



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

6.3. Faculty Empowerment Strategies

6.3.2 Details of beneficiaries 2020

Submitted to



THE NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL



AMALA INSTITUTE OF MEDICAL SCIENCES

(An undertaking of Amala Cancer Hospital Society, No 51/1978)

Amala Nagar, Thrissur Dist., Kerala, India – 680 555

HR note: 01-01/20

01/01/2020

NOTE

Mr. Piljo Verghese, HR Manager and Sr. Siji Pius, Lecturer are deputed to attend the workshop for hospital administrators on 15th & 16th Jan 2020 at POC Palarivattam.

Fr. Francis Kurissery CMI
Director

Copy to

1. Joint Director
2. Principal (NC)
3. HRD(H & NC)
4. C.O.O
5. C.F.O
6. C.N.O



RECEIPT

☎ : 0484 - 2806640
E-mail : chaikerala@gmail.com
Web : www.chaikerala.com

THE CATHOLIC HEALTH ASSOCIATION OF INDIA - KERALA

(Reg. No. G.R. 119/1986)
Pastoral Orientation Centre (POC), Palarivattom, Kochi - 682 025

No.: 2242

To: Amal Hospital

Date: 22/15/11/2020

Sl. No.	Particulars	Rs.	Ps.
1.	Membership Fee		
2.	Registration Fee		
3.	Seminar		
4.	Other Donations		
Total Amount (in figures)		5000/-	
		5000/-	

Five thousand only



[Signature]

Treasurer *[Signature]* President

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

PAYMENT VOUCHER

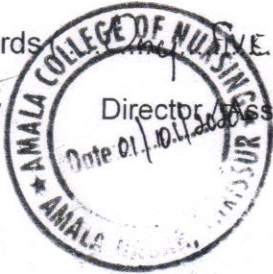
V. No... Nsq. 016

Date : 01/01/2020

Particulars	Amount
Payment towards the registration fee for a training programme "workshop for hospital administrators" on 15 th & 16 th January 2020 at POC, Palanivaltham.	5000/-
Total	5000/-

Amount in words TWO THOUSAND RUPEES ONLY

Sanctioned By [Signature]



Director / Asst. Director

Cashier

Signature: [Signature]

Payee Name: Sr. Syji P. V.



[Signature]
Prof. Dr. RAJEE REGHUNATH
 PRINCIPAL
 AMALA COLLEGE OF NURSING
 AMALA NAGAR P.O., THRISSUR-680 555



AMALA INSTITUTE OF MEDICAL SCIENCES,
AMALANAGAR, THRISSUR - 680555.

**APPLICATION FOR REIMBURSEMENT OF EXPENSES
TO ATTEND CONFERENCE / CME / TRAINING / WORK SHOP / SEMINAR Etc.**
(To be submitted at least one month before the event starts)

01	Name (in block letters)	S.R. LITHA DIZBATH			
02	Designation	PROFESSOR			
03	Department	College of Nursing			
04	Date of birth (dd/mm/yyyy)	13	04	19	
06	Permanent staff or not	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	05	
07	Age	52 Years			
08	Total Duration of Service in AIMS	12	Years	09	
09	Future service expected in AIMS	Years			
10	Name of the Conference/ CME/ Workshop/Training/Seminar	National conference on Qualitative Research			
11	Whether regional/national/international	Regional <input type="checkbox"/>	National <input checked="" type="checkbox"/>	International <input type="checkbox"/>	
12	Venue of event	Baby Memorial Hospital, Cozhikode			
13	Duration	01	Days	14	
14	Whether academic or not	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
15	Details calling for nomination	(Attach letter/ pamphlet/ advertisements from the organizers)			
16	Whether presenting paper/delivering talk	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
17	Date of Departure (dd/mm/yy)	28	02	2020	
18	Date of arrival	28	02	2020	
18	Total days as duty leave (DL)	01	days	Total days of actual travel from AIMS and back and days of event / Maximum 03 days permissible during one calendar year	
19	Whether sponsored or not	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Record the details of sponsor in column 20 below	
20	Details of expenses				
21	DA maximum for 3 days only	a	Registration fee (Minimum fee)	Rs. 500/-	
	Rate in Rupees as follows	b	2 nd class A/C 3 tier fare in one direction x 2	Rs. (Rupees Five Hundred only)	
		c	Full Dearness allowance x Days of event	Rs.	
	Category	Inside State	d	Full Dearness allowance x Days of travel	Rs.
		Outside	e	Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)	Rs.
	Professor / Associate Professor	175/day	250/day	f	Total
Asst Professor / Senior Resident	150/day	200/day			Rs. (Rupees Five Hundred only)
22	Participation in any such event before, during this calendar year	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes, give details in column 23	
23	Total days of DL claimed so far	NIL	days	Total expenses received	Rs. 500/-

DECLARATION

- I herewith declare that the travel and accommodation expenses and registration fee are met by myself and not by any sponsors, agency or person
- I declare that I will present through Head of Department, a report to Principal, Amala Institute of Medical Sciences, Trichur-680 555 on important features of the event within two weeks of my return
- I declare that I will give a talk on the subject to the staff and students of Amala Institute of Medical Sciences, Trichur-680 555, if requested by Principal
- I declare that I will submit a certificate of attending the event and presenting the paper/talk within one week of my return
- I declare that I am willing to get this period of duty leave to be deducted from other eligible leave or to be treated as loss of pay leave, if no other eligible leave in my account, if I fail to follow above declarations

Signature of candidate with date →

Recommended	recommended	Signature of HOD with date	[Signature] 14/2/20
Signature of Principal	[Signature] 14/2/20	Joint Director	[Signature]
Sanctioned a sum of Rs. 500/-	(Rupees five hundred only)	Director	[Signature] 18/2/20
		Signature of sanctioning authority with date	[Signature] 18/2/20

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PAYMENT VOUCHER

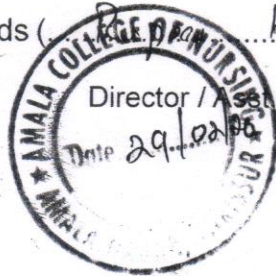
V. No. Nsq 014

Date: 29.02.2020

Particulars	Amount
Payment towards the registration fee for a National Conference on Qualitative Research conducted by Babu Memorial College of Nursing, Kozhikode held on 27.02.2020.	Rs. 500/-
Total	Rs. 500.

Amount in words (Five Hundred Only)

Sanctioned By [Signature]



Director /

Director

Cashier

Signature: [Signature]

Payee Name: Dr. Lishya Lishya



[Signature]
Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THRISSUR-680 555



**AMALA INSTITUTE OF MEDICAL SCIENCES,
AMALANAGAR, THRISSUR - 680555.**

**APPLICATION FOR REIMBURSEMENT OF EXPENSES
TO ATTEND CONFERENCE / CME / TRAINING / WORK SHOP / SEMINAR Etc.
(To be submitted at least one month before the event starts)**

01	Name (in block letters)	M O L Y T H O M A S (SR. DONA)									
02	Designation	A S S T P R O F E S S O R									
03	Department	C O L L E G E O F N U R S I N G									
04	Date of birth (dd/mm/yyyy)	26	05	19	69	05	Age	51	Years		
06	Permanent staff or not	Yes* <input checked="" type="checkbox"/>		No*		07	Date of joining	16	07	20	12
08	Total Duration of Service in AIMS	7	1/2	Years	09	Future service expected in AIMS					
10	Name of the Conference/ CME/ Workshop/Training/Seminar	N A T I O N A L C O N F E R E N C E O N Q U A L I T A T I V E R E S E A R C H									
11	Whether regional/national/international	Regional*		National* <input checked="" type="checkbox"/>		International*					
12	Venue of event	K O Z H I K O D E B a b y M e m o r i a l H o s p i t a l									
13	Duration	01	Days	14	Whether academic or not	Yes* <input checked="" type="checkbox"/>		No*			
15	Details calling for nomination	(Attach letter/pamphlet/advertisements from the organizers)									
16	Whether presenting paper/delivering talk	Yes* <input checked="" type="checkbox"/>		No*		If yes, attach an abstract of paper or talk					
17	Date of Departure (dd/mm/yy)	28	02	20	Date of arrival	28	02	20			
18	Total days as duty leave (DL)	01	days	Total days of actual travel from AIMS and back and days of event / Maximum 03 days permissible during one calendar year							
19	Whether sponsored or not	Yes*		No* <input checked="" type="checkbox"/>		Record the details of sponsor in column 20 below					
20	Details of expenses										
21	DA maximum for 3 days only		Rate in Rupees as follows		a	Registration fee (Minimum fee)	Rs	500/-			
	Category	Inside State	Outside	b	2 nd class A/C 3 tier fare in one direction x 2	Rs	(Rupees Five Hundred only)				
	Professor / Associate Professor	175/day	250/day	c	Full Dearness allowance x Days of event	Rs					
	Asst Professor / Senior Resident	150/day	200/day	d	Full Dearness allowance x Days of travel	Rs					
				e	Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)	Rs					
				f	Total	Rs	500/-	(Rupees Five Hundred only)			
22	Participation in any such event before, during this calendar year	Yes*		No* <input checked="" type="checkbox"/>		If yes, give details in Column 23					
23	Total days of DL claimed so far	00	days	Total expenses received		Rs	500/-				

DECLARATION

- I herewith declare that the travel and accommodation expenses and registration fee are met by myself and not by any sponsors, agency or person.
- I declare that I will present through Head of Department, a report to Principal, Amala Institute of Medical Sciences, Trichur-680 555 on important features of the event within two weeks of my return.
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- I declare that I am willing to get this period of duty leave to be deducted from other eligible leave or to be treated as loss of pay leave, if no other eligible leave in my account, if I fail to follow above declarations.

Signature of candidate with date → Molly Thomas

Recommended	recomm ended		Signature of HOD with date	
Signature of Principal	<u>Agnon</u>	Joint Director	<u>13/2/20</u>	Director
Sanctioned a sum of Rs.	rupees only)		Signature of sanctioning authority with date	

12-2020

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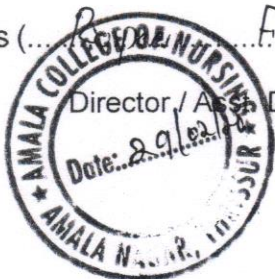
V. No... Nsq. 015

Date : 29.02.2020

Particulars	Amount
Payment towards the registration fee for a National Conference on Qualitative Research conducted by Baby Memorial College of Nursing, Kochi, held on 28.02.2020	Rs. 500
Total	Rs 500/-

Amount in words (Five Hundred Only)

Sanctioned By Legal



Director / Legal Director

Cashier Legal

Signature: Molly Thomas

Payee Name: Molly Thomas



Legal
Prof. Dr. RAJEE REGHUNATH
PRINCIPAL
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