



AMALA COLLEGE OF NURSING

(An undertaking of Amala Cancer Hospital Society)

Amala Nagar P.O., Thrissur-680 555, Kerala, India.

Website : www.amalanursingcollege.org

FIRST CYCLE NAAC ACCREDITATION 2022

CRITERION 6

GOVERNANCE, LEADERSHIP AND MANAGEMENT

6.5. Internal Quality Assurance System

6.5.1 Academic Audit Report

Submitted to



THE NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

AMALA COLLEGE OF NURSING, THRISSUR

External Academic Audit Report 2019-2020



19/01/2021



AMALA INSTITUTE OF MEDICAL SCIENCES

(An undertaking of Amala Cancer Hospital Society)

Amala Nagar, Thrissur - 680 535, Kerala

(Affiliated to Kerala University of Health Sciences)

04.01.2021

Sub:- AIMSTSR – Appointed as External Academic Auditor –
Dr.Deepti Ramakrishnan, Professor of Pathology, Amala Medical College - reg.

Ref:- Letter dated 04.01.2021 from Principal, Amala College of Nursing.

With reference to the above cited document, we are pleased to appoint you as External Academic Auditor, Amala College of Nursing, Thrissur as part of KUHS – QAS.

I thank you in advance.

Fr.Francis Kurissery CMI
Academic Co-ordinator

To
Dr.Deepti Ramakrishnan

Academic Co-ordinator
Amala Nursing College & Research Centre

Copy to:

1. Principal, Amala College of Nursing
2. HOD, Pathology





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Executive Summary:

Amala College of Nursing, Thrissur conducted an external academic audit in accordance with the KUHS – QAS Criteria 4. The purpose of the audit was to ensure that the academic practices followed in the campus are in accordance with the KUHS QAS criteria. With this in mind, the specific objectives of the audit were to evaluate the adequacy of the documents as well as the degree to which documentation was organized and the quality of educational process based on 10 criteria of KUHS QAS.

REF. NO.	KEY AREA
1	INFRASTRUCTURE FACILITIES
2	TEACHER PROFILE AND TEACHING LEARNING
3	CURRICULUM IMPLEMENTATION MONITORING
4	QUALITY ASSURANCE SYSTEM
5	RESEARCH ENABLING ENVIRONMENT
6	OUT REACH PROGRAMMES
7	STUDENT SUPPORT AND GUIDANCE PROGRAMME
8	INSTITUTIONAL GOVERNANCE
9	INNOVATION AND BEST PRACTICES
10	FEEDBACK IMPLEMENTATION PROCESS

Summary of Findings

The main findings of the audit show that, in general, all the particulars were in the level of exemplary to good. However, on detailed review, it was observed that, certain variable indicators need improvement for getting full marks. In addition, certain processes could benefit from further review in order to improve their efficiency, fairness and consistency.

About the college

Amala Hospital named after Blessed Mary Immaculate, is a Christian minority institution. Amala College of Nursing is a unit of Amala Cancer Hospital Society managed by Devamatha Province of the Carmelites of Mary Immaculate (CMI), founded by St. Kuriakose Elias Chavara.

Amala Medical College Hospital is a multispeciality hospital with 1000 beds. Amala campus consists of a Medical College, Nursing College, Cancer Research Centre, Ayurvedha Hospital, Homeopathy Hospital, School of Nursing and Bethany Gram (a hospice for the aged).

Amala College of nursing was started in 2005 with an intake of 50 B.Sc. Nursing students. M.Sc. Nursing programme was started in the year 2011 with an annual intake of 13 in three speciality. This college is recognized by Indian Nursing Council, Kerala Nursing Council and now affiliated to Kerala University of Health Sciences. This college is a recognized centre for Ph. D. also.



19/12

ACADEMIC AUDIT PROFORMA

(ATTACHED)

Key Area 1 : Infrastructure Facilities

Construction of common rooms to be done. All other verifiable indicators are satisfactory and well documented.

Key Area 2 : Teacher Profile And Teaching Learning

All verifiable indicators are satisfactory and well documented.

Key Area 3 : Curriculum Implementation Monitoring

All verifiable indicators are satisfactory and well documented

Key Area 4 : Quality Assurance System

The verifiable indicator of credentializing and privileging can be implemented based on additional credentials acquired by the employee and privileging function can be done by the Principal are satisfactory and well documented.

Key Area 5 : Research Enabling Environment

Majority of the verifiable indicators are satisfactory and well documented

Key Area 6 : Out Reach Programmes

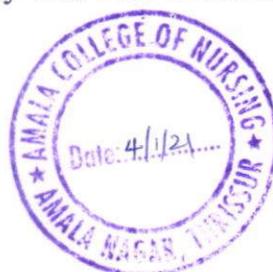
Majority of the verifiable indicators are satisfactory and well documented but needs to improve collaborations with government.

Key Area 7 : Student Support And Guidance Programme

All verifiable indicators are satisfactory and well documented

Key Area 8 : Institutional Governance

All verifiable indicators are satisfactory and well documented

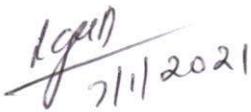
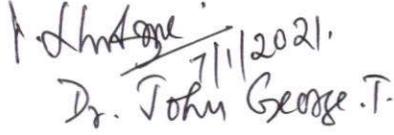
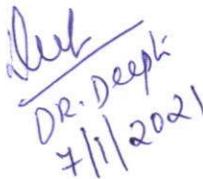


Key Area 9 : Innovation And Best Practices

All verifiable indicators are satisfactory and well documented

Key Area 10: Feedback Implementation Process

All verifiable indicators are satisfactory and well documented

Name	Signature
Dr. Rajee Reghunath Principal Amala College of Nursing Thrissur	 7/1/2021
Dr. John George T Professor Department of Community Medicine Amala Institute of Medical Sciences, Thrissur External Academic Auditor	 7/1/2021 Dr. John George T.
Dr. Deepti Ramakrishnan Professor Department of Pathology Amala Institute of Medical Sciences, Thrissur External Academic Auditor	 DR. Deepk 7/1/2021



AMALA COLLEGE OF NURSING, THRISSUR EXTERNAL ACADEMIC AUDIT REPORT

Ref. No	Measurable point	Yes/No	Compliance-Score	Remarks
	INFRASTRUCTURE FACILITIES			
	COLLEGE & HOSPITAL SYSTEM (AS PER KUHS NORMS)			
1.1.1	Bed Strength	Y	2	
1.1.2	Bed Occupancy	Y	2	
1.1.3	Adequate Clinical & Allied Staff	Y	2	
1.1.4	Clinical Facilities	Y	2	
1.1.5	Support Facilities	Y	2	
1.1.6	Bank/ Blood Storage Unit			
1.1.7	Student patient ratio	Y	2	
1.1.8	EMR / HER	HER Y	.	
1.1.9	Safety Management	Y	2	
1.1.10	Biomedical waster management	Y	-	
1.2.1	Local self Govt. Number		1	
1.2.2	Pollution board control certificate	Y	2	
1.2.3	Built in area	Y	2	
1.2.4	Water / Electricity facility	Y	2	
1.2.5	Transport facility	Y	2	
1.2.6	Recreation facility	Y	2	

1.2.7	Canteen facility	Y	2	
1.2.8	Common room for boys and girls			
1.2.9	Adequate Toilet facility	Y	2	
1.2.10	Stationery facility	Y	2	
1.3.1	Automate library	Y	2	
1.3.2	Plinth area as per KUHS norms	Y	2	
1.3.3	No.of books, periodicals & Journals	Y	2	
1.3.4	E-Journals	Y	2	
1.3.5	Internet facility & software	Y	2	
1.3.6	Photocopier facility	Y	2	
1.3.7	Journals, books borrowing system	Y	2	
1.3.8	Gate Register	Y	2	
1.3.9	CDs & E-learning facility	Y	2	
1.3.10	Reference Books	Y	2	
1.4.1	Physical facilities for sports	Y	2	
1.4.2	Logistics	Y	2	
1.4.3	Training available with trainer/coach	Y	1	
1.4.4	Student participation in sports	Y	2	
1.4.5	Medals in sports events	Y	2	
1.4.6	Physical facilities	Y	2	
1.4.7	Students participation in cultural events	Y	2	
1.4.8	Achievements in cultural events	Y	2	

1.4.9	Medals – KUHS/State /National	Y	1	
1.4.10	Hosting of Cultural / Sports	N	0	
1.5.1	Building – KUHS norms	Y	2	
1.5.2	Separate hostel for men and women	Y	2	
1.5.3	House keeping facility	Y	2	
1.5.4	Water / Electricity Facility	Y	2	
1.5.5	Generators for contingencies	Y	2	
1.5.6	Sick room & health care facility	Y	2	
1.5.7	Student dining facility	Y	2	
1.5.8	Quality Control (food & water)	Y	2	
1.5.9	Recreation facility	Y	2	
1.5.10	Hostel Management committee	Y	2	
2.1	Teacher Profile	.		
2.1.1	80% faculty available as per KUHS Norms	Y	2	
2.1.2	80% post graduate faculty	Y	2	
2.1.3	10% Doctoral/M.Phil faculty	P	1	
2.1.4.	Faculty representation in KUHS Academic Bodies	Y	2	
2.1.5	Teachers' participation in University examination works	Y	2	
2.1.6	Teachers' participation in KUHS Inspection for Affiliation and Scrutiny	Y	2	
2.1.7	Teachers guiding student projects	Y	2	
2.1.8	Teachers attending career progression/refresher courses/orientation courses/continuing	Y	2	

	education programs of KUHS and other organizations			
2.1.9	Paper presentation for Conferences and Seminars	Y	2	
2.1.10	Faculty as Resource Person	Y	2	
2.2	Teaching Methodology			
2.2.1	80% of teachers using Information and Communication Technology (ICT) tools in teaching learning (percentage must be calculated with total number of teachers)	Y	2	
2.2.2	10% of teachers using Problem Based Learning(PBL)/Competency Based Learning	Y	2	
2.2.3	10% of teachers using Self Directed Learning (SDL)/Peer teaching/reflective learning	Y	2	
2.2.4	10% of teachers using Simulation based teaching	Y	2	
2.2.5	Proper and timely Conduct of internal evaluation (prepared schedules and adherence)	Y	2	
2.2.6	Student Centric Learning Enhancement methods	Y	2	
2.2.7	Patient-Evidence based learning	Y	2	
2.2.8	Project-based learning	Y	2	
2.2.9	Problem solving methodology	Y	2	
2.2.10	Role-play learning	Y	2	
2.3	Learning Application			
2.3.1	Time bound student feedback on theory and practical teaching and on assignments to students (within 5 days of submission of assignment)	Y	2	
2.3.2	Pass percentage per year (more than 50%)	Y	2	
2.3.3	No of working days per year excluding examination, study leave, holidays as per University norms.(minimum 220 days	Y	2	

2.3.4	Only < 2%of drop outs from course	Y	2	
2.3.5	Special programs for advanced learners	Y	2	
2.3.6	Peer/participatory learning	Y	2	
2.3.7	Self-learning	Y	2	
2.3.8	Presentations in seminar /journal club	Y	2	
2.3.9	Debates /quizzes	Y	2	
2.3.10	Journaling /Posters	Y	2	
2.4	Student Assessment			
2.4.1	Minimum 3 sessional exam	Y	2	
2.4.2	Model Examination	Y	2	
2.4.3	Clinical Evaluation	Y	2	
2.4.4	OSCE/OSPE	Y	2	
2.4.5	Question bank for each subject	Y	2	
2.4.6	Assignment as per KUHS Syllabus	Y	2	
2.4.7	Post Examination Evaluation	Y	2	
2.4.8	Pass percentage	Y	2	
2.4.9	Examination automated process	Y	2	
2.4.10	Adherence to KUHS Examination Manual	Y	2	
2.5	Student Assessment Process			
2.5.1	Exam scrutiny cell	Y	2	
2.5.2	Schedule of examinations	Y	2	

3.2.4	Programme/ Course outcome statements specified	Y	2	
3.2.5	Curriculum Monitoring Committee	Y	2	
3.3	Curriculum Enrichment Measures			
3.3.1	Add on courses	Y	2	
3.3.2	Value Added Courses	Y	2	
3.3.4	External Experts invited	Y	2	
3.3.5	Innovation /publications	P	1	
3.4	Academic Monitoring Cell			
3.4.1	Academic Monitoring Cell	Y	2	
3.4.2	Minutes of the Committee Meeting and Corrective Action	Y	2	
3.4.3	Regular updating of various curriculum plan	Y	2	
3.4.4	Availability of curriculum framework	Y	2	
3.4.5	UG/PG Program Monitoring Committee	Y	2	
3.5	Feedback on Syllabus and Curriculum	Y	2	
3.5.1	Student	Y	2	
3.5.2	Faculty –Internal/External	Y	2	
3.5.3	Alumni	Y	2	
3.5.4	Employer/ Hospital	Y	2	
3.5.5	PTA	Y	2	
4	QUALITY ASSURANCE SYSTEM			
4.1	Quality Assurance Unit			
4.1.1	Institutional Quality Assurance Unit	Y	2	

2.5.3	Internal Examination policy and process	Y	2	
2.5.4	Internal examination question paper design on par with University Regulations	Y	2	
2.5.5	Students' attendance monitoring system	Y	2	
2.5.6	Transcript Generation and maintenance	Y	2	
2.5.7	Assignment feedback on time	Y	2	
2.5.8	Transparent system of internal examination	Y	2	
2.5.9	Declaration of internal examination result within 7 working days	Y	2	
2.5.10	Outcome analysis	Y	2	
3	Curriculum implementation Monitoring			
3.1	Syllabus of the University			
3.1.1	Syllabus of university followed	Y	2	
3.1.2	Mechanism to identify slow learners and advance learners (GAP Test, Induction)	Y N	0	
3.1.3	Measures practiced to tackle the needs (Bridge course, tutorials)	Y	2	
3.1.4	Special projects and initiatives for advanced learners	Y	2	
3.1.5	Add on courses/Value added courses	Y	2	
3.2	Curriculum Frame Work			
3.2.1	Curriculum Delivery document	Y	2	
3.2.2	Curriculum delivery plan- Adherence to Academic calendar, Master plan, unit plan, Lesson plan, time table with assigned faculty	Y	2	
3.2.3	Work assignment (Theory, clinical, lab, weekly work plan)	Y	2	

4.1.2	Accreditation by other agencies	Y	2	
4.1.3	Quality policy with objectives Vision & Mission for the institution	Y	2	
4.1.4	Workshops and conferences/ seminars by quality assurance cell for employee	Y	2	
4.1.5	Training and training calendar	Y	2	
4.2	Audit System			
4.2.1	Internal Academic Audit	Y	2	
4.2.2	Internal Administrative Audit	Y	2	
4.2.3	External Academic Audit	Y	2	
4.2.4	External Administrative Audit	Y	2	
4.2.5	Transparent Remuneration system	Y	2	
4.3	Employees	Y	2	
4.3.1	Employees Satisfaction Survey	Y	2	
4.3.2	Corrective action based on survey for faculty & employees	Y	2	
4.3.3	Annual Health Check Up	Y	2	
4.3.4	Immunization for employees	Y	2	
4.3.5	Employees Welfare Schemes	Y	2	
4.3.6	Credentialing of employee qualification	Y P	1	
4.3.7	Privileging of employees	Y P	1	
4.3.8	Health Insurance	Y	2	
4.3.9	Recreational facilities for faculty and employees	Y	2	
4.3.10	Subsidized canteen facility	Y	2	

4.4.1	Student Satisfaction Survey	Y	2	
4.4.2	Annual Health Check Up	Y	2	
4.4.3	Immunization for students	Y	2	
4.4.4	Health Insurance	Y	2	
4.4.5	Corrective action based on survey for students	Y	2	
4.4.6	Subsidized canteen facility	Y	2	
4.4.7	%of students sensitized on Quality assurance	Y	2	
4.4.8	80% of students in trained in quality related tools	Y	2	
4.4.9	Participation of students in quality committee/ internal quality assessment	Y	2	
4.4.10	Quality projects by students	Y	2	
4.5	Quality Indicators	Y	2	
4.5.1	Bed occupancy rate	Y	2	
4.5.2	Average length of stay	Y	2	
4.5.3	Number of OP/IP Per month	Y	2	
4.5.4	HAI surveillance indicators	Y	2	
4.5.5	Staff Attrition rate	Y	2	
4.5.6	Library Utilization Index	Y	2	
4.5.7	Students satisfaction score	Y	2	
4.5.8	Employees satisfaction score	Y	2	
4.5.9	Number of CC/MC meeting conducted against planned	Y	2	

4.5.10	% of performance appraisal done	Y	2	
5	RESEARCH ENABLING ENVIRONMENT			
5.1	Administrative Frame work			
5.1.1	Research policy	Y	2	
5.1.2	Institutional Scientific Research Committee	Y	2	
5.1.3	Minutes of the Meeting.	Y	2	
5.1.4	Action taken report	Y	2	
5.1.5	Institutional registered ethics committee	Y	2	
5.1.6	Meeting frequency and its minutes	Y	2	
5.1.7	Research manpower	Y	2	
5.1.8	Research logistics	Y	2	
5.1.9	Budgetary allocation for research	N	0	
5.1.10	Research Day Celebration	Y	2	
5.2	Research Support Services			
5.2.1	Research Advisory Committee	Y	2	
5.2.2	Minimum 1 publication per faculty per year in peer reviewed/indexed/ KUHS journals	Y	2	
5.2.3	50% of UG Projects published in last one year	P	1	
5.2.4	80% of PG Dissertation published in last one year	P	1	
5.2.5	40% faculty available as PG/UG guides	Y	2	

5.2.6	5% faculty available as PhD guides	Y	2	
5.2.7	Approved research centres of KUHS	Y	2	
5.2.8	Research Methodology	Y	2	
5.2.9	Grant Proposal Writing Workshop	N	0.	
5.2.10	Evidence for utilization of Research	Y	2.	
5.3	Research Collaboration	N	0.	
5.3.1	Stakeholders are registered	Y N	0.	
5.3.2	Interinstitutional/inter university collaboration	N	0.	
5.3.3	National/ International stakeholders	N	0.	
5.3.4	Stakeholders' involvement (Stakeholders Management, Administration)	N	0	
5.3.5	National linkages and MoUs for collaborative research activities	N	0.	
5.4	Research Grants			
5.4.1	Intramural Grants received	Y N	0.	
5.4.2	Extramural grants received	Y	1	
5.4.3	Fellowship awarded	N	0.	
5.4.4	Minimum 5 research proposals submitted for grants.	N	0.	
5.4.5	Audited statements	N Y	2 0.	
5.5	Research Achievements			
5.5.1	Institutional Awards	Y	2	
5.5.2	Institutional incentive	P	1	
5.5.3	University Awards	KI	0	

5.5.4	Institutional specific journal	Y	2	
5.5.5	Patents/copyright	N. Y	0	
6	Out Reach Programmes			
6.1	Community Extension Activities			
6.1.1	Adoption of community block with designated service projects	Y	2	
6.1.2	Functional NSS UNIT	Y	2	
6.1.3	Faculty initiatives/ volunteering for community extension	Y	2	
6.1.4	Field Research	Y	2	
6.1.5	Student participation as per log book	Y	2	
	6.2 Types of Services			
6.2.1	Health Camps	Y	2	
6.2.2	Health awareness programs	Y	2	
6.2.3	Health exhibition	Y	2	
6.2.4	Observation of Health days	Y	2	
6.2.5	School health	Y	2	
6.2.6	Palliative care	Y	2	
6.2.7	Geriatric services	Y	2	
6.2.8	Adolescence health services	Y	2	
6.2.9	Dental Screening	Y	2	
6.2.10	Services for differentially challenged children	Y	2	
6.3	Liaison with LSG	Y	2	
6.3.1	Linkage with LSG Project Committee	Y	2	

6.3.2	Involvement in LSG Health Projects	Y	2	
6.3.3	Stakeholder for open defecation free panchayath (ODF)	Y N	0	
6.3.4	Capacity Building for local people	Y P	1	
6.3.5	Establishment of a permanent sustainable project	N	0.	
	6.4 Collaboration with NGOs			
6.4.1	Awareness Programs	Y	2	
6.4.2	Health Care camps	Y	2	
6.4.3	Technical Support	Y	2	
6.4.4	Consultancy	Y	2	
6.4.5	MoU and NGO is a registered agency	Y	2	
	6.5 Collaboration with Government	N	0.	
6.5.1	Department of Health and National Health Mission			
6.5.2	Department of Social Justice and Social Security Mission			
6.5.3	Department of Education			
6.5.4	Total Sanitation Campaign			
6.5.5	Interdisciplinary Collaborations			
7	STUDENT SUPPORT AND GUIDANCE PROGRAMME			
7.1	SSGP Unit			
7.1.1	Functional SSGP with Minimum 2 teachers trained	Y	2	
7.1.2	Mentor mentee ratio and supporting documents	Y	2	
7.1.3	Quarterly Review Meetings and Report	Y	2	

7.1.4	Outreach Activities	Y	2	
7.1.5	Students counseled	Y	2	
7.2	Scholarships and Freeships			
7.2.1	Government	Y	2	
7.2.2	University	Y	2	
7.2.3	Institution	Y	2	
7.2.4	NGOs	Y	2	
7.2.5	Sponsored free ships	N	0	
7.3	Grievance Redressal	Y	2	
7.3.1	Formation of Grievance Redressal Committee	Y	2	
7.3.2	Policy on Grievance Redressal mechanism	Y	2	
7.3.3	Standard operating Procedure for grievance redressal mechanism	Y	2	
7.3.4	Compliance with procedure	Y	2	
7.3.5	Anti-ragging committee	Y	2	
7.4	Career Guidance and Career Progression			
4.1	Career Guidance and Placement, Cell	Y	2	
7.4.2	One Seminar for Career ,Guidance per year organized	Y	2	
7.4.3	Minimum 2 organizations approached for placement	Y	2	
7.4.4	20% placement through placement ,cell	Y	2.	
7.4.5	Percentage of Student progression to higher studies	Y	2	
7.5	Alumni association			

7.5.1	Registered Alumni Association	Y	2	
7.5.2	Alumni activities	Y	2	
7.5.3	Contributions	Y	2	
7.5.4	Sponsorships	Y	2	
7.5.5	Overseas Chapters	P	1	
8	Institutional Governance			
8	Institutional Governance			
8.1	Documented Strategic plan	Y	2	
8.1.1	Institution has a well-defined vision, mission and core values and quality policy with quality objectives	Y	2	
8.1.2	Department wise vision, mission and core values and quality policy with quality objectives	Y	2	
8.1.3	Documented and Exhibited in prominent places of the institution	Y	2	
8.1.4	Organogram	Y	2	
8.1.5	Well documented road map(Gantt Chart) for the next five years	Y	2	
8.1.6	Office Procedure Manual	Y	2	
8.1.7	Office manuals depicting office policies	Y	2	
8.1.8	Students Governance	Y	2	
8.1.9	College students' union activities document	Y	2	
8.1.10	Quality Assurance Manual	Y	2	

8.2	Institutional councils & Hospitals: Shared Governance			
8.2.1	Management Council (MC)	Y	2	
8.2.2	College Council (CC)	Y	2	
8.2.3	Institutional Academic Committee (IAC)	Y	2	
8.2.4	Minutes of the Meetings (MoM)&Action Taken Report (ATR)	Y	2	
8.2.5	Hospital Management Committee/Council (HMC)	Y	2	
8.2.6	Quality Assurance Committee (QAC)	Y	2	
8.2.7	Pharmacy and Therapeutic Committee (PTC)	Y	2	
8.2.8	Infection Control Committee (ICC)	Y	2	
8.2.9	Safety Committee (SC)	Y	2	
8.2.10	Quality Circle formation & Meeting Minutes	Y	2	
8.3	Administrative /HR Policies			
8.3.1	Recruitment/HR policy	Y	2	
8.3.2	Policy for increment and promotion	Y	2	
8.3.3	Employee Induction/Refreshers Training	Y	2	
8.3.4	Employee/ Women empowerment	Y	2	
8.3.5	Admission Prospectus	Y	2	
8.3.6	Student Handbook /Faculty Handbook	Y	2	
8.3.7	Approval from Regulatory Bodies	Y	2	
8.3.8	Grievance Redressal for Employees	Y	2	
8.3.9	Performance appraisal of faculty and employees	Y	2	

8.3.10	System of appraisal & ATR	Y	2	
8.4	Budget and Audit Report			
8.4.1	Presence of a qualified finance team	Y	2	
8.4.2	Presence of Institutional Budget	Y	2	
8.4.3	Cash register /Acquittance register	Y	2	
8.4.4	Internal Audited Account Statements	Y	2	
8.4.5	External Audited Account Statements	Y	2	
8.4.6	Action Taken on Audit Objections	Y	2	
8.4.7	Transparent Remuneration System	Y	2	
8.4.8	Rules for Meeting Contingencies/Imp rest cash	Y	2	
8.4.9	Finance committee formation	Y	2	
8.4.10	Finance Committee meeting biannually	Y	2	
8.5	Employee Accountability Framework & Documentation and Tracking System			
8.5.1	Job description & Job specification for each category	Y	2	
8.5.2	Work Assignment Book	Y	2	
8.5.3	Documents: ownership/ deeds/ building plans	Y	2	
8.5.4	Office automation	Y	2	
85.5	Software: student management system/ IT enabled/ LAN	Y	2	
8.5.6	Admission Register & Permanent registers related students	Y	2	
8.5.7	Maintenance of various registers	Y	2	
8.5.8	Stewardship of assets: purchase, maintenance, inventory, gate register	Y	2	
8.5.9	Annual Maintenance Contract (AMC) for various equipment	Y	2	
8.5.10	Attendance register and biometric punch reports	Y	2	

	INNOVATION AND BEST PRACTICES			
9.1	Innovation			
9.1.1	On Teaching Methodology	Y	2	
9.1.2	Slow learners' teaching methodology	Y	2	
9.1.3	Product innovation	P	<u>1</u>	
9.1.4	Students projects	Y	2	
9.1.5	On improving quality of tests and assignments and TL methods	Y	2	
9.2	Best Practices			
9.2.1	Best practices in clinical departments	Y	2	
9.2.2	Best practices in administration	Y	2	
9.2.3	Best practices in hospitality	Y	2	
9.2.4	Best practices in Food and Beverages (Hostel & Canteen)	Y	2	
9.2.5	Best practices in energy and water conservation	Y	2	
9.3	Environment friendly projects			
9.3.1	Solid, liquid and e-Waste management system	Y	2	
9.3.2	Plastic free	Y	2	
9.3.3	Rain water harvesting/signages for water conservation	Y	2	
9.3.4	Vegetable garden/Herbal garden	Y	2	
9.3.5	Green Campus Initiative and biofencing	Y	2	
9.4	Energy conservation projects			
9.4.1	Energy /power Audit	Y	2	

9.4.2	Solar paneling	Y	2	
9.4.3	50% Replacement with non-conventional	P	1	
9.4.4	Safe sound technology	Y	2	
9.4.5	Signage on Energy conservation	Y	2	
9.5	Special projects	N	0	
9.5.1	Building landscape suitable for physically challenged	P	1	
9.5.2	Internal counsel committee			
9.5.3	College/Hospital day	Y	2	
9.5.4	Honoring faculty	Y	2	
9.5.5	Endowment talks /speeches	Y	2	
10	Feed back and implementation process	Y	2	
10.1	Feedback From Stakeholders			
10.1.1	Employers/Parent institution/others	Y	2	
10.1.2	Students/Alumni/Parents	Y	2	
10.1.3	Students/Peer feedback on faculty	Y	2	
10.1.4	Percentage of faculty/staff got excellent score in student feedback	Y	2	
10.1.5	Percentage of faculty/staff got excellent score in peer feedback	Y	2	
10.2	Community Feedback			
10.2.1	CSR Activity	N	0	
10.2.2	Social Media	Y	2	
10.2.3	Community recognition of the institution	Y	2	

10.2.4	Annual Community Survey form	Y	2	
10.2.5	Action taken based on community feedback	Y	2	
10.3	PR Image building Programme	.		
10.3.1	Publication of newsletters	Y	2	
10.3.2	Participation in local health care activity	Y P	2	
10.3.3	Representing the institute in public function	Y	2	
10.3.4	Participating in disaster management	N	0	
10.3.5	Media coverage	Y	2	
10.4	University			
10.4.1	Year wise Academic performance.	Y	2	
10.4.2	Nonconformities pointed out by KUHS & Corrective action	Y	2	
10.4.3	Collaboration with professional societies	Y	2	
10.4.4	Healthy and meaningful Collaboration with KUHS	Y	2	
10.4.5	Disciplinary action	Y	2	
10.5.	Feedback Implementation Process			
10.5.1	Feed back Implementation committee and policy & processes	Y	2	
10.5.2	Listing of suggestions category wise	Y	2	
10.5.3	Prioritising the suggestions	Y	2	
10.5.4	Preparation of Action plan with timeline	Y	2	
10.5.5	Adherence to Action plan	Y	2	

AMALA COLLEGE OF NURSING, THRISSUR EXTERNAL ACADEMIC AUDIT REPORT

Ref. No	Measurable point	Yes/No	Compliance-Score	Remarks
	INFRASTRUCTURE FACILITIES			
	COLLEGE & HOSPITAL SYSTEM (AS PER KUHS NORMS)			
1.1.1	Bed Strength	Yes	2	
1.1.2	Bed Occupancy	Yes	2	
1.1.3	Adequate Clinical & Allied Staff	Yes	2	
1.1.4	Clinical Facilities	Yes	2	
1.1.5	Support Facilities	Yes	2	
1.1.6	Bank/ Blood Storage Unit			
1.1.7	Student patient ratio	Yes	2	
1.1.8	EMR / HER	EMR-NO HER-YES	1	
1.1.9	Safety Management	Yes	2	
1.1.10	Biomedical waster management	Yes	2	
1.2.1	Local self Govt. Number	- NO	0	
1.2.2	Pollution board control certificate	Yes	2	
1.2.3	Built in area	Yes	2	
1.2.4	Water / Electricity facility	Yes	2	
1.2.5	Transport facility	Yes	2	
1.2.6	Recreation facility	Yes	2	

1.2.7	Canteen facility	Yes	2	
1.2.8	Common room for boys and girls	Yes	2	
1.2.9	Adequate Toilet facility	Yes	2	
1.2.10	Stationery facility	Yes	2	
1.3.1	Automate library	Yes	2	
1.3.2	Plinth area as per KUHS norms	Yes	2	
1.3.3	No.of books, periodicals & Journals	Yes	2	
1.3.4	E-Journals	Yes	2	
1.3.5	Internet facility & software	Yes	2	
1.3.6	Photocopier facility	Yes	2	
1.3.7	Journals, books borrowing system	Yes	2	
1.3.8	Gate Register	Yes	2	
1.3.9	CDs & E-learning facility	Yes	2	
1.3.10	Reference Books	Yes	2	
1.4.1	Physical facilities for sports	Yes	2	
1.4.2	Logistics	Yes	2	
1.4.3	Training available with trainer/coach	Yes	2	
1.4.4	Student participation in sports	Yes	2	
1.4.5	Medals in sports events	Yes	2	
1.4.6	Physical facilities	Yes	2	
1.4.7	Students participation in cultural events	Yes	2	
1.4.8	Achievements in cultural events	Yes	2	

1.4.9	Medals – KUHS/State /National	State	1	
1.4.10	Hosting of Cultural / Sports	No	0	
1.5.1	Building – KUHS norms	Yes	2	
1.5.2	Separate hostel for men and women	Yes	2	
1.5.3	House keeping facility	Yes	2	
1.5.4	Water / Electricity Facility	Yes	2	
1.5.5	Generators for contingencies	Yes	2	
1.5.6	Sick room & health care facility	Yes	2	
1.5.7	Student dining facility	Yes	2	
1.5.8	Quality Control (food & water)	Yes	2	
1.5.9	Recreation facility	Yes	2	
1.5.10	Hostel Management committee	Yes	2	
2.1	Teacher Profile			
2.1.1	80% faculty available as per KUHS Norms	Yes	2	
2.1.2	80% post graduate faculty	Yes	2	
2.1.3	10% Doctoral/M.Phil faculty	Yes	2	
2.1.4.	Faculty representation in KUHS Academic Bodies	Yes	2	
2.1.5	Teachers' participation in University examination works	Yes	2	
2.1.6	Teachers' participation in KUHS Inspection for Affiliation and Scrutiny	Yes	2	
2.1.7	Teachers guiding student projects	Yes	2	
2.1.8	Teachers attending career progression/refresher courses/orientation courses/continuing	Yes	2	

	education programs of KUHS and other organizations			
2.1.9	Paper presentation for Conferences and Seminars	Yes	2	
2.1.10	Faculty as Resource Person	Yes	2	
2.2	Teaching Methodology			
2.2.1	80% of teachers using Information and Communication Technology (ICT) tools in teaching learning (percentage must be calculated with total number of teachers)	Yes	2	
2.2.2	10% of teachers using Problem Based Learning(PBL)/Competency Based Learning	Yes	2	
2.2.3	10% of teachers using Self Directed Learning (SDL)/Peer teaching/reflective learning	Yes	2	
2.2.4	10% of teachers using Simulation based teaching	Yes	2	
2.2.5	Proper and timely Conduct of internal evaluation (prepared schedules and adherence)	Yes	2	
2.2.6	Student Centric Learning Enhancement methods	Yes	2	
2.2.7	Patient-Evidence based learning	Yes	2	
2.2.8	Project-based learning	Yes	2	
2.2.9	Problem solving methodology	Yes	2	
2.2.10	Role-play learning	Yes	2	
2.3	Learning Application			
2.3.1	Time bound student feedback on theory and practical teaching and on assignments to students (within 5 days of submission of assignment)	Yes	2	
2.3.2	Pass percentage per year (more than 50%)	Yes	2	
2.3.3	No of working days per year excluding examination, study leave, holidays as per University norms.(minimum 220 days	Yes	2	

2.3.4	Only < 2%of drop outs from course	Yes	2	
2.3.5	Special programs for advanced learners	Yes	2	
2.3.6	Peer/participatory learning	Yes	2	
2.3.7	Self-learning	Yes	2	
2.3.8	Presentations in seminar /journal club	Yes	2	
2.3.9	Debates /quizzes	Yes	2	
2.3.10	Journaling /Posters	Yes	2	
	Student Assessment			
2.4.1	Minimum 3 sessional exam	Yes	2	
2.4.2	Model Examination	Yes	2	
2.4.3	Clinical Evaluation	Yes	2	
2.4.4	OSCE/OSPE	Yes	2	
2.4.5	Question bank for each subject	Yes	2	
2.4.6	Assignment as per KUHS Syllabus	Yes	2	
2.4.7	Post Examination Evaluation	Yes	2	
2.4.8	Pass percentage	Yes	2	
2.4.9	Examination automated process	Yes	2	
2.4.10	Adherence to KUHS Examination Manual	Yes	2	
2.5	Student Assessment Process			
2.5.1	Exam scrutiny cell	Yes	2	
2.5.2	Schedule of examinations	Yes	2	



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AMALA COLLEGE OF NURSING

(An undertaking of Amala Cancer Hospital Society)

Amala Nagar, Thrissur - 680 555, Kerala

Affiliated to Kerala University of Health Sciences and recognized by Kerala Nurses and Midwives Council & Indian Nursing Council
(Certificate No. 18-16/2893-INC)

Date: 18/10/2019

PROCEEDINGS OF THE PRINCIPAL

Sub: Academic audit – appointment of external auditors – reg.

Dr. (Fr.) Anil George Konkoth CMI, IQAC Coordinator, St. Thomas' College (Autonomous), Thrissur and Dr. Anoop K R, Principal, Bishop Benziger College of Nursing, Kollam are appointed as external auditors with their consent and permission of Director, Amala Institute of Medical Sciences, Thrissur to conduct the academic audit of Amala College of Nursing with effect from 08-10-2019.



Agem
PRINCIPAL
Amala College of Nursing

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AD

**REPORT OF EXTERNAL ACADEMIC AND ADMINISTRATIVE AUDIT
CONDUCTED ON 02.11.2019**

Name of Auditors:

1. Rev. Fr. Dr. Anil George Konkoth CMI
IQAC Co-ordinator, ST. Thomas College, Thrissur
2. Dr. Anooopa K. R
Principal, Bishop Benziger College of Nursing, Kollam

REPORT

The external academic and administrative audit for Amala College of Nursing was conducted on 02.11.2019 by the external audit team comprising of Rev. Fr. Dr. Anil George Konkoth CMI, IQAC Co-ordinator, ST. Thomas College, Thrissur and Dr. Anooopa K. R, Principal, Bishop Benziger College of Nursing, Kollam.

The entire criteria of Health Sciences Manual of NAAC was followed and documentary evidence was produced under the 8 criteria of NAAC such as :

1. Curricular Aspects
2. Teaching-Learning and Evaluation
3. Research, Innovations and Extension
4. Infrastructure and Learning Resources
5. Student Support and Progression
6. Governance, Leadership and Management
7. Institutional Values and Best Practices
8. Form No. B3 – Nursing College

The audit began at 9.15 a.m. the entire criteria was presented by the IQAC Co-ordinator Mrs. Lakshmi G to the audit team. The audit team also manually verified the documents prepared under each criteria and following general comments given by the team.

1. All the documents to be stored as PDF files in google drive
2. All facilities to be taken as geo tagged photos using GPS map camera
3. Teacher profile to be updated
4. Schedule and attendance to be maintained with signature
5. More faculty development programmes to be conducted
6. Plan for virtual alumni group
7. Audit statement with splitup is a must
8. CFO to split up the audit

9. All the documents to be sealed and signed by the Principal
10. Teachers to provide Aadhar Number and KUHS ID
11. Online e-learning classes to be planned

Criteria wise correction as given as follows:

1. Curricular Aspects

- Curriculum delivery evaluation to be systematically done.
- Alumni funding can be used for academic activities.
- All committees should have terms of reference and frequency of meeting .
- Interdisciplinary courses to be started. College council should approve the new courses.
- List of UGC integrated courses to be started.
- Valued added course in English, BLS, Communication and personality to be started.
- Field visit to be certified.
- All feedbacks can be taking using google forms.

2. Teaching-Learning and Evaluation

- More proof for participation to be added
- Slow learners needed a special time table
- Advanced learners needed special programmes
- Staff meeting minutes to be attested duly
- Various clubs can be started like ECO club, Literary club, film critics club etc
- Students centric methods of evaluation and teaching to be implemented.
- Simulation to be started
- Smart Board to be added
- Radio talks can be arranged
- Examination policy manual to be prepared
- Remedial measures to be taken

3. Research, Innovations and Extension

- Overall improvement needed in this criteria

4. Infrastructure and Learning Resources

- Maintain reports of visits
- Update college website
- Access to shodganga and swayam courses
- Bandwidth for internet connection to be improved

5. Student Support and Progression

- Personality developments programmes
- Soft skill development programme to be conducted
- Guidance to be provided for IELTS NORKA roots

6. Governance, Leadership and Management

- Organogram to be developed with description
- Screen shots of user interface to be taken
- One amala procedures, circulars
- Faculty welfare measures to be added
- Appraisal documents to be maintained
- Annual gender sensitization programme to be conducted

7. Institutional Values and Best Practices

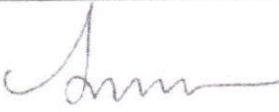
- Green audit to be conducted
- Code of conduct monitoring committee
- Best practices to be implemented and students to be fully involved in this system

8. Form No. B3 – Nursing College

- Simulation and Simulation lab to be initiated

CONCLUSION

The audit team expressed and overall satisfaction in level of preparedness of the HEI towards NAAC accreditation but the momentum of work needs to be maintained. The audited ended at 5.00 p.m.

Name of Auditor	Signature
Rev. Fr. Dr. Anil George Konkoth CMI IQAC Co-ordinator ST. Thomas College, Thrissur	
Dr. Anoop K. R Principal Bishop Benziger College of Nursing, Kollam	



18/10/19

AMALA COLLEGE OF NURSING, THRISSUR
External Administrative Audit Report
2019-2020



AMALA INSTITUTE OF MEDICAL SCIENCES

(An undertaking of Amala Cancer Hospital Society)

Amala Nagar, Thrissur - 680 555, Kerala

(Affiliated to Kerala University of Health Sciences)

04.01.2021

Sub:- AIMSTSR – Appointed as External Administrative Auditor –
Mr.Swaminathan, Chief Supdt., Amala Medical College - reg.

Ref:- Letter dated 04.01.2021 from Principal, Amala College of Nursing.

With reference to the above cited document, we are pleased to appoint you as External Administrative Auditor, Amala College of Nursing, Thrissur as part of KUHS – QAS.

I thank you in advance.

Fr.Francis Kurissery CMI
Academic Co-ordinator

To

Mr.Swaminathan

✓ Copy to: Principal, Amala College of Nursing

Academic Co-ordinator
Amala Nursing College & Research Centre



Executive Summary:

Amala College of Nursing, Thrissur conducted an external administrative audit in accordance with the KUHS – QAS Criteria 4. The purpose of the audit was to ensure that the administrative practices followed in the campus are in accordance with the Administrative Policy adopted by the institution. With this in mind, the specific objectives of the audit were to evaluate the adequacy of the management control framework as well as the degree to which documentation was organized and the flow of office procedures were maintained in compliance with the applicable regulations, policies and standards.

During the initial planning of the audit, an analysis was conducted on the methodologies of the administrative policies. The analysis was based upon an examination of the policies, manuals and standards on data analysis, and on the results of preliminary interviews with personnel considered key in the Administrative management in the campus. The criteria and methods used in the audit were based on the identified risks.

The methodology used included physical inspection of the office and campus, review of the relevant documentation, and interviews.

Statement of Assurance

This audit has been conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*.

In our professional judgement, sufficient and appropriate audit procedures were completed and evidence gathered to support the accuracy of the conclusions reached and contained in this report. The conclusions are based on a comparison of the situations as they existed at the time of the audit with the established criteria.

Summary of Findings

The main findings of the audit show that, in general, all the particulars were in the level of exemplary to good. However, on detailed review, it was observed that, though the college is implementing the office procedures, many of the practices followed in the institution needs to be standardized as office policy manual. In addition, certain processes could benefit from further review in order to improve their efficiency, fairness and consistency.

About the college

Amala Hospital named after Blessed Mary Immaculate, is a Christian minority institution. Amala College of Nursing is a unit of Amala Cancer Hospital Society managed by Devamatha Province of the Carmelites of Mary Immaculate (CMI), founded by St. Kuriakose Elias Chavara.

Amala Medical College Hospital is a multispeciality hospital with 1000 beds. Amala campus consists of a Medical College, Nursing College, Cancer Research Centre, Ayurvedha Hospital, Homeopathy Hospital, School of Nursing and Bethany Gram (a hospice for the aged).

Amala College of nursing was started in 2005 with an intake of 50 B.Sc. Nursing students. M.Sc. Nursing programme was started in the year 2011 with an annual intake of 13 in three speciality. This college is recognized by Indian Nursing Council, Kerala Nursing Council and now affiliated to Kerala University of Health Sciences. This college is a recognized centre for Ph. D. also.



ADMINISTRATIVE AUDIT PROFORMA

ATTACHED

Recommendations

Following the audit, several recommendations were made to the management

- To improve the facilities for common room for boys and girls
- To improve the computer skills of non teaching faculty
- To increase the number of books per student in the library to 25
- To form an office policy manual and standardized all the procedures
- An open space near the library could be converted to reading area for staff and students
- Language lab may be introduced
- More faculties may be trained in using ICT facilities for teaching learning
- Non teaching staff may be trained in using ICT facilities relevant to their work
- Number of computers may be increased as the computer student ratio is poor

Objectives and Scope

This audit was conducted for Amala College of Nursing, Thrissur for administrative functions and infrastructure facilities.

Methodology

- In order to meet its objectives, this audit combined physical inspection with a review of relevant documentation and interviews with various stakeholders.
- Review of the Documentation
- For the purpose of this audit the entire office documents of the institute was reviewed.

Interviews

- Interviews were conducted with the Principal, IQAC Co-ordinator and office staff.

Physical Inspection

The auditor was in college to inspect the campus.

Declaration

I agree with all the recommendation and observation mentioned in this report.

Original signed by

Principal

External Administrative Auditor

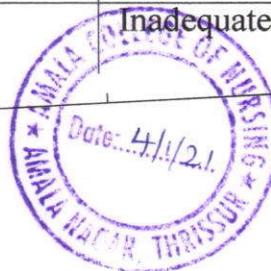


SWAMINATHAN.T.
Chief Superintendent
Amala Institute of Medical
Sciences, Thirissur.

ADMINISTRATIVE AUDIT

Sr.No	PARTICULARS	ANSWERS
3.1	Campus Area	Exemplary
		Good
		Inadequate
3.2	Campus Ownership	Owned by Management
		On rent
3.3	Office Space	Exemplary
		Good
		Inadequate
3.4	a. Area of Library	yes
	b. Do you have separate reading area for student & Staff?	yes
	c. Do you display the new arrivals?	yes
	d. Do you maintain Book Volumes?	yes
	e. No. of Books per student	19.24
	f. No. of Issue/Return books per day	1
	g. No. of Research Journals	100
	h. No. of Periodicals	4
3.5	Laboratories	Exemplary
		Good
		Inadequate
3.6	Security	yes
3.7	Potable Water facility	Exemplary
		Good

		Inadequate
3.8	Power Backup facility	yes
3.9.a	Washroom facility (for Male)	Exemplary
		Good
		Inadequate



Report

3.9.b	Washroom facility (for Female)		
		Exemplary	
		Good	Good
		Inadequate	
3.9.c	Washroom facility (for Staff)		
		Exemplary	
		Good	Good
		Inadequate	
3.10	Parking		
		Exemplary	
		Adequate	Adequate
		Inadequate	
3.11	Class rooms (as per requirement)		
		Exemplary	
		Adequate	Adequate
		Inadequate	
3.12	Staff room (Tick only one)		
	Individual Staff room with IT facility		
	Staff room with separate cabins		
	Departmental Staff		✓
	Common		
3.13	Seminar Room		
		Exemplary	
		Adequate	Adequate
		Inadequate	
3.14.a	Common room (Boys)		
		Exemplary	Under Plan
		Adequate	Yes construction
		Inadequate	ready
3.14.b	Common room (Girls)		
		Exemplary	Plan for construction
		Adequate	ready
		Inadequate	
3.15	Medical Centre facility		yes
	Health Centre facility		yes

	First-aid facility	Yes
3.16	Sports Facility (2 mark for separate ground for each sport) (Maximum 6)	Yes
3.17	Indoor Sports facility (2 mark for each indoor sports facility) (Maximum 4)	Yes
3.18	Gymnasium	Yes
3.19.a	Hostel (Boys) Exemplary Adequate (with mess) Inadequate	Adequate
3.19.b	Hostel (Girls) Exemplary Adequate (with mess) Inadequate	Exemplary
3.20	Transportation for students	Yes
3.21	Support services (**Bank/PO/**Xerox)	Yes
3.22	Canteen	Yes
3.23	Approach Road	Yes
3.24	Garden	Yes
3.25	Auditorium/ Assembly hall	Yes
3.26	Internet facility For Staff & students : For staff only:	Yes Yes Yes
3.27	Overall Maintenance Exemplary Satisfactory Not satisfactory	Exemplary

Sr. No	PARTICULR	ANSWER
4.3.1	How many Faculty members/ Administrative staff can operate MS-Word/ Power point and Microsoft Excel?	100% of Teaching Faculty and 03 Administrative staff
4.3.2	Did your College arrange for Training of Faculty members in the use of Computers ?	yes
4.3.3	How many Computers do you have in the College ?	20 (Twenty)
4.3.4	Does the College have Internet facilities?	yes
4.3.5	Have your Faculty members undergone training for NME-ICT? If yes, How many?	yes 3 (Three)
4.3.6	List out names of Faculty and non-teaching Staff	yes
4.4.	Documentation	
	Files	
	Admission files	✓
	INC – Recognition	✓
	INC – Other Correspondence	✓
	KNMC – Recognition	✓
	KNMC– Other Correspondence	✓
	KUHS – affiliation	✓
	KUHS – correspondence	✓
	KUHS – exam correspondence	✓
	KUHS – Arts & Sports	✓
	KUHS – College Union	✓
	KUHS – Students affairs	✓
	KUHS – Research (Ph.D)	✓
	KUHS – QAS	✓
	KUHS – Academic Monitoring Cell	✓
	KUHS – SSGP	✓
	KUHS – Exam Store	✓
	KUHS – Results	✓
	KUHS – Exam Notification & TimeTable	✓
	KUHS – Question Paper	✓
	M.Sc. Nursing Dissertation	✓
	KUHS Studentship	✓
	E- Grants – SC/ST	✓

LBS (Management) Scholarship	✓
Other Scholarship	✓
Special Scholarship	✓
Government orders	✓
Inter office note	✓
MHRD / AISHE	✓
Budget	✓
Building plan	✓
College council	✓
NAAC	✓
Mohammed Committee	✓
Affiliation to other areas (Clinical training)	✓
Observation visit file (other areas)	✓
Observation visit to various centres	✓
Observation visit from other institutions	✓
Institution research committee	✓
Institution ethical committee	✓
Full time teaching faculty – personnel files	✓
External teachers – biodata	✓
External lecture honorarium	✓
Biodata	✓
Faculty improvement programme	✓
Faculty appraisal	✓
Annual appraisal form for teachers	✓
Staff welfare committee	✓
Faculty weekly time plan and evaluation form	✓
Placement	✓
Job description	✓
Geriatric project	✓
Integration	✓
Condemnation	✓
Food monitoring committee	✓
Hospital communication	✓
Make – up duty file	✓
Student nurses association	✓
TNA	✓
Fee structure	✓
Condonation of attendance	✓
Anti ragging	✓
Bank loan	✓
Disciplinary action	✓
Railway & Bus concession	✓
Vidyarambham	✓
Students discontinuation file	✓
Caution deposit	✓

Annual report	✓
Alumni association	✓
CNE	✓
Students uniform and textbooks	✓
Medical insurance for students	✓
Mess committee	✓
College day	✓
Magazine	✓
Workshop and conference	✓
College account	✓
Parents teachers welwishers association (PTWA)	✓
Graduation ceremony	✓
Subject files B.Sc. Nursing 4 years	✓
Subject files M.Sc. Nursing 2 years	✓
E-learning programme	✓
Equipments and articles invoice	✓
Notice board (office)	✓
Notice board	✓
SNA Notice board	✓
Director's Day	✓
Check list	✓
Graduate students personnel files	✓
B.Sc. Nursing - 2005 onwards	✓
M.Sc. Nursing - 2011 onwards	✓
Issue of reference letter / Certificates of graduates	✓
Registers food monitoring committee	✓
Letter inward	✓
Letter outward	✓
Fee collection	✓
Leave statements	✓
Impress cash register	✓
Policies	
Policy for office communication	✓
Policy for dispatch of documents	✓
Fee register and policy	✓
Transcript issuing policy	✓
Biometric policies of attendance	✓



Swaminathan J.
5/1/21
Swaminathan J.
Chief Superintendent
AIMS, Thirissur