

Accredited by NAAC,

OF NURSING

Member of United Nations Academic Impact Program
Approved Research Centre of Kerala University of Health Sciences



3.1.1 - List of Teachers as PG, PhD Guide with Students

From

Mrs.Annal Angeline

Enrollment Number:1880100011 No:58,Bethel house, Priyadharshini Nagar, II Milestone, Kilikoloor Post, Kollam, Kerala.

To

The Registrar, Annamalai University, Annamalai Nagar, Chidambaram - 608002.

## Through the proper Channel

8156869689.

Respected Sir,

Sub: Joining Report for Ph.D in Nursing (External) - Reg.

I hereby report for Joining as Ph.D External Research scholar in Nursing on 21.12.2018 at Rani Meyyammai College of Nursing, Annamalai University and My Enrollment number is 1880100011. I am enclosing the copy of the Fees receipt for your kind information

I shall obey the rules and regulation of the college as well as University

Thanking you

Yours Faithfully Annal Angeline

### Encl:

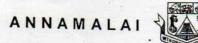
- 1. Admission letter from CARE
- 2. Challan for Remittance of admission fees date 21.12.2018 Challan No.76828.

Signature of the Guide

Signature of HOD

Signature of Dean

PACULTY OF MEDICINE
Rajah Muthiah Medical College
Annamalai University



## UNIVERSITY

## Centre for Academic Research [CARE]

Dr. V. Venkatesalu Director

Centre for Academic Research Annamalai University Annamalainagar - 608 002. Tamilnadu - India.

Mobile No.: +91 9842998470 Email: careau2018@gmail.com

AUCARE/RAC/2018-19

13-02-2019

To

Dr. S. Usha, Lecturer, Rani Meyyammai College of Nursing, Faculty of Medicine Annamalai University

Sir / Madam,

Annamalai University - Ph.D. Programme - Constitution of Research Advisory Committee (RAC) - Approval - Regarding.

1. Circular No. CARE/Ph.D/2018 dated 27-12-2018.

2. Your letter dated 28-01-2019.

With reference to the above, I am directed to inform you that the Research Advisory Committee has been constituted with the following members for the Research Scholar Mrs. Annal Angeline (External - Roll No. 1880100011), Rani Meyyammai College of Nursing is hereby approved.

1.	The Principal, Rani Meyyammai College of Nursing	Chairperson
2	Dr. S. Usha, Lecturer, Rani Meyyammai College of Nursing	Research Supervisor & Convener
3.	Dr. M. Gandhimathi, Professor & Vice-Principal, Rani Meyyammai College of Nursing	Intra Department Expert Member
4.	Dr. S. Viswanathan, Lecturer, Department of Physical Medicine & Rehabilitation, RMMCH.	Inter Department Expert Member

The Research Advisory Committee shall meet within 3 weeks from the date of receipt of this communication to prescribe course work(s) to the Scholar. The Meetings of the Research Advisory Committee shall be informed to the Director, Centre for Academic Research [CARE] well in advance. The minutes of the meetings should be forwarded through the respective Head of the Department.

The Committee shall function as per the Ph.D. Regulations of our University.

Director Centre for Academic Research

Copy to 1. The Principal, Rani Mey attention College of Nursing.

2. Dr. M. Gandhimathi, Professor & Vice-Principal, Rani Meyyammai College of Nursing.

3. Dr. S. Viswanathan, Lecturer, Dept. of Physical Medicine & Rehabilitation,

RMMCH. 4. ✓Mrs. Annal Angeline, Research Scholar. through the Principal, Rani Meyyammai College of Nursing

# NOC for Guide from Head of the Institution/Principal (For officiating as the PhD Supervising Guide for the candidate for PhD)

Ref No

date

## **No Objection Certificate**

This is to certify that our i			
Mr. /Ms. /Dr ANOOPA: K.R	, PRINC	I.PAL	
BISHOP BENZIGER	COLLEGE.	JN.URSW.	G. KOLLAM
(Name of Supervising Guide, Designation and t	he name of institution	currently working)	
to be officiated as the supervising C	uide for		
Mr./Ms./Dr. JYOTHUM., PANITHRESWARAM P.O.,			
(Name, address of the candidate for PhD)			
for the research work titled			
(Provisional title)	PERIPHERA	CIRCU	KATION
		20.00	

Office Seal

Signature

Name and Seal of Head/Principal of the Centre of Research

Dr. ANOOPA. K.R. Ph.D (N)

SERINCIPAL

MEETER SLIZEGER COLLEGE OF NURSING

KOLLEM ST. KERALA

When Co-guide is required (Either as Optional/Mandatory

### NOC for the Co-Guide from Head of the Institution/Centre of Research (For officiating as the Co-Guide for the candidate for PhD)

Ref No

date

# No Objection Certificate

This is to certify that our Institution has no objection in allowing
Mr. Ms. ADT PROJ ANAL ANGIELINE, PROFESSORI HO
OF OBGHADOPP BENZIGER COLLEGE OF
MURSINGH KOLLAND
(Name of Co-Guide, Designation and the name of institution currently working)
to guide/supervise
Mr./Ms/Dr. SIMI M.P. PRINCIPAL S.S.M. SCHOOL OF
NURSING SSM HOSPMAL KOLLAM
(Name of the Candidate for PhD, Designation and the name of institution where the Candidate currently working)
for registering as a PhD Scholar, and to function as a Co-guide for his/her
research work titled (provisional title) Effectiveness of Post Toelum
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Someo unde Adeing LSCS leading to PhD degree of KUHS.

Office Seal

Signature
Name and Seal of Head/Principal of
the Centre of Research

Dr. ANOOPA. K.R. Ph.D (N)
PRINCIPAL
BISHOP BENZIGER COLLEGE OF NURSING
KOLLAM - 1, KERALA

When Co-guide is required (Either as Optional/Mandatory

# NOC for the Co-Guide from Head of the Institution/Centre of Research (For officiating as the Co-Guide for the candidate for PhD)

Ref No

date

## No Objection Certificate

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Signature
Name and Seal of Head/Principal of
the Centre of Research

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FROM STATE OF AURSING



# KERALA UNIVERSITY OF HEALTH SCIENCES

**THRISSUR-680 596** 

## PROFORMA FOR GUIDES/CO-GUIDES

Name:	Mrs. BETCY K JAYIMS							
Name of the College	Bishop Benziger College of Nursing, Kollam-MN010							
Designation	Lecturer							
Teaching	Specialty paediatric Nursing							
Experience After PG: 4 years 7 months					Year of F	Passing PG	: 2014	
	Official				Resider		. 2317	
Address	Bishop Benziger College of Nursing, Kollam, P.B.NO:46,SASTRI JN ,KOLLAM 691001,Kollam,691001			01001	NEDIYAZHIKATHU			
Telephone						NEDUMPAI	NA,Kollam,Kerala,691576	
E-mail	betcykjayims@gmail.com			Fax				

# Details of Bank transfer if any

Name of Bank	STATE OF BANK ON	DIA, NALLILA.	KOLLAM
Name of Branch •	NALLILA	, MILLILM,	NULLIAN)
Name of Account Holder	Beloy K Jayins	Account Number	SBIN0070491
IFSC code		PAN No	AXTPJ7887Q.

#### Certificate

Certify that the above details are true and correct to the best of my knowledge

Date: 04.08-2020

Signature :

Name:

BETCY. K. JAYIMS



# KERALA UNIVERSITY OF HEALTH SCIENCES

**THRISSUR-680 596** 

# PROFORMA FOR GUIDES/CO-GUIDES

Name:	Mrs. SHEEJA S						
Name of the College	Bishop Benziger College of Nursing, Kollem-MN010						
Designation	Associate Professor cu	m HOD	Tona	alaliu	Tonne		
Teaching	Special Professor cum HOD Special				Commun	ity health Nursing	
Experience	After PG: 10 years 3 months				Year of Passing PG : 2009		
	Official				Residence		
Address	Bishop Benziger College of Nursing, Kollam, P.B.NO:46.SASTRI JN .KOLLAM 691001, Kollam, 69100			soup		ara po,Trivandrum,Kerala,627501	
elephone	1					T	
-mail	devusheeja@gmail.com			Fax			

# Details of Bank transfer if any

Name of Sank	South Indian	bank	
Name of Branch	1		and the tradeological field of the delegation of the same states and the same states are the same species and the same states are the same states and the same states are the same states
Name of Account Holder	SB	Account Number	070105300000297
IFSC code	SIBL0000701	PAN No	EF2 PS 3818J

#### Certificate

Certify that the above details are true and correct to the best of my knowledge

Date 04.08.2020

Signature :

Name: SHEETA J



## KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR-680 596

## PROFORMA FOR GUIDES/CO-GUIDES

Name:	Mrs. BINUTHA V P							
Name of the	Bishop Benziger College of Nursing, Kollam-MN010							
College		The state of the s						
Designation	Associate Professor cum HOD Specialty				alty MEDICAL SURGICAL NURSING			
Teaching	·			7. 10000				
Experience	After PG: 11 years 3 months				Year of Passing PG: 2008			
	Official				Residence			
Address	D.P. NO:46 CACTOL H.				TUVILAI HOUSE,ELAVUVILAI,Kanyaki	umari,Tamil		
Telephone	04742765582 Mobile 9048348103		Fax	T				
E-mail	jebinusha24@gmail							

### Details of Bank transfer if any

Name of Bank	South Indian Ba	nl.				
Name of Branch Terome Mager.						
Name of Account Holder	SB	Account Number	0074053000025860			
IFSC code	SIB 200000 FH	PAN No	AX PB 68995 F.			

#### Certificate ·

Certify that the above details are true and correct to the best of my knowledge

Date 04.08-2020

Signature: BINUTHA-VP