

SUMMER INTERNSHIP REPORT

At

MANKIND PHARMA

From: 12 May 2025 to 19 July 2025



A REPORT BY:

Paras Gupta

Master of Business Administration

Pharmaceutical Management-16

IIHMR-U/02/2024-26/0678

2024-2026

Under Mentorship of

Dr. Sanjay Gupta

Associate Professor, IIHMR University, Jaipur



31-July -2025

To Whomsoever It May Concern

This is to certify that **Mr. Paras Gupta** 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 ★

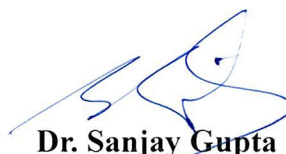


IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Paras Gupta** of academic year 2024-26 **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.

Date: 28/07/2025

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Dr. Sanjay Gupta
Professor

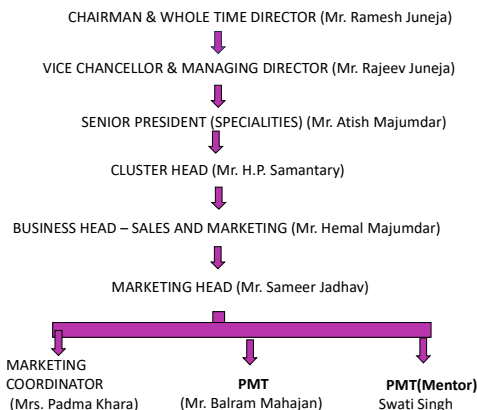
Mankind Pharma

Mankind Pharma is one of India's leading pharmaceutical companies, established in 1991 and headquartered in New Delhi. It is recognized for providing affordable, innovative, and high-quality healthcare solutions not only across India but also in over 30 countries worldwide. The company began operations with a small team, focusing initially on price-sensitive drugs for rural markets. Over time, Mankind Pharma expanded rapidly and is now among the top five pharmaceutical firms in India by domestic sales, employing over 20,000 people

Mission

To build around a desire to not just be the best, but a leader in the development, manufacture, and sales of premium pharmaceutical products

Structure



Vision

Mankind Pharma's vision is to be admired globally for quality, affordability, and accessibility in healthcare. The company aspires to lead through innovation, customer-centricity, and integrity, making high-quality medicines available to all, and improving lives by bridging the gap between advanced healthcare and underserved populations worldwide.

Market size

The global NAFLD drug market is valued at approximately \$22 billion in 2025 and is projected to grow to about \$33.6 billion by 2034, driven by rising obesity and diabetes rates worldwide

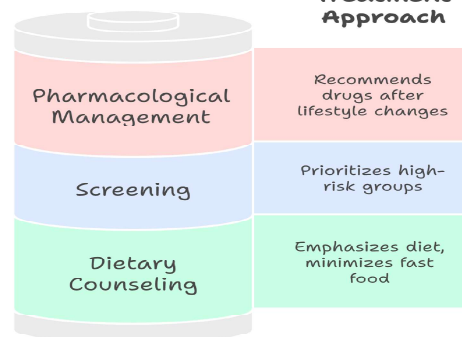
SWOT ANALYSIS

Strengths	Weakness
- Strong Domestic Market Presence - Diverse Product Portfolio - Affordable Healthcare Focus	- Heavy Dependence on Indian Market - Exposure to Price Wars - Limited International Presence
Opportunities	Threats
- Limited International Presence. - Leveraging Digital Platforms - Strategic Acquisitions and Partnerships	- Intense competition. - Patent Expiration. - Economic Downtowns

Key Survey Content What I Asked Doctors

Screening	How/when do you routinely screen for NAFLD? Which risk groups do you prioritize?
Diagnostics	What is your preferred test (FibroScan, Biomarkers, MRI, ultrasound)?
Dietary Risks	How important is refined flour (maida) compared to total calorie intake? How do you counsel patients about these risks?
Fast Food Exposure	How often do you see NAFLD in patients with high fast-food diets? Do you think this risk is under-emphasized?
Dietary Counseling	Do you advise specifically about reducing maida? Should clinical guidelines be updated to stress refined carbohydrate reduction?
Treatment Practices	When do you start pharmacological interventions? Which drugs do you most often recommend (UDCA, sargolizazar, pioglitazone, etc.)?

Treatment approach



Treatment Approach

Recommends drugs after lifestyle changes

Prioritizes high-risk groups

Emphasizes diet, minimizes fast food

Challenges Faced During Internship

- Coordinating with busy physicians.
- Gaining meaningful Responses.
- Maintaining Motivation to sustain.
- Handling Rejection and Negative Interaction.

Suggestions

- Before beginning fieldwork, there should be an in-depth educational session on how to approach doctors.



Learning During Internship

- Field Communication and Relationship-Building
- Time management.
- Personal and professional growth.
- Survey and research methodology.

Usefulness of Internship

During my 10-week internship at Mankind Pharma, I conducted a market survey on Non-Alcoholic Fatty Liver Disease (NAFLD), interacting with over 52 doctors. This experience improved my understanding of NAFLD's prevalence, diagnostic methods, and treatment approaches in India. I developed skills in survey design, data collection, and analysis, while enhancing my communication with healthcare professionals. The internship also taught me how pharmaceutical companies use market research to shape strategies. Overall, it bridged academic knowledge with practical healthcare industry insights.

Reporting Format (Weekly)

Name of the Organization: Mankind

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

Name of the Student: Paras Gupta

Roll no:0678

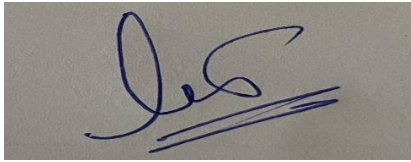
Stream: MBA PM

Week no:1

Activity Done	Further Extended market survey on awareness regarding NAFLD/MAFLD among physicians and gastroenterologists. Collected bit more data on commonly recommended dietary changes and pharmacological options currently in practice. Later Reviewed furthermore medical literature and guidelines (EASL, AASLD) to map interventions. Did Further Analyses of early trends in responses and feedback from targeted field visits.
Linking theory (Classroom learning) with practice at your organization	Applied concepts from Epidemiology to understand disease burden and classification of NAFLD/MAFLD. Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. Applied Pharmacology learnings to assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	• Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. • Low awareness among pharmacists about the disease and its dietary management. • Inconsistent patient education regarding lifestyle and diet interventions. • Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.
Suggestions for improvement	• Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. • Develop or support first-in-class or best-in-class pharmacotherapies. • Develop educational programs (apps, videos, local workshops). • Initiate awareness campaigns targeting Tier 2 and Tier 3 cities.

Plan for the next week	Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). Collect additional insights into prescription trends and patient outcomes. - Begin drafting a comparative matrix of interventions (dietary vs pharmacological). - Analyze regional variation in awareness and treatment protocols.
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Signature of the Student

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Approved by the IIHMR University's Mentor

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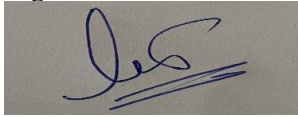
Stream: MBA PM

Week no:2

Activity Done	• Extended preliminary market survey on awareness levels regarding NAFLD/MAFLD among physicians and pharmacists. • Collected more data on commonly recommended dietary changes and pharmacological options currently in practice. • Later Reviewed more medical literature and guidelines (EASL, AASLD) to map interventions. • Designed by improvising and distributed questionnaire forms to selected healthcare professionals. • Analyzed early trends in responses and feedback from field visits.
Linking theory (Classroom learning) with practice at your organization	• Applied concepts from Epidemiology and Public Health to understand disease burden and classification of NAFLD/MAFLD. • Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. • Pharmacology learnings helped assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	• Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. • Low awareness among pharmacists about the disease and its dietary management. • Inconsistent patient education regarding lifestyle and diet interventions. • Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.
Suggestions for improvement	• Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. • Educational materials and tools for pharmacists to counsel patients better. • Collaboration with dietitians to ensure consistent dietary intervention guidelines. • Initiate awareness campaigns targeting Tier 2 and Tier 3 cities.

Plan for the next week	-Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). - Collect additional insights into prescription trends and patient outcomes. - Begin drafting a comparative matrix of interventions (dietary vs pharmacological). - Analyze regional variation in awareness and treatment protocols.
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Area/ Department/ Project of Summer Internship Program: Market Research

Name of the Student: Paras Gupta

Roll no: 0678

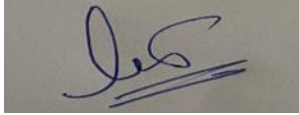
Stream: MBA PM

Week no:3

Activity Done	-Extended preliminary market survey on awareness levels regarding NAFLD/MAFLD among physicians and pharmacists. -Collected more data on commonly recommended dietary changes and pharmacological options currently in practice. -Later Reviewed more medical literature and guidelines (EASL, AASLD) to map interventions. -Designed by improvising and distributed questionnaire forms to selected healthcare professionals. - Analyzed early trends in responses and feedback from field visits
Linking theory (Classroom learning) with practice at your organization	Applied concepts from Epidemiology and Public Health to understand disease burden and classification of NAFLD/MAFLD. - Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behaviors. - Pharmacology learnings helped assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. - Low awareness among pharmacists about the disease and its dietary management. - Inconsistent patient education regarding lifestyle and diet interventions. - Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.
Suggestions for improvement	Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. - Educational materials and tools for pharmacists to counsel patients better. - Collaboration with dietitians to ensure consistent dietary intervention guidelines. - Initiate awareness campaigns targeting Tier 2 and Tier 3 cities.
Plan for the next week	Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). - Collect additional insights into prescription trends and patient outcomes. - Begin drafting a comparative matrix of interventions (dietary vs

	pharmacological). - Analyze regional variation in awareness and treatment protocols.
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Reporting Format (Weekly)

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

Name of the Student: Paras Gupta

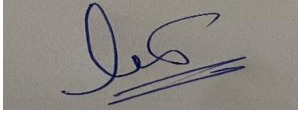
Roll no: 0678

Stream: MBA PM

Week no:4

Activity Done	Further Extended preliminary market survey on awareness levels regarding NAFLD/MAFLD among physicians and pharmacists. - Collected more data on commonly recommended dietary changes and pharmacological options currently in practice. - Later Reviewed more medical literature and guidelines (EASL, AASLD) to map interventions. - Designed by improvising and distributed questionnaire forms to selected healthcare professionals. - Analysed early trends in responses and feedback from field visits
Linking theory (Classroom learning) with practice at your organization	Applied concepts from Epidemiology and Public Health to understand disease burden and classification of NAFLD/MAFLD. - Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behaviors. - Pharmacology learnings helped assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. - Low awareness among pharmacists about the disease and its dietary management. - Inconsistent patient education regarding lifestyle and diet interventions. - Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.
Suggestions for improvement	Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. - Educational materials and tools for pharmacists to counsel patients better. - Collaboration with dietitians to ensure consistent dietary intervention guidelines. - Initiate awareness campaigns targeting Tier 2 and Tier 3 cities.
Plan for the next week	Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). - Collect additional insights into prescription trends and patient outcomes. - Begin drafting a comparative matrix of interventions (dietary vs pharmacological). - Analyse regional variation in awareness and treatment protocols.

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Reporting Format (Weekly)

Name of the Organization: Mankind

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

Name of the Student: Paras Gupta

Roll no: 0678

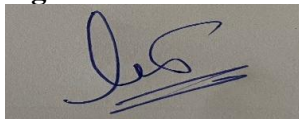
Stream: MBA PM

Week no:5

Activity Done	Followed up with doctors previously contacted to complete pending surveys. Approached new doctors in additional clinics/hospitals to broaden data collection. Focused questions on MAFL Awareness, diagnosis, and differences from NAFLD. Applied classroom concepts of liver health and metabolic dysfunction during survey conversations. Identified trends and patterns in doctor responses for future analysis. Improved professional communication, data handling, and time management skills.
Linking theory (Classroom learning) with practice at your organization	Applied theoretical understanding of NAFLD/MAFLD, liver metabolism, and diagnostic approaches in real- world interactions. Used public health and pharma survey knowledge to frame questions and interpret responses effectively. Experienced how pharmaceutical companies use field data to support awareness and strategy.
Gaps identified on the working area.	Some doctors are still unfamiliar with MAFLD terminology and its revised criteria. Time constraints limit the depth of responses in many cases. Variation in awareness levels and patient education strategies observed among doctors.
Suggestions for improvement	Providing a simple brochure or awareness leaflet about MAFLD could encourage doctors to engage better. Introducing digital survey tools may streamline response collection and reduce time.

	Creating zone-wise doctor lists may help in scheduling and coverage planning.
Plan for the next week	Begin categorizing and analyzing survey responses for key findings. Continue survey collection with remaining doctors in nearby localities. Prepare a preliminary summary of patterns observed across different specialties.

Signature of the Student



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Reporting Format (Weekly)

Name of the Organization: Mankind

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

Name of the Student: Akshat Shrimal

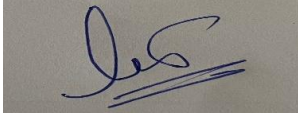
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Stream: MBA PM

Week no:6

Activity Done	- Successfully covered and collected feedback from 120 doctors in various hospitals and clinics. - Focused on gathering detailed insights about MAFLD awareness, diagnosis, and differences from NAFLD. - Began organizing the collected data into initial categories for better analysis. - Resolved minor scheduling challenges by planning visits more efficiently.
Linking theory (Classroom learning) with practice at your organization	- Applied theoretical knowledge of liver diseases, metabolic dysfunction, and public health concepts while interacting with doctors. - Used classroom learning to design practical survey questions and understand field responses. - Observed how pharma companies rely on real field data to develop awareness and marketing strategies.
Gaps identified on the working area.	- Limited time during consultations affects how detailed the responses can be. - Differences in awareness and patient counselling approaches among doctors were noticed.
Suggestions for improvement	- Providing a simple MAFLD information leaflet may help doctors understand and respond better. - Using digital tools for surveys can make data collection faster and more accurate.
Plan for the next week	- Continue collecting feedback from remaining doctors in nearby areas. - Start preparing a detailed summary of the findings so far.

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Reporting Format (Weekly)

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

Name of the Student: Paras Gupta

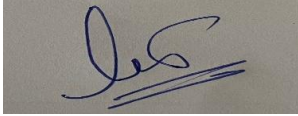
Roll no: 0678

Stream: MBA PM

Week no: 7

Activity Done	Further Extended preliminary market survey on awareness regarding NAFLD/MAFLD among physicians and gastroenterologists. Collected bit more data on commonly recommended dietary changes and pharmacological options currently in practice. Later Reviewed furthermore medical literature and guidelines (EASL, AASLD) to map interventions. Did Further Analyses of early trends in responses and feedback from targeted field visits.
Linking theory (Classroom learning) with practice at your organization	Applied concepts from Epidemiology to understand disease burden and classification of NAFLD/MAFLD. Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. Applied Pharmacology learnings to assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	Lack of standardized treatment protocol among general practitioners for NAFLD/MAFLD. Poor early diagnosis and screening And Weak lifestyle intervention infrastructure. Very Few combination therapy options. Limited data on usage patterns of pharmacological options like vitamin E, pioglitazone, etc.
Suggestions for improvement	Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. Develop or support first-in-class or best-in-class pharmacotherapies. Develop educational programs (apps, videos, local workshops). Initiate awareness campaigns targeting Tier 2 and Tier 3 cities.
Plan for the next week	To Further Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). To Collect bit more additional insights into prescription trends and patient outcomes. To continue drafting a comparative matrix of interventions (dietary vs pharmacological). To Analyse regional variation in awareness and treatment protocols.

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Approved by the IIHMR University's Mentor.

Reporting Format (Weekly)

Name of the Organization: Mankind

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

Name of the Student: Paras Gupta

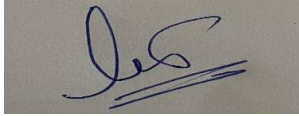
Roll no: 0678

Stream: MBA PM

Week no: 8

Activity Done	Further Extended preliminary market survey on awareness regarding NAFLD/MAFLD among physicians and gastroenterologists. Collected bit more data on commonly recommended dietary changes and pharmacological options currently in practice. Later Reviewed furthermore medical literature and guidelines (EASL, AASLD) to map interventions. Did Further Analyses of early trends in responses and feedback from targeted field visits.
Linking theory (Classroom learning) with practice at your organization	Applied concepts from Epidemiology to understand disease burden and classification of NAFLD/MAFLD. Used tools from Market Research and Consumer Behavior subjects to frame the survey and understand physician prescribing behavior. Applied Pharmacology learnings to assess existing drug interventions and dietary supplement use.
Gaps identified on the working area.	Many patients remain undiagnosed because early stages are silent. Lack of widespread screening programs, especially in primary care. No approved pharmacotherapy (until very recently).
Suggestions for improvement	Need for structured CME programs focusing on NAFLD/MAFLD for HCPs. Develop or support first-in-class or best-in-class pharmacotherapies. Develop educational programs (apps, videos, local workshops). Initiate awareness campaigns targeting Tier 2 and Tier 3 cities.
Plan for the next week	Expand the survey coverage to include more specialists (gastroenterologists, hepatologists). - Collect additional insights into prescription trends and patient outcomes. - Begin drafting a comparative matrix of interventions (dietary vs pharmacological). - Analyze regional variation in awareness and treatment protocols.

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Compiled Reporting Format

Name of the Organization: Mankind

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

Name of the Student: Paras Gupta

Roll no: 0678

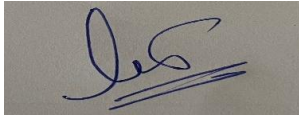
Stream: MBA in Pharmaceutical management

Activity Done	During my 10-week internship at Mankind Pharma, I engaged in a structured market research project aimed at evaluating the medical community's understanding and management strategies regarding NAFLD (Non-Alcoholic Fatty Liver Disease) and MAFLD (Metabolic dysfunction-associated fatty liver disease). The project also explored the clinical application and perceptions surrounding the use of UDCA (Ursodeoxycholic Acid). Key activities I performed included: • Drafting a scientifically sound and user-friendly survey tool in collaboration with mentors and medical advisors. • Personally, visiting and contacting doctors from multiple specialties to collect real-time clinical insights. • Explaining survey objectives clearly to ensure accurate, unbiased feedback. • Recording responses systematically and organizing the data for analysis. • Identifying practice trends, information gaps, and variability in prescription behaviors. I worked across multiple clinics and hospitals and learned to handle varying levels of response enthusiasm and clinical exposure while maintaining professional decorum throughout.
Linking theory (Classroom learning) with practice at your organisation	This internship provided a live field opportunity to apply what I learned in subjects like epidemiology, pharmacology, and healthcare communication: • The knowledge of liver pathology and metabolic dysfunction helped me understand the clinical relevance of the questions I was asking. • My understanding of pharmacological mechanisms, Especially related to hepatoprotective agents like UDCA, made it easier to interpret physician feedback. • The curriculum's focus on survey methods, data interpretation, and patient-centric marketing equipped me to execute the survey effectively and extract relevant insights. • Observing how real-world prescription behavior often differs from textbook models was eye-opening and sharpened my critical thinking.

	The internship helped me realize how pharmaceutical companies need to constantly bridge the gap between clinical science and doctor behavior through education, communication, and evidence-sharing.
Gaps identified on the working area.	Throughout the survey process, I observed several key gaps: 1. Terminology Confusion: A significant number of physicians were still unfamiliar with the term "MAFLD," continuing to use the outdated NAFLD classification. 2. Unstructured Diet Advice: While lifestyle changes were frequently recommended, they were vague, with most doctors not offering structured or personalized dietary advice. 3. Weak Referral Systems: Very few doctors worked collaboratively with dietitians or nutrition experts despite acknowledging the need for dietary control. 4. UDCA Prescribing Inconsistency: The awareness and understanding of UDCA's clinical application were highly variable. Some used it routinely, while others avoided it due to unclear efficacy. 5. Lack of Educational Tools: Clinics lacked visual aids or printed resources to guide patients about liver health, diet, or pharmacological interventions.
Suggestions for improvement	To improve clinical practices and patient outcomes, the following steps are recommended: • Focused Medical Education: Organize periodic CME sessions highlighting evolving definitions (NAFLD vs MAFLD), treatment updates, and global best practices. • Practical Patient Tools: Provide simple dietary guides and visual aids that doctors can use during consultations. • Pharma-Doctor Partnerships: Encourage collaboration between pharma reps and dietitians to co-create resources that align with treatment protocols. • Leverage Technology: Use digital tools like apps or QR-based portals to help both patients and doctors track dietary habits, medications, and progress. • Scientific Evidence Dissemination: Share trial data and real-world studies about the efficacy of drugs like UDCA to reduce clinical hesitation.
Key Learnings	This internship was a transformative experience for me. I gained: • First-hand exposure to field-level pharmaceutical market research. • The confidence to interact professionally with senior medical professionals. • A deeper understanding of how product positioning is influenced by medical perceptions. • Clarity on how theory differs from clinical practice, and how pharma bridges that gap.

	• Valuable communication, data analysis, and time management skills.
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Signature of the Student



Approved by the IIHMR University's Mentor

compiled Weekly Report.pdf

ORIGINALITY REPORT

2%

SIMILARITY INDEX

2%

INTERNET SOURCES

2%

PUBLICATIONS

2%

STUDENT PAPERS

PRIMARY SOURCES

1

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