liver screening packages in smaller cities,this could increase early detection. • Circulate short clinical guidelines(1-2 pages)digitally in local language for quick doctor reference,especially in smaller cities.
Plan for the next week	• Start designing informative poster for college submission. • Start preparing for final report submission.

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Roll no: 0691

Stream: MBA-PM16

Week no:10

From: 14-07-25 to 21-07-25

Activity Done	• Spoke to junior doctors and observed their level of knowledge vs senior consultants. • Shifted focus from field work to organising and verifying all the collected data. • Started preparing content and structure for my final report and college poster preparation based on field insights. .
Linking theory (Classroom learning) with practice at your organisation	• Project writing and research presentation formats taught in academics are helping me structure my findings for final submission. • Developed a real understanding of how raw field data is converted into meaningful insights and reports..
Gaps identified on the working area.	• During data review, I found that some doctors provided only partial responses-shows that even professionals sometimes need multiple reminders. • Some doctors focused more on technical tools (like Fibro Scan) than on patient education.
Suggestions for improvement	• Circulating short, easy-to-understand leaflets or visual aids can improve MAFLD awareness among GPs. • In future, proper orientation and training should be provided to field workers before survey deployment.
Conclusion & Learnings	• This internship gave me valuable field exposure to doctors' perspectives on NAFLD/ MAFLD. I improved my communication, data analysis, and marketing application skills. Overall, it was a great learning experience that helped connect classroom knowledge with real-world practice.

Signature of the Student:

Approved by the IIHMR University's Mentor

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