

AMALA COLLEGE OF NURSING

(An undertaking of Amala Cancer Hospital Society) Amala Nagar P.O., Thrissur-680 555, Kerala, India. Website : <u>www.amalanursingcollege.org</u>

FIRST CYCLE NAAC ACCREDITATION 2022

CRITERION 6

GOVERNANCE, LEADERSHIP AND MANAGEMENT

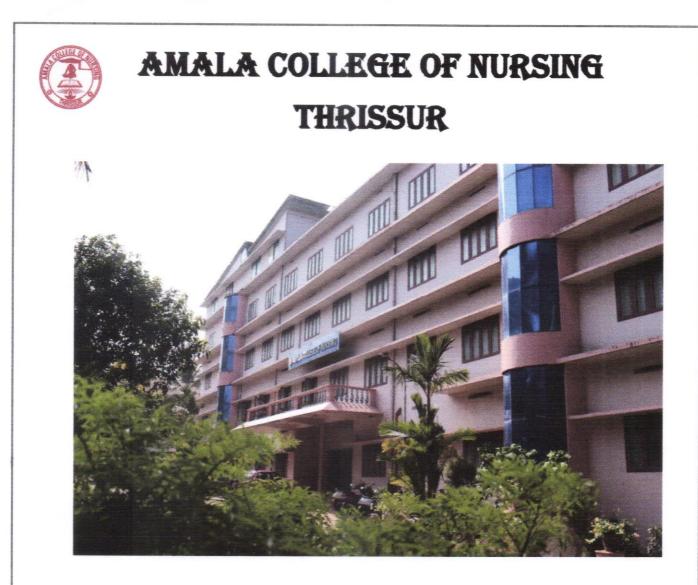
6.3. Faculty Empowerment Strategies

6.3.5 Faculty Work Book





THE NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL



Faculty Work Book 20..... - 20.....

Name	:
Designation	:
Department	Prot. Dr. RAJEE REGHUNATE PRINCIPAL AMALA COLLEGE OF NURSING AMALA NAGAR PO THRISSUR-680

Vision

"To establish a centre of excellence providing value-added education that combines effective teaching, focused academic exposure, and productive research with the aim of training healthcare personnel with professionalism, and spirit of love and service as their hallmarks."

Mission

- 1. Appointing faculty known for their academic excellence and who are committed to carrying out the institutional mission.
- Forming effective health care personnel marked by up-to-date knowledge, professional skills, and with an inclusive, global outlook, in eco-friendly ambience.
- 3. Promoting the capacity for critical thinking, communication, collaboration and creativity.
- Instilling compassionate love towards all especially the poor and the marginalized.
- 5. Encouraging innovative research that will benefit humanity.
- 6. Inspiring the students to become life-long learners.
- 7. Creating an atmosphere conducive to the students imbibing spiritual and ethical values.
- 8. Providing top-up skills to enhance the employability quotient.
- 9. Providing state-of-the-art infrastructure.

Motto:

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Prot. Dr. RAJEE REGHUNATH PRINCIPAL AMALA COLLEGE OF NURSING AMALA NAGAR P.O., THRISSUR-680 LEGE O

Date:06

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LEGE OF Prot. Dr. RAJEE REGHUNATA PRINCIPAL AMALA COLLEGE OF NURSING AMALA NAGAR PO., THRISSUR-680:

PERSONAL PROFILE

Photo

Name	:						
Date of Birth	:						
Designation	:						
Department	:						
Phone	:			Whatsa	pp No.		
ID No.	:						
Contact No. in cas	e of en	nergen	cy :				
Academic qualifica	itions	:					
Aadhaar No.		:					
KUHS ID :		ł	KNMC:		NU	ID	
Blood Group		:	•••••				
Date of joining		:	•••••				
Membership in Pr	ofessio	onal Or	ganizations	:			
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E-mail ID :							
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MONTHLY ACTIVITIES

Month: January

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Day	Time	Batch	Activity	theory	practical/	Sign
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Signature of Faculty

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Prot. Dr. RAJEE REGHUNATH PRINCIPAL AMALA COLLEGE OF NURSING AMALA NAGAR P.O., THRISSUR-680: ¥

DETAILS OF REMEDIAL / REVISION CLASS

Date & Time	Batch & Year	Name of the Student	Subject	Topic	Hour	Remarks
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			Date: Out Date:	fenn		
Sign	ature of Fac	culty	/	Signature of Class Prot. Dr. RAJEE REGHUNATH PRINCIPAL AMALA COLLEGE OF NURSING MALA NAGAR PO., THRISSUR-680 :	Co-oro	linator

CASUAL / DUTY / ANNUAL / OTHER LEAVE ACCOUNT

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		Date: C.S.L.H.		
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DETAILS OF OTHER DUTIES

(In connection with curricular / co-curricular activities, meetings, club activities / outreach programmes, internal & external exam duties, university valuation etc.)

Date	Time / Hours	Details of duties	Remarks
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		* Date: Oul 22 + Rep	1
		Prot. Dr. RAJEE RE	 6HUNATH
		PRINCIPAL AMALA COLLEGE OF	

AMALA CULLEGE OF NURSING AMALA NAGAR P.O., THRISSUR-680 (

FACULTY DEVELOPMENT PROGRAMME

(Orientation / Refresher / Seminar / Workshops / Webinars / CNE / open university attended)

From Date	To Date	Details of Programme	Remarks
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		Prot. Dr. RAJEE REGHUNATH	Dateoul 122
		AMALA COLLEGE OF NURSING AMALA NAGAR PO., THRISSUR-680	The set

Research works guided

No.	UG, PG & PhD	Name of the student(s)	Project Title

Details of Projects

Sl. No.	Name	Funding agency	Remarks
1			
2			
3			
4			
5			

Resource Person

(Details regarding involvement as a resource person in workshops, seminars, symposium, conference, invited talk, and webinar)

	No	Date	Hours	Programme title & location	Organized by
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	2				
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Seminars, webinars / conferences organized

Title of the Seminar	Regional / National / International	Co-ordinator / Committee Member	Duration

Publications

(Books, chapters, research papers published)

Item	Name	No.	International / National / State	Impact factor

I hereby declare that the information given above is true to the best of my knowledge and belief.

