SUMMER INTERNSHIP POGRAM

at

Mankind Pharma

12th of May 2025 – 21st of July 2025

A REPORT BY

Deepanjali Kumari

Master of Business Administration

School of Pharmaceutical Management

2024-2026

Under the mentorship of

Prof. Himadri Sinha

Mankind

Serving Life

31-July -2025

To Whomsoever It May Concern

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

She was found to be diligent, sincere & dedicated during her training period.

We wish her all the best for future endeavors.

For Mankind Pharma Ltd.

MANKIND PHARMA LIMITED New Delhi 110020

Abhishek Khare
DGM - Human Resources

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Deepanjali Kumari** of academic year **2024-26** Of **School Of Pharmaceutical Management** has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 30/07/2025

Prof. Himadri Sinha

IIHMR University Jaipur

PRIMARY MARKET RESEARCH ON NAFLD/MAFLD

Faculty mentor: Prof. Himadri Sinha
Industry Mentor: Ms.Swati Singh
Group Product Manager at Mankind.HO

Name: Deepanjali kumari
Roll no: 0636
Stream: MBA PM16

About Company

Mankind Pharma Ltd. is an Indian company founded in 1995 by Mr. R.C. Juneja and Mr. Rajeev Juneja, is one of India's leading pharmaceutical companies, headquartered in New Delhi. Starting with a small team and a vision to provide affordable and quality medicines, Mankind quickly expanded its reach across India, especially in rural and semi-urban areas. Over the years, it has diversified into various therapeutic segments like antibiotics, gastroenterology, cardiology, diabetology, and more. It also launched popular OTC products such as Prega News, Unwanted-72, and Manforce. Today, the company operates in over 35 countries with WHO-GMP certified manufacturing units and a strong R&D base. Mankind Pharma continues to grow with a mission to improve the quality of life and a vision to become a globally admired healthcare provider.

Vision — To be an innovative and research focused healthcare company, most admired for its Quality, Affordability and Accessibility.

Mission — To be able to provide cost-effective, innovative based superior quality pharmaceutical products that improve the lives of the patients.

Organisation Structure

SWOT analysis

Practical VS Theoretical approach

Practical Exposure	Theoretical Learnings
• Used Questionnaire Design to ask questions from the doctors as part of the survey. Conducted real • time clinical surveys from targeted doctors by using market researched techniques. Interpreted doctors responses on • NAFLD/MAFLD using excel. Direct interaction and discussion with HCPs regarding the prevalence of • NAFLD/MAFLD.	• Understanding of various research methods such as descriptive and observative studies design in Research methods module. • Understanding of disease prevalence and incidence in Epidemiology module. • Knowledge gained in data analysis using Excel in Statistics module. • Gained Pharma product knowledge of various diseases in pharmacology module.

Challenges faced during internship

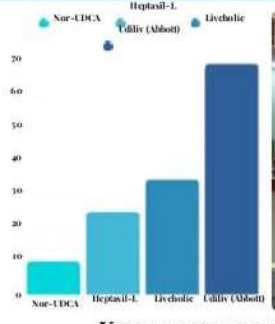
- Time Constraints: Limited consultation time with doctors made in-depth discussions difficult.
- Varied Awareness Levels: Not all doctors were equally familiar with MAFLD, causing inconsistent responses
- Focus on Technology Over Education: Some doctors prioritized tools like FibroScan over patient education, limiting discussion on lifestyle intervention.
- Manual Data Collection: Recording and managing responses from 280 doctors manually was both time consuming and increased the chanc

Major learnings from internship

- Enhanced communication skills by interacting with over 280 doctors.
- Learned to connect marketing theories with real-world applications.
- Understood doctors' perspectives on screening, diet, and pharmacological treatment of NAFLD/MAFLD.
- Gained practical experience in field-based market research.

Suggestions for improvement

- Introduce digital survey platforms (e.g., tablets or mobile apps) for better efficiency and reduced errors.
- Provide visual aids or infographics to help doctors understand MAFLD screening and management.
- Organize small-scale CMEs or interactive sessions to boost engagement and knowledge sharing.
- Include open-ended questions in future surveys for qualitative insights.



Key survey questionaries and Findings

Screening practices	• Most clinicians preferred routine or opportunistic screening in high risk groups Majority prioritized • screening for overweight/obese, diabetic, and metabolic syndrome patients. Ultrasound and • FibroScan were the most commonly used diagnostic tools.
Dietary Risk Factors	• Refined flour (maida) was considered a significant contributor to NAFLD. It was perceived to be equally or • more harmful than total calorie excess. The hazard ratio of 1.33 for high refined grain intake was viewed as • clinically significant, warranting dietary counseling.
Fast Food and Ultra-Processed Foods	• NAFLD due to fast food (>20% of daily calories) was encountered occasionally (20–50% cases). Clinicians • believed the impact of fast food is grossly or somewhat underestimated during counseling.
Clinical Dietary Counseling Behavior	• Most clinicians frequently or always advise restricting refined flour (maida). There was strong agreement on • including refined carbohydrate reduction in NAFLD guidelines. Majority believed reducing refined flour • intake would lead to major clinical improvements.
Pharmacological Management and UDCA's Role	• Preferred treatment approach was a combination of lifestyle modification and pharmacotherapy. Treatment • typically initiated at Fibrosis Stage 1–2 or in NASH cases without fibrosis. Commonly preferred drugs • included Saroglitazar, Pioglitazone, UDCA, Vitamin E, and combination therapies.

Compiled Reporting Format

Name of the Organisation: Mankind Pharma

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

Name of the Student: DEEPANJALI KUMARI

Roll no:0636 **Stream**: MBA-PM16

Activity Done	**Week 1** 1. Orientation with mentor; learned survey process. 2. Met 15 doctors; discussed NAFLD/MAFLD. 3. Integrated theoretical learning into real-time interactions with healthcare professionals. **Week 2** 1. Mapped Indore areas for efficient coverage. 2. Surveyed 10 doctors focused on food-induced liver injury. 3. Created Excel format for doctor information. **Week 3** 1. Continued surveys; improved area-wise planning. 2. Conducted 10 more surveys. 3. Identified coordination delays and adjusted schedule. **Week 4** 1. Covered 35 doctors. 2. Analysed dietary and pharmacological opinions. 3. Suggested appointment scheduling for better efficiency. **Week 5** 1. Following up on pending surveys 2. Focused questions on MAFLD vs NAFLD understanding 3. Noted variation in patient education practices **Week 6** 1. Reached 120 doctors in total 2. Began organizing data for analysis 3. Faced time issues during consultations. **Week 7** 1. Completed 150 surveys. 2. Doctors asked key questions on fibrosis vs cirrhosis. 3. Structured responses to identify trends. **Week 8** 1. Reached 200 doctors 2. Focused on practical challenges of diagnosis.

	Week 9 1. Met 250 doctors encouraging feedback 2. Applied pharmaceutical marketing concepts 3. Identified screening-over-awareness trend. **Week 10** 1. Completed 280 surveys 2. Gained detailed insights into UDCA, Vitamin E, Saroglitazar. 3. Learned doctors' views on fast food impact and patient habits.
Linking theory (Classroom learning) with practice at your organisation	1. Practical exposure to real-world pharmaceutical marketing 2. Strengthened communication, data collection, and analysis skills 3. Understood how evidence-based strategies are designed using Healthcare Professional feedback. 4. Gained field-level understanding of disease awareness gaps
Gaps identified on the working area.	1. Limited time with doctors restricted detailed interactions 2. Awareness levels on MAFLD varied significantly 3. Some doctors were more tool-oriented (Fibro Scan) than patient education-focused 4. Manual data entry was time-consuming
Suggestions for improvement	1. Introduce digital forms for efficient survey collection 2. Organize small CMEs or group discussions. 3. Plan area-wise doctor visits in advance to avoid delays
Conclusion & Learnings	1. 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: Deepanjali Sawant

Approved by the IIHMR University's Mentor

Reporting Format (Weekly)

Name of the Organisation: Mankind Pharma

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

Name of the Student: DEEPANJALI KUMARI

Roll no:0636 **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.

Signature of the Student: Deepanjali Kumari

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Name of the Organisation: Mankind

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Roll no:0636 **Stream**: MBA-PM16

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

Activity Done	• This week, I applied theoretical knowledge from the classroom to practical fieldwork. I planned the survey schedule and mapped different areas of Indore city to ensure efficient coverage. And I covered the New Palasia area in Indore. • I gathered insights on food-induced liver injury, expanding my understanding of this health concern and its practical implications in clinical settings.
Linking theory (Classroom learning) with practice at your organisation	• I Created a excel sheet which is very easy to Collect the information of doctors like (Name, Contact, year of experience Registration Number)
Gaps identified on the working area.	• There were also some delays in coordinating with the doctors' schedules.
Suggestions for improvement	• Creating a fixed appointment schedule in advance and using mapping tools or spreadsheets for better area division could improve time efficiency. Also, preparing a concise and clear questionnaire might help in smoother interactions.
Plan for the next week	• Continue the survey process with more doctors across new areas of Indore. Aim to complete at least 30 surveys. Deepen research into liver injuries. Focus on improving communication and documentation.

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Roll no:0636 **Stream**: MBA-PM16

Week no:3 **From:**26-05-25 **to** 31-05-25

Activity Done	• Attended online Meeting session and give the feedback to the mentor. • I gathered insights on food-induced liver injury, expanding my understanding of this health concern and its practical implications in clinical settings.
Linking theory (Classroom learning) with practice at your organisation	• I Created a excel sheet which is very easy to Collect the information of doctors like (Name, Contact, year of experience Registration Number)
Gaps identified on the working area.	• There were also some delays in coordinating with the doctors' schedules.
Suggestions for improvement	• Creating a fixed appointment schedule in advance and using mapping tools or spreadsheets for better area division could improve time efficiency. Also, preparing a concise and clear questionnaire might help in smoother interactions.
Plan for the next week	• Continue the survey process with more doctors across new areas of Indore.

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

Name of the Student: Deepanjali Kumari

Roll no:0636 **Stream**: MBA-PM16

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

Activity Done	• This week, I applied theoretical knowledge from the classroom to practical fieldwork. I planned the survey schedule and mapped different areas of Indore city to ensure efficient coverage. And I covered the New Palasia area in Indore. • I then conducted surveys with 35 doctors. Through these interactions. • I gathered insights on food-induced liver injury, expanding my understanding of this health concern and its practical implications in clinical settings.
Linking theory (Classroom learning) with practice at your organisation	• I Created a excel sheet which is very easy to Collect the information of doctors like (Name, Contact, year of experience Registration Number)
Gaps identified on the working area.	• . There were also some delays in coordinating with the doctors' schedules.
Suggestions for improvement	• Creating a fixed appointment schedule in advance and using mapping tools or spreadsheets for better area division could improve time efficiency.
Plan for the next week	• Continue the survey process with more doctors across new areas of Indore.

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Reporting Format (Weekly)

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Roll no:0636 **Stream**: MBA-PM16

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

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 MAFLD awareness, diagnosis, and differences from NAFLD. • Identified trends and patterns in doctor responses for future analysis.
Linking theory (Classroom learning) with practice at your organisation	• Experienced how pharmaceutical companies use field data to support awareness and strategy.
Gaps identified on the working area.	• Some doctors still unfamiliar with MAFLD terminology and its revised criteria. • Variation in awareness levels and patient education strategies observed among doctors.
Suggestions for improvement	• Introducing digital survey tools may streamline response collection and reduce time.
Plan for the next week	• Begin categorizing and analysing survey responses for key findings.

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Reporting Format (Weekly)

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Roll no:0636 **Stream**: MBA-PM16

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

Activity Done	• Successfully covered and collected feedback from 120 doctors in various hospitals and clinics. • 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 organisation	• 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.
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	• 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.

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Roll no:0636 **Stream**: MBA-PM16

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

Activity Done	• Successfully covered and collected feedback from 150 doctors across various hospitals and clinics. • Noted common queries from doctors, especially about the difference between liver fibrosis and cirrhosis, and frequently seen liver-related issues. • Organized data into updated categories to highlight key trends in doctor responses.
Linking theory (Classroom learning) with practice at your organisation	• Used classroom knowledge to ask relevant questions. • Applied public health concepts in real field situations. • Understood how pharma companies use field data for awareness.
Gaps identified on the working area.	• Doctors had limited time for detailed answers. • Awareness levels varied among doctors. • Some doctors focused more on screening than awareness.
Suggestions for improvement	• Share a simple info leaflet about MAFLD. • Use digital surveys for quicker data collection.
Plan for the next week	• Continue collecting feedback from remaining doctors in nearby areas.

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Roll no:0636 **Stream**: MBA-PM16

Week no:8 **From:** 30-06-25 **to** 05-07-25

Activity Done	• Successfully covered and collected feedback from 200 doctors across various hospitals and clinics. • Conducted detailed discussions on MAFLD awareness, screening practices, and how it differs from NAFLD and liver cirrhosis. • Noted frequent queries, especially regarding the difference between liver fibrosis and cirrhosis, and commonly observed liver-related diseases.
Linking theory (Classroom learning) with practice at your organisation	• Gained hands-on understanding of how pharmaceutical companies use field data to drive awareness campaigns.
Gaps identified on the working area.	• Time constraints limited the depth of some doctors' responses.
Suggestions for improvement	• Provide a concise information leaflet on NAFLD to doctors. • Introduce digital survey tools for faster and more efficient data collection
Plan for the next week	• Start preparing a detailed summary of the findings so far.

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Roll no:0636 **Stream**: MBA-PM16

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

Activity Done	• This week, I successfully interacted with 250 doctors across various hospitals and clinics out of the total target of 300. • Doctors frequently inquired about the difference between liver fibrosis and cirrhosis, and shared insights on the most common liver-related conditions they encounter.
Linking theory (Classroom learning) with practice at your organisation	• Understood how field research directly contributes to the development of evidence-based strategies in pharmaceutical marketing.
Gaps identified on the working area.	• Some doctors emphasized screening tools more than general disease education
Suggestions for improvement	• Adoption of digital data collection tools could increase speed, accuracy, and convenience in gathering feedback. • Organize small group sessions with doctors for better engagement and richer discussions.
Plan for the next week	• Aim to complete feedback collection from the remaining 50 doctors to reach the target of 300.

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Roll no:0636 **Stream**: MBA-PM16

Week no:10 **From:** 14-07-25 **to** 21-07-25

Activity Done	• In this final week, I successfully met 280 doctors across various hospitals and clinics, coming close to the targeted 300. The interactions primarily revolved around the awareness and clinical management of NAFLD/MAFLD. • Overall, the doctors were cooperative and showed a genuine interest in contributing to disease awareness and early screening.
Linking theory (Classroom learning) with practice at your organisation	• This experience helped bridge classroom theory with real-world pharmaceutical market research.
Gaps identified on the working area.	• Time constraints during consultations limit the depth of certain discussion.
Suggestions for improvement	• Use of digital survey platforms would enhance data accuracy and reduce manual effort. • Conducting small-scale CMEs or interactive sessions could improve engagement and knowledge sharing.
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.

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