



# SREE NARAYANA NURSING COLLEGE

Stonehousepet (po), Chinthareddypalem, Nellore - 524002.

Ph No: 0861-2318300 | Fax: 0861-2318300.

e-mail: sreenarayana.nursing12@gmail.com | principal.snncc@narayanannursingcollege.com

Website: <https://sreenayanannursingcollege.com>

Recognized by Indian Nursing Council vide letter No. 02/Sep/2006 INC dated : 29.09.2006 and

A.P. Nurses & Midwives Council, letter No. APNMC/CON/5212/2006, dated: 4/11/2006

Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



## CERTIFICATION LETTER BY HEAD OF THE INSTITUTION

### COMMUNITY COMPLETION CERTIFICATE

This is to certify that the following **99 IV B.Sc.(N)** 2023-2024 batch students has successfully completed **Community Health Nursing** postings at Saraswathi Nagar during the Period from 17.6.24 to 11.7.2024 .

### NAME LIST OF THE STUDENTS

S.NO	REG. NO.	STUDENT NAME
1.	20N101078001	ABHIRAMI MANOJ
2.	20N101078002	ABHIRAMI R
3.	20N101078003	ADITHYA MADHU
4.	20N101078004	ADITHYA SURESHKUMAR
5.	20N101078005	ADLINE MARY THOMAS
6.	20N101078006	AISWARYA A P
7.	20N101078007	AKSA BABY
8.	20N101078008	ALEENA ANNA THOMAS
9.	20N101078009	ALEENA BABU
10.	20N101078010	ALEENA MARIYA MATHEWS
11.	20N101078011	ALEENA ROSE ANTONY
12.	20N101078012	ALEENA SUNNY
13.	20N101078013	ALEYAMMA VARGHESE
14.	20N101078014	AMANDA JULIET DON
15.	20N101078015	ANAKHA SIVANANDHAN
16.	20N101078016	ANEERTHANA ANIL



Principal

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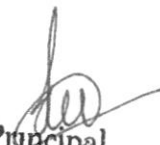
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S.NO	REG. NO.	STUDENT NAME
17.	20N101078017	ANEETA T C
18.	20N101078018	ANGEL JOSEPH
19.	20N101078019	ANINDITA PAL
20.	20N101078020	ANITTA SHAJI
21.	20N101078021	ANITTA TREESA SOBY
22.	20N101078022	ANJU XAVIER
23.	20N101078023	ANNET VINCENT
24.	20N101078024	ANU M THOMAS
25.	20N101078025	ANUGRAHA S
26.	20N101078026	APARNA SALI
27.	20N101078027	ARCHANA BIJU
28.	20N101078028	ARCHANA T P
29.	20N101078029	ARDRA VENU
30.	20N101078030	ARSHA GURUSA
31.	20N101078031	ASHLIN S
32.	20N101078032	ASHLY KURIAKOSE
33.	20N101078033	ASWATHY T J
34.	20N101078034	ATHIRA BINU
35.	20N101078035	ATHULYA SANTHOSH
36.	20N101078036	ATHULYA SHAJI
37.	20N101078037	BARNALI HAZRA
38.	20N101078038	BATTALA LALITHAKUMARI



  
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S.NO	REG. NO.	STUDENT NAME
39.	20N101078039	BHUPATHI DEEPIKA
40.	20N101078040	BINY SUSAN TOJY
41.	20N101078041	DEVIKA BABU
42.	20N101078042	DEVIKA SHAJI
43.	20N101078043	DIYA SUKU
44.	20N101078044	DONA SUSAN JACOB
45.	20N101078045	EBEENA ANNA MATHEW
46.	20N101078046	ELIZABATH SONY
47.	20N101078047	HANNA MATHEW
48.	20N101078048	JASMINE MARIA JOSEPH
49.	20N101078049	JENI S GEORGE
50.	20N101078050	JINTU MARIYAM BINOY
51.	20N101078051	JISMI P J
52.	20N101078052	JIYA GEORGE
53.	20N101078053	JOMOL JOY
54.	20N101078054	JOSINA JOHNSON
55.	20N101078055	JOSMI JOJI
56.	20N101078056	KONATAM PALLAVI GRACE
57.	20N101078057	KRISHNENDHU RAJAN
58.	20N101078058	LAIBY K SUNNY
59.	20N101078059	LAKSHMI BABU
60.	20N101078060	LENA ROBIN



  
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S.NO	REG. NO.	STUDENT NAME
61.	20N101078061	LISA MERIN VARGHESE M
62.	20N101078062	LIYA ANNA ELIAS
63.	20N101078063	MABLE MATHEW
64.	20N101078064	MAHIMA SARA JACOB
65.	20N101078065	MAJITHA SHAJI
66.	20N101078066	MANEESHA SUNDARAN
67.	20N101078067	MARIYA BINU
68.	20N101078068	MARRI VENKATSUSHMA RAMANAYYA
69.	20N101078069	MERRIN TOMY
70.	20N101078070	MINNU BABUMON
71.	20N101078071	MINNU MARY LUKOSE
72.	20N101078072	NAVYA SANTHOSH
73.	20N101078073	PRAMA ACHARYA
74.	20N101078074	PRAVEENA KURIAN
75.	20N101078075	REVATHY SANTHOSH
76.	20N101078076	ROSE MARIA SHAJU
77.	20N101078077	ROSEENA KURIAKOSE
78.	20N101078078	SAHELI BARMAN
79.	20N101078079	SANA A B
80.	20N101078080	SANGEETHA SABU
81.	20N101078081	SARANYAMOL C R
82.	20N101078082	SHAIBY WILSON



Principal

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S.NO	REG. NO.	STUDENT NAME
83.	20N101078083	SHIJIMOL SHAJI
84.	20N101078084	SHONAMOL AUGUSTINE
85.	20N101078085	SILPA M S
86.	20N101078086	SMITHA BAIJU
87.	20N101078087	SNEHA BID
88.	20N101078088	SNEHA DEVASYA
89.	20N101078089	SONA JOSE
90.	20N101078090	SONA MARIYAM JOSE
91.	20N101078091	SONA SAJI
92.	20N101078092	SOUMILI BASU
93.	20N101078093	STEFFY HELEN BIJU
94.	20N101078094	SUMANA SAMANTA
95.	20N101078095	SWETHA SREEVASTHAV
96.	20N101078096	TREESA JOHNY
97.	20N101078097	TRISHA SAHOO
98.	20N101078098	VALLAM SATHWIK
99.	20N101078099	VIBISHNA NARAYANAN

B. Kalpana  
HOD



  
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## CERTIFICATION LETTER BY HEAD OF THE INSTITUTION

### COMMUNITY COMPLETION CERTIFICATE

This is to certify that, the following list of **PB B.Sc. Nursing II Year** students had completed successfully completed **Community Health Nursing** postings at Saraswathi Nagar during the academic year 2023-2024.

SL.NO	REG NO	NAME OF THE STUDENT
1.	22N102078001	ADAPAKA SIRISHA
2.	22N102078002	BABU SHANTHAMMA
3.	22N102078003	BURJUVADA SUJATHA
4.	22N102078005	CHUKKA RAMULAMMA
5.	22N102078006	DIBBA BHAGYARANI
6.	22N102078008	HIMARIKA SIREESHA
7.	22N102078009	KARIMIREDDY BHARATHI
8.	22N102078010	KATTAM SAI LAXMI
9.	22N102078011	KOVVADA SANTHOSHI
10.	22N102078012	KUNETI BHARATHI
11.	22N102078013	MADDILA JAYASREE
12.	22N102078014	MAMIDI MANJULA
13.	22N102078015	MURADANA VIJAYA
14.	22N102078016	MURLA MANGAMMA
15.	22N102078018	RAMADEVI SIMMALA
16.	22N102078020	SARA LAKSHMI
17.	22N102078021	SEEDARAPU SREELEKHA



  
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SL.NO	REG NO	NAME OF THE STUDENT
18.	22N102078023	TALADA NAGAMANI
19.	22N102078024	TELUGU SANDHYA
20.	22N102078025	THOKALA YERAKAMMA
21.	22N102078026	TOLAPU RAMADEVI
22.	22N102078027	VANJE SUBBA LAKSHMI

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# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ..... ABHIRAMI MANOJ.....  
Reg. No. 20N1Q1078001..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

B. Kalpana  
HOD

Dept. of Community Health Nursing

*[Signature]*  
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# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ABHIRAMI R.....  
Reg. No. 20N101078002.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

B. Kalama  
HOD

Dept. of Community Health Nursing

*[Signature]*  
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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ...*ADITHYA...MADHU*.....  
Reg. No. *20.110.10.7.8003*.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

*B. Kalanna*  
HOD

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that *ADITHYA SURESH KUMAR*.....  
Reg. No. *20.N10.10.78.00.4*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

*B. Kalama*  
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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ADLINE MARY THOMAS.....  
 Reg. No. 20N101078005..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

B. Kalama  
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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that *...AISWARYA...AP.....*  
Reg. No. *20N101078006.....* has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....AKSA..BABY.....  
Reg. No. 20.N/10/078007..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that *ALEENA ANNA THOMAS*.....  
Reg. No. *20N101078008*.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ...*AKEENA BABU*.....  
Reg. No. *20N101078009*.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>Akeena</i>
a.	Antenatal Clinic	<i>Akeena</i>
b.	Postnatal Clinic	<i>Akeena</i>
c.	Well Baby Clinic	<i>Akeena</i>
d.	Special Camp	<i>Akeena</i>
2.	Training and Supervision of Health Workers	<i>Akeena</i>
a.	Asha Workers	<i>Akeena</i>
b.	Male / Female Health Workers	<i>Akeena</i>
c.	Anganwadi Workers	<i>Akeena</i>

*B. Kalamma*  
HOD

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*S. S. Manu*  
PRINCIPAL

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that *ALEENA MARIYA MATHEWS*.....  
Reg. No. *20N101078010*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that AKREENA ROSE ANTONY.....  
Reg. No. 2011101078.011... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*AKEENA...SUNNY*.....  
 Reg. No. *201101078012*.... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ..*AKLYAMMA...VARGHESE*.....  
Reg. No. *20N101078013*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

*This is to certify that AMANDA..JULIET..DON.....  
Reg. No. 20N10107.80.14.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>Amanda</i>
a.	Antenatal Clinic	<i>Amanda</i>
b.	Postnatal Clinic	<i>Amanda</i>
c.	Well Baby Clinic	<i>Amanda</i>
d.	Special Camp	<i>Amanda</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>Amanda</i>
a.	Asha Workers	<i>Amanda</i>
b.	Male / Female Health Workers	<i>Amanda</i>
c.	Anganwadi Workers	<i>Amanda</i>

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### Certificate of Community Postings / Field Visits

This is to certify that *ANAKHA...SIVANANDHAN*.....  
 Reg. No. *20N101078015*.... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that *ANEERTHANA ANIL*.....  
 Reg. No. *201101078016*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
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### Certificate of Community Postings / Field Visits

This is to certify that .....*ANEE.TA...T.C.*.....  
Reg. No. *20N1D107&017*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
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### Certificate of Community Postings / Field Visits

This is to certify that ...*ANGIEL JOSEPH*.....  
Reg. No. *20N101078018*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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This is to certify that ..... *ANINDITA PAL* .....  
Reg. No. *20N101078019*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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This is to certify that ..... ANITA SHAJI .....  
Reg. No. 20191078020..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
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c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that *A.NITTA...TREESA...SOBY*.....  
Reg. No. *20N101078021*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that *DNJU... XAVIER*.....  
Reg. No. *20.N101.078029*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ..ANNET..VINCENT.....  
Reg. No. 20N101078023.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ...*ANU...M...THOMAS*.....  
Reg. No. *20.N.10.10.780.24*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*ANUGRAHA S*.....  
 Reg. No. *201101078025*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ..... APARNA SAI .....  
Reg. No. 20N101078026..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ...*ARCFIANA...BIJU*.....  
 Reg. No. *20N!01078027*.... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....*ARCHANA TP*.....  
Reg. No. *20.NI.01078028*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ....ARDRA VENU.....  
Reg. No. 20N101078029.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ...*ARSHA...GURUSA*.....  
 Reg. No. ...*20.N101078030*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....*ASHKIN S.*.....  
 Reg. No. *20N101078031*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that *ASHLY KURIAKOSE*.....  
Reg. No. *20N101078033*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....*ASWATHY...PJ*.....  
 Reg. No. *20N101078033*.... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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# SREE NARAYANA NURSING COLLEGE

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....*ATHIRA..BINU*.....  
 Reg. No. *20N101078034*.... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>A. Kalama</i>
a.	Antenatal Clinic	<i>A. Kalama</i>
b.	Postnatal Clinic	<i>A. Kalama</i>
c.	Well Baby Clinic	<i>A. Kalama</i>
d.	Special Camp	<i>A. Kalama</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>A. Kalama</i>
a.	Asha Workers	<i>A. Kalama</i>
b.	Male / Female Health Workers	<i>A. Kalama</i>
c.	Anganwadi Workers	<i>A. Kalama</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ATHUKYA SANTHOSH  
 Reg. No. 20.N101078035... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*ATHULYA SHAI*.....  
Reg. No. *201101078036*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ...*BARNALI HAZRA*.....  
Reg. No. *20N101078037*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that BATTALA LAKSHAKUMARI.....  
Reg. No. 20N101078038.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*B. DEEPIKA*.....  
Reg. No. ..*RRN101078039*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ..... BINCY SUSAN TOJY.....  
 Reg. No. 20N101078040..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ....*DEVIKA...BABU*.....  
Reg. No. ...*20N101078041*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ...*DEVIKA SHAJI*.....

Reg. No. ...*20.N101078042*..... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ....*DIYA...SUKU*.....

Reg. No. *20N101078043*..... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....DONA.....SUSAN.....JACOB.....  
 Reg. No. .R0N1010.78044.... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*EBREENA...ANNA...MATHEW*.....  
Reg. No. *20N1D19780.45*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ...*ELIZABETH...SONY*.....  
 Reg. No. ..*201101078046*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>Elizabeth</i>
a.	Antenatal Clinic	<i>Elizabeth</i>
b.	Postnatal Clinic	<i>Elizabeth</i>
c.	Well Baby Clinic	<i>Elizabeth</i>
d.	Special Camp	<i>Elizabeth</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>Elizabeth</i>
a.	Asha Workers	<i>Elizabeth</i>
b.	Male / Female Health Workers	<i>Elizabeth</i>
c.	Anganwadi Workers	<i>Elizabeth</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....HANNA...MATHEW.....  
Reg. No. ~~201101078047~~..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ..**JASMINE...MARIA...JOSEPH.....**  
 Reg. No. ..**20N1010780.18.....** has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ....*JENI...S..GEORGE*.....  
 Reg. No. ..*20.N101078049*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>Jeeba</i>
a.	Antenatal Clinic	<i>Jeeba</i>
b.	Postnatal Clinic	<i>Jeeba</i>
c.	Well Baby Clinic	<i>Jeeba</i>
d.	Special Camp	<i>Jeeba</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>Jeeba</i>
a.	Asha Workers	<i>Jeeba</i>
b.	Male / Female Health Workers	<i>Jeeba</i>
c.	Anganwadi Workers	<i>Jeeba</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*JINTU...MARIYAM...BINDY*.....  
Reg. No. *201101078050*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....*JISMI..PI*.....  
 Reg. No. ...*20N110107805.1*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....*JIVA...GEORGE*.....  
 Reg. No. ....*20N101078052*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....JOMOL JOY.....  
 Reg. No. ...20N101078053.... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ...*JOSINA..JOHNSON*.....  
Reg. No. ..*201101078054*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ....*JOSMI..JOLI*.....  
Reg. No. ..*22N191078055*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....K:..PALLAVI GIRACE.....

Reg. No. ...00N101078056.... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....KRISHNENDHU...RAJAN.....  
 Reg. No. ..20N101018057.... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....**LAIBY..K..SUNNY**.....  
Reg. No. ...**22N.1010.780.58**.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

*This is to certify that ....LAKSHMI..BABU.....  
Reg. No. ...20N10078.059..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>Lakshmi Babu</i>
a.	Antenatal Clinic	<i>Lakshmi Babu</i>
b.	Postnatal Clinic	<i>Lakshmi Babu</i>
c.	Well Baby Clinic	<i>Lakshmi Babu</i>
d.	Special Camp	<i>Lakshmi Babu</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>Lakshmi Babu</i>
a.	Asha Workers	<i>Lakshmi Babu</i>
b.	Male / Female Health Workers	<i>Lakshmi Babu</i>
c.	Anganwadi Workers	<i>Lakshmi Babu</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*LENA...ROBIN*.....  
 Reg. No. *R0N101078060*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ...*LISA...MERIN..VARGHESE...M.....*  
Reg. No. ...*20N101078061...* has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ...*LIYA ANNA ELIAS*.....  
 Reg. No. *20N1010780.62*... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....*MABLE MATHEW*.....  
Reg. No. ...*20N101078063*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>Mable Mathew</i>
a.	Antenatal Clinic	<i>Mable Mathew</i>
b.	Postnatal Clinic	<i>Mable Mathew</i>
c.	Well Baby Clinic	<i>Mable Mathew</i>
d.	Special Camp	<i>Mable Mathew</i>
2.	Training and Supervision of Health Workers	<i>Mable Mathew</i>
a.	Asha Workers	<i>Mable Mathew</i>
b.	Male / Female Health Workers	<i>Mable Mathew</i>
c.	Anganwadi Workers	<i>Mable Mathew</i>

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### Certificate of Community Postings / Field Visits

This is to certify that *MAHIMA SARA*.....  
Reg. No. *ANN101078064*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ...*MAJITHA...SHAJI*.....  
 Reg. No. ...*20N10107&065*... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that *MANEESHA...SUNDARAN*.....  
 Reg. No. *20N101078066*... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>Manesha</i>
a.	Antenatal Clinic	<i>Manesha</i>
b.	Postnatal Clinic	<i>Manesha</i>
c.	Well Baby Clinic	<i>Manesha</i>
d.	Special Camp	<i>Manesha</i>
2.	Training and Supervision of Health Workers	<i>Manesha</i>
a.	Asha Workers	<i>Manesha</i>
b.	Male / Female Health Workers	<i>Manesha</i>
c.	Anganwadi Workers	<i>Manesha</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

*This is to certify that ..MARIVA...BINU.....  
Reg. No. 20N1.010780.67..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that **MARRI.VENKATSUSHMA..RAMANAYYA..**  
Reg. No. **20N10107&06&...** has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ...*MERRIN TOMY*.....  
Reg. No. ...*20N161078069*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that *MINNO BABUMON*.....  
 Reg. No. *20N101078070*.... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that MINNU..MARY..LUKOSE.....  
Reg. No. 20.N110.7807.1..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ..NAYYA SANTIHS.....  
Reg. No. 20N101078072.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .PRAMA.DCHARYA.....  
Reg. No. 20N101078073..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ...*PRAVEENA KURIAN*.....  
Reg. No. *20N101078074*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that *REVATHY...SANTHOSH*.....  
Reg. No. *20N101078075*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that *..ROSE MARIA..SHAJU.....*  
 Reg. No. *..202110107876....* has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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This is to certify that ROSEENA KURIAKOSE.....  
 Reg. No. 20N101078077.. has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that SAHEEL BARMAN.....  
 Reg. No. 20N101078078... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

B. Kalama  
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*[Signature]*  
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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*SONA AB*.....  
Reg. No. *20.N.10.10.7&80.79*... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>Sona</i>
a.	Antenatal Clinic	<i>Sona</i>
b.	Postnatal Clinic	<i>Sona</i>
c.	Well Baby Clinic	<i>Sona</i>
d.	Special Camp	<i>Sona</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>Sona</i>
a.	Asha Workers	<i>Sona</i>
b.	Male / Female Health Workers	<i>Sona</i>
c.	Anganwadi Workers	<i>Sona</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ...*SAN GEETHA*...*SABU*.....  
Reg. No. ...*20N101078080*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>Sanu</i>
a.	Antenatal Clinic	<i>Sanu</i>
b.	Postnatal Clinic	<i>Sanu</i>
c.	Well Baby Clinic	<i>Sanu</i>
d.	Special Camp	<i>Sanu</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>Sanu</i>
a.	Asha Workers	<i>Sanu</i>
b.	Male / Female Health Workers	<i>Sanu</i>
c.	Anganwadi Workers	<i>Sanu</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ...*SARANYA MOH...* CR.....  
 Reg. No. *20N101078081*.... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ....*SHAIBY WILSON*.....  
Reg. No. ...*20N101078082*... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ...*SHIJIMOL SHAJI*.....

Reg. No. *R0N101078083*..... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*SHONAMDK... AUGUSTINE*.....

Reg. No. ..*201101078084*..... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

*This is to certify that .....SILPA..MS.....  
Reg. No. ...20N101078085..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....*S.MITHA...BAIJU*.....  
 Reg. No. ...*201101018086*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....*SNRHA...BID*.....  
 Reg. No. ...*20N1078087*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....*SNEHA...DEVASVA*.....  
 Reg. No. *20.NID.1078088*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>Sneha</i>
a.	Antenatal Clinic	<i>Sneha</i>
b.	Postnatal Clinic	<i>Sneha</i>
c.	Well Baby Clinic	<i>Sneha</i>
d.	Special Camp	<i>Sneha</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>Sneha</i>
a.	Asha Workers	<i>Sneha</i>
b.	Male / Female Health Workers	<i>Sneha</i>
c.	Anganwadi Workers	<i>Sneha</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ..... *SONA...JOSE*.....  
 Reg. No. ..*20N101078089*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ...*SANA...MARIYAM...JOSE*.....  
Reg. No. ...*20N1010780.90*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....*SANA...SAIL*.....  
 Reg. No. ..*22N101A78091*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....*Soumitra...Basu*.....

Reg. No. ...*PN1101218092*..... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>Soumitra</i>
a.	Antenatal Clinic	<i>Soumitra</i>
b.	Postnatal Clinic	<i>Soumitra</i>
c.	Well Baby Clinic	<i>Soumitra</i>
d.	Special Camp	<i>Soumitra</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>Soumitra</i>
a.	Asha Workers	<i>Soumitra</i>
b.	Male / Female Health Workers	<i>Soumitra</i>
c.	Anganwadi Workers	<i>Soumitra</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....*S.TEFFY...HELEN..BIJU.....*  
Reg. No. *20N1A0.78093.....* has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....*SUMANA SAMANTA*.....  
 Reg. No. *20N1D107&094*..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	Training and Supervision of Health Workers	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

*This is to certify that ....S.WETHA...SREEKASTHAV.....  
Reg. No. 20N101078095..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>S. Wetha</i>
a.	Antenatal Clinic	<i>S. Wetha</i>
b.	Postnatal Clinic	<i>S. Wetha</i>
c.	Well Baby Clinic	<i>S. Wetha</i>
d.	Special Camp	<i>S. Wetha</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>S. Wetha</i>
a.	Asha Workers	<i>S. Wetha</i>
b.	Male / Female Health Workers	<i>S. Wetha</i>
c.	Anganwadi Workers	<i>S. Wetha</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ...~~TREESA~~... ~~JOHNY~~.....  
 Reg. No. ..~~PN101078096~~..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*TRISHA*.....*SAHOO*.....

Reg. No. *20N101078097*..... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....N.: SATHVIKA.....

Reg. No. ..92N101D78098..... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ....*VIBISHNA...NARAYANAN*.....  
Reg. No. ..*201101078079*.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## II PB.B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that *ADAPAKA SIRISHA*.....  
Reg. No. *RRN102078001*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## II PB.B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ..*BABU...SHANTHAMMA*.....  
Reg. No. ...*RRN102078002*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## II PB.B.Sc Nursing

### Certificate of Community Postings / Field Visits

*This is to certify that ...BURJUVADA...SUJATHA.....  
Reg. No. ..RRN102078003... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	Organize and Conduct	<i>Sujatha</i>
a.	Antenatal Clinic	<i>Sujatha</i>
b.	Postnatal Clinic	<i>Sujatha</i>
c.	Well Baby Clinic	<i>Sujatha</i>
d.	Special Camp	<i>Sujatha</i>
2.	Training and Supervision of Health Workers	<i>Sujatha</i>
a.	Asha Workers	<i>Sujatha</i>
b.	Male / Female Health Workers	<i>Sujatha</i>
c.	Anganwadi Workers	<i>Sujatha</i>

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### Certificate of Community Postings / Field Visits

This is to certify that *CHUKKA...RAMULAMMA*.....  
Reg. No. *RRN102078005*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....D.:BHAGYARANI.....  
Reg. No. ..RN102078006... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

*This is to certify that ...H. SIREESHA.....  
Reg. No. .22NI02078008..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

*This is to certify that .....K: BHARATHI.....  
Reg. No. .RN1020.78009... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....*K. SAI LAXMI*.....  
Reg. No. *22N102078010*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>Sai</i>
a.	Antenatal Clinic	<i>Sai</i>
b.	Postnatal Clinic	<i>Sai</i>
c.	Well Baby Clinic	<i>Sai</i>
d.	Special Camp	<i>Sai</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>Sai</i>
a.	Asha Workers	<i>Sai</i>
b.	Male / Female Health Workers	<i>Sai</i>
c.	Anganwadi Workers	<i>Sai</i>

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*This is to certify that ....K.:SANTHOSHI.....  
Reg. No. RN102078011..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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*This is to certify that ....K. BHARATHI.....  
Reg. No. .RRN102078012.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

*This is to certify that ....M. JAYASREE.....  
Reg. No. ..RN1020.7803.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that .....*M. MANIULA*.....  
Reg. No. *RRN102078014*... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## II PB.B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....*M.VIJAYA*.....  
Reg. No. *RRN10207805*..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## II PB.B.Sc Nursing

### Certificate of Community Postings / Field Visits

*This is to certify that ....M. MANGAMMA.....  
Reg. No. .RN1020.78016..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## II PB.B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ....*R. SIMMALA*.....  
Reg. No. *22N102078018*.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## II PB.B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ..... SARA LAKSHMI.....  
Reg. No. RN102078020..... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## II PB.B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that .....*S: SREELEKHA*.....  
 Reg. No. *RRN102078021*... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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## II PB.B.Sc Nursing

### Certificate of Community Postings / Field Visits

*This is to certify that .....T.:..NAGIAMANI.....  
Reg. No. ..RN102078023.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

*This is to certify that ...T:...SANDHYA.....  
Reg. No. .RN10.2078024.... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

This is to certify that ....T:..~~YERAKAMMA~~.....  
Reg. No. ..~~RRN10.20.78025~~... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

*This is to certify that .....T.:RAMADEVI.....  
Reg. No. ..22N10R2A78026... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

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### Certificate of Community Postings / Field Visits

*This is to certify that ...V..SUBBALAKSHMI.....  
Reg. No. ...RN102078021... has successfully completed the  
following field visits and community postings of Community  
Health Nursing Department.*

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>Subba</i>
a.	Antenatal Clinic	<i>Subba</i>
b.	Postnatal Clinic	<i>Subba</i>
c.	Well Baby Clinic	<i>Subba</i>
d.	Special Camp	<i>Subba</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>Subba</i>
a.	Asha Workers	<i>Subba</i>
b.	Male / Female Health Workers	<i>Subba</i>
c.	Anganwadi Workers	<i>Subba</i>

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(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... J. LAKSHMI CHANDANA .....

Reg. No. 202310044002..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ....GI:DEVAMMA.....

Reg. No. 2023/0044004..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bessyani</i>
2.	Primary Health Centre	<i>Bessyani</i>
3.	Old Age Home	<i>Bessyani</i>
4.	Primary School	<i>Bessyani</i>

*Ch. Vinodini*  
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*S. S. Ramakrishna*  
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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..K: SANTI.....

Reg. No. 202310044005..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... L. BHARATHI .....

Reg. No. 2023/00440/2..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that KORRA...DOMINI.....

Reg. No. 202310044023..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that AMITI..MEGHANA.....

Reg. No. 202310044024..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...KORLAPU...GANGOTRI.....

Reg. No. ...262310244025..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bessyani</i>
2.	Primary Health Centre	<i>Bessyani</i>
3.	Old Age Home	<i>Bessyani</i>
4.	Primary School	<i>Bessyani</i>

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that V. BHIMALA.....

Reg. No. 202310044027..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhaskarani</i>
2.	Primary Health Centre	<i>Bhaskarani</i>
3.	Old Age Home	<i>Bhaskarani</i>
4.	Primary School	<i>Bhaskarani</i>

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...P. BRAVANI.....

Reg. No. ...202310044028..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>P. Bravani</i>
2.	Primary Health Centre	<i>P. Bravani</i>
3.	Old Age Home	<i>P. Bravani</i>
4.	Primary School	<i>P. Bravani</i>

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that D. RUPA.....

Reg. No. 202310044029..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bessyani</i>
2.	Primary Health Centre	<i>Bessyani</i>
3.	Old Age Home	<i>Bessyani</i>
4.	Primary School	<i>Bessyani</i>

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...S. LAKSHMI.....

Reg. No. 202310044031..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	Blessymani
2.	Primary Health Centre	Blessymani
3.	Old Age Home	Blessymani
4.	Primary School	Blessymani

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that C. SUGUNA.....

Reg. No. 202310044031..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bessyani</i>
2.	Primary Health Centre	<i>Bessyani</i>
3.	Old Age Home	<i>Bessyani</i>
4.	Primary School	<i>Bessyani</i>

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...GT:MOUNIKA.....

Reg. No. ...202310044033..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessymani</i>
2.	Primary Health Centre	<i>Blessymani</i>
3.	Old Age Home	<i>Blessymani</i>
4.	Primary School	<i>Blessymani</i>

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that .....ST. MOUNIKA.....

Reg. No. ...2023/0044034..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessyani</i>
2.	Primary Health Centre	<i>Blessyani</i>
3.	Old Age Home	<i>Blessyani</i>
4.	Primary School	<i>Blessyani</i>

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that M. THIRUMANI.....

Reg. No. 202310044034..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>B. Sanyal</i>
2.	Primary Health Centre	<i>B. Sanyal</i>
3.	Old Age Home	<i>B. Sanyal</i>
4.	Primary School	<i>B. Sanyal</i>

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ....K:JAYANTHI!.....

Reg. No. .2023/0044.035..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

*This is to certify that ..PENUBALA...SANDHYA.....*

*Reg. No. .202310044036..... has successfully completed the*

*following field / Observational visits of Pediatric Nursing.*

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	Blessymani
2.	Primary Health Centre	Blessymani
3.	Old Age Home	Blessymani
4.	Primary School	Blessymani

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## I PB.B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..P: ANJALI.....

Reg. No. ..202310044037..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ...*ACHUMOL ABRAHAM*.....

Reg. No. *21N101078001*..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessymani</i>
2.	Primary Health Centre	<i>Blessymani</i>
3.	Old Age Home	<i>Blessymani</i>
4.	Primary School	<i>Blessymani</i>

*A. Vinodhini*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... *ADHEENA R* .....

Reg. No. ...*21N101078002*... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blasyni</i>
2.	Primary Health Centre	<i>Blasyni</i>
3.	Old Age Home	<i>Blasyni</i>
4.	Primary School	<i>Blasyni</i>

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ..... *ADITHYA SAKI* .....

Reg. No. ...*21N101078003*.... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

*B. Kalama*  
HOD

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*J. V. Planatta*  
PRINCIPAL

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... *ADITHYAN S* .....

Reg. No. .... *21N10078004* ..... has successfully completed the

*following field / Observational visits of Pediatric Nursing.*

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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*[Signature]*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... *AFIYA MARIYA BIJU* .....

Reg. No. .... *21N101078005* ..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessymani</i>
2.	Primary Health Centre	<i>Blessymani</i>
3.	Old Age Home	<i>Blessymani</i>
4.	Primary School	<i>Blessymani</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... AISWARYA SREEKUNAR .....

Reg. No. 21N101078006 ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...*AKHMA ESTHER BIJU*.....

Reg. No. ...*21N101078007*... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessymini</i>
2.	Primary Health Centre	<i>Blessymini</i>
3.	Old Age Home	<i>Blessymini</i>
4.	Primary School	<i>Blessymini</i>

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that .....*AKASHA ASHOK*.....

Reg. No. ....*22N101078008*.... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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*[Signature]*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... *AKSHAYA SAI* .....

Reg. No. .... *21N10107F009* ... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessy</i>
2.	Primary Health Centre	<i>Blessy</i>
3.	Old Age Home	<i>Blessy</i>
4.	Primary School	<i>Blessy</i>

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*J. V. Namalita*  
PRINCIPAL

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that *ALEENA K ELIZABETH*.....

Reg. No. *21N101078010*..... has successfully completed the

*following field / Observational visits of Pediatric Nursing.*

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... *ALITA BIJU* .....

Reg. No. .... *21N101078012* ... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ..... ALITTA THOMAS .....  
 Reg. No. 21N101078023 ..... has successfully completed the  
 following field visits and community postings of Community  
 Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

B. Kalama  
HOD

Dept. of Community Health Nursing

*[Signature]*  
PRINCIPAL

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## IV B.Sc Nursing

### Certificate of Community Postings / Field Visits

This is to certify that ..... *ALKA SUNNY* .....

Reg. No. *21N101078017*.... has successfully completed the following field visits and community postings of Community Health Nursing Department.

S. No.	Practice Area	Signature of Faculty
1.	<b>Organize and Conduct</b>	<i>[Signature]</i>
a.	Antenatal Clinic	<i>[Signature]</i>
b.	Postnatal Clinic	<i>[Signature]</i>
c.	Well Baby Clinic	<i>[Signature]</i>
d.	Special Camp	<i>[Signature]</i>
2.	<b>Training and Supervision of Health Workers</b>	<i>[Signature]</i>
a.	Asha Workers	<i>[Signature]</i>
b.	Male / Female Health Workers	<i>[Signature]</i>
c.	Anganwadi Workers	<i>[Signature]</i>

*B. Kalpana*  
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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...*ALYINA MATHEW*.....

Reg. No. ...*21N101078015*.... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *AMALA T MUTHUKATTIL* .....

Reg. No. *21N101078016*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ... ANITHA WILSON .....

Reg. No. 21N.YO.YO78017.... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... ANAKHA BINU .....

Reg. No. 21N101078018..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... *ANGEL K JOY* .....

Reg. No. *21N101078019*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessyuni</i>
2.	Primary Health Centre	<i>Blessyuni</i>
3.	Old Age Home	<i>Blessyuni</i>
4.	Primary School	<i>Blessyuni</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that *ANGEL MARIA MATHEW* .....

Reg. No. *21N10107F020* ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... ANGEL TREESA TOM .....

Reg. No. 21M101078021..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessymani</i>
2.	Primary Health Centre	<i>Blessymani</i>
3.	Old Age Home	<i>Blessymani</i>
4.	Primary School	<i>Blessymani</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ANGELA THERESA K......

Reg. No. 21N101078022..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ANISHA VARGHSE.....

Reg. No. 21NI0107&023..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...ANITA.BISU.....

Reg. No. ..21N101078024..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	Bhargava
2.	Primary Health Centre	Bhargava
3.	Old Age Home	Bhargava
4.	Primary School	Bhargava

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..ANJALY.T.G.....

Reg. No. 21N101078025..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	Bhargavi
2.	Primary Health Centre	Bhargavi
3.	Old Age Home	Bhargavi
4.	Primary School	Bhargavi

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..ANJANA..ANIL.....

Reg. No. ..21N101078026..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..ANJANA..BIJU.....

Reg. No. ..21.N1.01078026..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ANNA SUSAN JOMAN.....

Reg. No. 21N101078028..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ANNU MARIAM MONICHAN.....

Reg. No. 21N101078029..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..ANTONGETA..ALEENA..ARUNA.....

Reg. No. ..21N1.01.07.8.020..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...APARNA PRAMOD.....

Reg. No. 21N10107&031..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..APARNA...SAJIMON.....

Reg. No. ..21N101078032..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that APARNAMOL K.SAJI.....

Reg. No. 21N101078033..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ARATHY SUDHAKARAN.....

Reg. No. 21N101078034..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...ARYA V.....

Reg. No. ...21N101078035..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ASHA ANTO.....

Reg. No. 21NI.01078036..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ....ASWATHY.P.P.....

Reg. No. ..21M10107&03.7..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..ASWATHY P 9.....

Reg. No. ..21N101078038..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...ASWATHY SHAIJ.....

Reg. No. ..21N101078039..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..ASWATHY VIJAYAN.....

Reg. No. ..21N101078040..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessy</i>
2.	Primary Health Centre	<i>Blessy</i>
3.	Old Age Home	<i>Blessy</i>
4.	Primary School	<i>Blessy</i>

*A. Anandini*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that BENITTAMOL...MATHEW.....

Reg. No. 21N101078.041..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bennyraj</i>
2.	Primary Health Centre	<i>Bennyraj</i>
3.	Old Age Home	<i>Bennyraj</i>
4.	Primary School	<i>Bennyraj</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..BINIL CHINNU CHANDY.....

Reg. No. ..21N10107&042..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...BIGNI.BIJU.....

Reg. No. 21N10107&043..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bignani</i>
2.	Primary Health Centre	<i>Bignani</i>
3.	Old Age Home	<i>Bignani</i>
4.	Primary School	<i>Bignani</i>

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*J. S. Srinivasulu*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that B. MEGHANA.....

Reg. No. 21N101078044..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

*A. Vinodini*  
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*J. S. Manjula*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...G. DIVYA.....

Reg. No. ...21N101078045..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...*C. SREESA*.....

Reg. No. ...*21N101078046*..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessymani</i>
2.	Primary Health Centre	<i>Blessymani</i>
3.	Old Age Home	<i>Blessymani</i>
4.	Primary School	<i>Blessymani</i>

*R. Vinodini*  
HOD

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*L. S. Manoj*  
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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...CHRISTY..MINNU..FRANCLS.....

Reg. No. ..21N101078047..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blasguni</i>
2.	Primary Health Centre	<i>Blasguni</i>
3.	Old Age Home	<i>Blasguni</i>
4.	Primary School	<i>Blasguni</i>

*A. Vinodhini*  
HOD

Dept. of Child Health Nursing

*J. S. Ramakrishna*  
PRINCIPAL

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...DASARI SANTI.....

Reg. No. ...21N101078048..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ....DASARI USHA.....

Reg. No. ...21N101078049..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Dasgani</i>
2.	Primary Health Centre	<i>Dasgani</i>
3.	Old Age Home	<i>Dasgani</i>
4.	Primary School	<i>Dasgani</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that .....DEVANANDA SAJI.....

Reg. No. 21N101078056..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blasguri</i>
2.	Primary Health Centre	<i>Blasguri</i>
3.	Old Age Home	<i>Blasguri</i>
4.	Primary School	<i>Blasguri</i>

*R. Vinodini*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that DEVIKA...MAHESHAN.....

Reg. No. 21N101078051..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

*A. Srinivasa*  
HOD

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *DEVIKA VS* .....

Reg. No. *21N101078052*..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *DHANUSREE BABU* .....

Reg. No. *21NJ01078053*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

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*S. S. Manjula*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... DONA K ANTONY .....

Reg. No. 21N101078054 ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... DONA MARIYA K B .....

Reg. No. .. 21N101078055 ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

*D. Sindhu*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *ELISHBA ELDHOS* .....

Reg. No. .... *21M101078056* ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that *ELIZABETH GEO* .....

Reg. No. *21A101078057*..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... *FEBA RAJU* .....

Reg. No. .... *21N101078058* ..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...*GADDA ELIZABETHANNA*.....

Reg. No. ...*21N101078059*... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

*A. Anandini*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *HANNA THOMAS* .....

Reg. No. ...*21N101078060*... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

*A. Sindhu*  
HOD

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *JESMA JOJO* .....

Reg. No. .... *21N101078061* ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *JOBYNA RAJU* .....

Reg. No. *21N101078062*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that *JUNYA NARIYA NAJU*.....

Reg. No. *21M101078063*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *KALYANI SHYU* .....

Reg. No. .... *21N101078067* ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ...*KOTHAPALLI RUSHTI PRIYA*.....

Reg. No. ...*21N101078065*... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *LINTA DEVASIA* .....

Reg. No. .... *21M101078066* ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *M MEGHANA* .....

Reg. No. *21N101078067*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

*A. Srinivasa*  
HOD

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *MEENARSHI RN* .....

Reg. No. *21M101078068* ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessyuni</i>
2.	Primary Health Centre	<i>Blessyuni</i>
3.	Old Age Home	<i>Blessyuni</i>
4.	Primary School	<i>Blessyuni</i>

*A. Vinodini*  
HOD

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that *MEENAKSHI PM*.....

Reg. No. *21N101078070*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

*A. Venkatesh*  
HOD

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*J. S. Sankar*  
PRINCIPAL

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that .....*MEGHA REJI*.....

Reg. No. ....*2YN10107F070*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

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HOD

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*J. S. Manjula*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *MERHAM* .....

Reg. No. .... *24M101078071* ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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*[Signature]*  
PRINCIPAL

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that MELBA ANN STANLY.....

Reg. No. 21M101076072 has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
HOD

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*[Signature]*  
PRINCIPAL

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... *MERIN ANNA KUYUNON* .....

Reg. No. .... *21A101078073* ... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

*A. Kiran*  
HOD

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*J. S. Prasad*  
PRINCIPAL

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## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... *NANDANA BIJU* .....

Reg. No. *27M707078074*... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

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HOD

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*J. S. Prasad*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ... *MANDHANA ANIL* .....

Reg. No. *21N101078075* ... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

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*[Signature]*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *NEHA MARIA SEBASTIAN* .....

Reg. No. *21M101078076*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessymani</i>
2.	Primary Health Centre	<i>Blessymani</i>
3.	Old Age Home	<i>Blessymani</i>
4.	Primary School	<i>Blessymani</i>

*A. Venkatesh*  
HOD

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*J. S. Manoj*  
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## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that *NEHA TREESA SHIBU*.....

Reg. No. *21N101078077*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
HOD

Dept. of Child Health Nursing

*[Signature]*  
PRINCIPAL

Sree Narayana Nursing College



# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... *NINISHA NIYAS* .....

Reg. No. *21N101078078*..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargava</i>
2.	Primary Health Centre	<i>Bhargava</i>
3.	Old Age Home	<i>Bhargava</i>
4.	Primary School	<i>Bhargava</i>

*A. Krishna*  
HOD

Dept. of Child Health Nursing

*J. S. Manjula*  
PRINCIPAL

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ... PARYATHY SURESH .....

Reg. No. 21N101078079 ... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
HOD

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*[Signature]*  
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# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that .... PRIYA JOHN .....

Reg. No. .... 21A101078080 ..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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*[Signature]*  
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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that *RESHMI NOL TB* .....

Reg. No. *21N1010708081* has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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*[Signature]*  
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# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that ..... *RIYA VK* .....

Reg. No. .... *21M101078082* ..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
HOD

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*[Signature]*  
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# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...ROBNI...PUNNOOSE.....

Reg. No. 21ND1078083..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
HOD

Dept. of Child Health Nursing

*[Signature]*  
PRINCIPAL

Sree Narayana Nursing College



# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...S:VAISHNAVI.....

Reg. No. ..21N10107&0&4..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Shreyani</i>
2.	Primary Health Centre	<i>Shreyani</i>
3.	Old Age Home	<i>Shreyani</i>
4.	Primary School	<i>Shreyani</i>

*R. Vinodini*  
HOD

Dept. of Child Health Nursing

*S. S. Srinivasulu*  
PRINCIPAL

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# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that .....SALNA.S.....

Reg. No. 21N1010780&5..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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Dept. of Child Health Nursing

*[Signature]*  
PRINCIPAL

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(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...SANTHINI.MOL.P.S.....

Reg. No. ..22N1010780&6..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Santhini</i>
2.	Primary Health Centre	<i>Santhini</i>
3.	Old Age Home	<i>Santhini</i>
4.	Primary School	<i>Santhini</i>

*S. Santhini*  
HOD

Dept. of Child Health Nursing

*S. Santhini*  
PRINCIPAL

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits


### Department of Pediatric Nursing

This is to certify that SAUNYA NARIYA NATHGW.....

Reg. No. 21N101078087..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	Bhargava
2.	Primary Health Centre	Bhargava
3.	Old Age Home	Bhargava
4.	Primary School	Bhargava

  
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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..SELEENA..ALEX.....

Reg. No. ...21N101078088..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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*[Signature]*  
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# SREE NARAYANA NURSING COLLEGE

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ....SIMI...VARGHESE.....

Reg. No. ..21N101078089..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	Blessymani
2.	Primary Health Centre	Blessymani
3.	Old Age Home	Blessymani
4.	Primary School	Blessymani

*Blessymani*  
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*Blessymani*  
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(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..SNEHA..GEORGE.....

Reg. No. .21N1.01D.7&Q90..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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*[Signature]*  
PRINCIPAL

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...SONA ANNA VARGHESE.....

Reg. No. ..21N101078091..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Blessy</i>
2.	Primary Health Centre	<i>Blessy</i>
3.	Old Age Home	<i>Blessy</i>
4.	Primary School	<i>Blessy</i>

*R. Anandini*  
HOD

Dept. of Child Health Nursing

*J. S. Hanumantha*  
PRINCIPAL

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Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...SONA JOHN.....

Reg. No. 21N101078092..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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Dept. of Child Health Nursing

*[Signature]*  
PRINCIPAL

Sree Narayana Nursing College



# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...SO.NAMOL.SAJI.....

Reg. No. ..21N101D7&093..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
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Dept. of Child Health Nursing

*[Signature]*  
PRINCIPAL

Sree Narayana Nursing College



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(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...SOUNYA...KUNAR.....

Reg. No. ..21N101078094..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Sounya</i>
2.	Primary Health Centre	<i>Sounya</i>
3.	Old Age Home	<i>Sounya</i>
4.	Primary School	<i>Sounya</i>

*A. Vinodini*  
HOD

Dept. of Child Health Nursing

*S. S. Sankar*  
PRINCIPAL

Sree Narayana Nursing College



# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..SREE LAKSHMI...M.I.....

Reg. No. ..21N101078095..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>Bhargavi</i>
2.	Primary Health Centre	<i>Bhargavi</i>
3.	Old Age Home	<i>Bhargavi</i>
4.	Primary School	<i>Bhargavi</i>

*D. V. Krishna*  
HOD

Dept. of Child Health Nursing

*D. S. Hanumanth*  
PRINCIPAL

Sree Narayana Nursing College





# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...SREELEKSHMY...ANIL.....

Reg. No. ...21N101D78096..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	
2.	Primary Health Centre	
3.	Old Age Home	
4.	Primary School	

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Sree Narayana Nursing College



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(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ...SRVITHY...BOSE.....

Reg. No. 21N101078097..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
HOD

Dept. of Child Health Nursing

*[Signature]*  
PRINCIPAL

Sree Narayana Nursing College



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(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

#### Department of Pediatric Nursing

This is to certify that TEENA TONY.....

Reg. No. 21N101078098..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
HOD

Dept. of Child Health Nursing

*[Signature]*  
PRINCIPAL

Sree Narayana Nursing College



# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..... TESSA ANISH .....

Reg. No. 21N101078099..... has successfully completed the following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
MOD

Dept. of Child Health Nursing

*[Signature]*  
PRINCIPAL

Sree Narayana Nursing College



# SREE NARAYANA NURSING COLLEGE

(A UNIT OF NARAYANA EDUCATIONAL SOCIETY)

Stonehousepet, Chinthareddypalem, Nellore - 524 002. Andhra Pradesh

## III B.Sc Nursing

### Certificate of Field / Observational Visits

### Department of Pediatric Nursing

This is to certify that ..VISHNUPRIYA CV.....

Reg. No. ..21N101078100..... has successfully completed the

following field / Observational visits of Pediatric Nursing.

S. No.	Practice Area	Signature of Faculty
1.	Well Baby Clinic	<i>[Signature]</i>
2.	Primary Health Centre	<i>[Signature]</i>
3.	Old Age Home	<i>[Signature]</i>
4.	Primary School	<i>[Signature]</i>

*[Signature]*  
HOD

Dept. of Child Health Nursing

*[Signature]*  
PRINCIPAL

Sree Narayana Nursing College



# SREE NARAYANA NURSING COLLEGE

Stonehousepet (po), Chinthareddypalem, Nellore - 524002.

Ph No: 0861-2318300 | Fax: 0861-2318300.

e-mail: sreenarayana.nursing12@gmail.com | principal.snncc@narayanannursingcollege.com

Website: <https://sreenarayanannursingcollege.com>

Recognized by Indian Nursing Council vide letter No. 02/Sep/2006 INC dated : 29.09.2006 and

A.P. Nurses & Midwives Council, letter No. APNMC/CON/5212/2006, dated: 4/11/2006

Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



Date: 25.02.2023

## PERMISSION LETTER

### From

The Principal,  
Sree Narayana Nursing College  
Chinthareddypalem,  
Nellore, 524003, Andhra Pradesh

### To

The Medical Superintendent,  
Narayana Superspecialty hospital,  
Chinthareddypalem, Nellore, 524003,  
Andhra Pradesh.

**Sub:** Sree Narayana Nursing College, Nellore Request for Permission to Internship  
Opportunities for Nursing Students (2023-2024)-regarding

I kindly request your approval to proceed with the posting of internship opportunities for the benefit of our all IV B.Sc. Nursing students' at Narayana Superspecialty hospital, Nellore, as per required norms in all the departments of hospital.

Thanking you,

*Permitted*  
*Hanjals*

*Medical Superintendent*  
Narayana Medical College Hospital  
Chinthareddypalem, NELLORE-2.



*[Signature]*  
Yours faithfully,  
Principal

SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002

*[Signature]*  
Principal

SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002



# SREE NARAYANA NURSING COLLEGE

Stonehousepet (po), Chinthareddypalem, Nellore - 524002.

Ph No: 0861-2318300 | Fax: 0861-2318300.

e-mail: sreenarayana.nursing12@gmail.com | principal.snc@narayanannursingcollege.com

Website: <https://sreenarayanannursingcollege.com>

Recognized by Indian Nursing Council vide letter No. 02/Sep/2006 INC dated : 29.09.2006 and

A.P. Nurses & Midwives Council, letter No. APNMC/CON/5212/2006, dated: 4/11/2006

Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



## Permission letter For Observational visit

**Date: 1.04.2024**

### From

The principal,  
Sree Narayana Nursing College  
Chintha Reddyapalem, Nellore

### To

The Principal,  
Narayana Medical College  
Chinthareddy palem, Nellore.

### Sub: "Observational visits" Request regarding...


Respected sir,

As part of the curriculum first year B.Sc. Nursing (I Semester) students had observational visits to departments of basic science at Medical College. So kindly provide permission and do the needful

### List of departments

1. Anatomy

Thanking you sir,

  
01/4/2024  
Principal  
NARAYANA MEDICAL COLLEGE  
Chinthareddypalem, Nellore-3



  
Principal  
Principal  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002

OFFICE OF THE DIRECTOR OF MEDICAL EDUCATION: A.P:VIJAYAWADA

RC.No.2316040/NE/2023

08/01/2024

Sub: DME - Nursing Education - Clinical affiliation to the Students of B.Sc  
- (Nursing ) / GNM courses-Certain instructions issued to the Nursing  
Colleges and Nursing Schools -Reg.

Ref:- 1. Govt. Memo. No.2024902/ C2/2023-2 HM & FW (C2) Department,  
dt: 20-03-2023

\*\*\*

Vide reference 1<sup>st</sup> cited, maintain of quality Nursing Education in  
the Nursing Schools and Colleges as per the Indian Nursing Council New  
Delhi norms, 1:3 ratio of student and patient in the clinicals need to be  
followed.

Hence, all the Principals of Private Nursing Schools and Colleges are  
instructed to have clinical affiliations in their own Parental/affiliated  
hospitals and submit the affiliated hospitals list to this office. Furthermore,  
from the academic year 2023-24, those institutions with clinical affiliations  
to Government General Hospitals /Government Hospitals are also  
instructed to make their own arrangements for clinical affiliations as per  
the reference cited above. Treat this as important measure to enhance the  
practical exposure and skill development of our nursing students as per  
the requirements of Indian Nursing Council, New Delhi.

Digitally Signed by Dsvl

Director Narasimham

Date: 08-01-2024 06:36:14

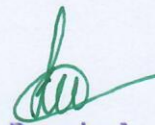
Reason: Approved

To,

All Principals of Private Nursing Schools and Colleges of in the state.

All the Superintendents of the Teaching hospitals in the state

All the Superintendents District coordinator Hospital services (Secondary  
Health Services) in the State



Principal

SREE NARAYANA NURSING COLLEGE

Chinthareddypalem,

NELLORE-524 002



S.No	District	Name of the College of Nursing as per G.O.	Total No. of seats (Intake) for BSC as per G.O.:	Affiliated Private Hospital
19	Sri Potti Sriramulu Nellore	6. NARAYANA COLLEGE OF NURSING, CHINTHAREDDYPALEM, NELLORE, ANDHRA PRADESH	100	Own Hospital (Narayana)
		7. SREE NARAYANA NURSING COLLEGE, CHINTHAREDDYPALEM, STONEHOUSE PET (PO), NELLORE, A.P	100	Narayana Medical College & Hospital (1010 beds)
		8. VIJAYA COLLEGE OF NURSING, VISSA VAVILETIPADU, NEAR DHANALAKSHMIPURAM, NELLORE	50	1. Vijaya Hospital Nellore 2. St. Josephs Hospital Nellore
		9. Sri Lakshmi Institute of Medical Sciences College of Nursing, 05-20-75, Venkayagaripalem Road, Old town, Kavali - 524201, SPSR Nellore District	50	Anand Hospital, Kandukuri Hospital
		10. SAROJINI DEVI COLLEGE OF NURSING, SAROJINI DEVI COLLEGE OF NURSING, O V ROAD, KANDUKUR-523105	50	1. Hariini Praja Vydyasala, Kandukur 2. Suraksha Hospital, Kandukur 3. Muppa Rosaiah Hospital, Kandukur
20	Sri Satya Sai	NH		
21	Srikakulam	1. Great Eastern Medical School (GEMS) COLLEGE OF NURSING, RAGOLU, SRIKAKULAM	80	GEMS Hospital
		2. KDM college of nursing, venkatapuram village, laveru mandal	40	1. Lotus Medical Plaza, Multispecialty Hospital, Srikakulam District 2. Lite Q Hyndavi Medical Plaza Multi Specialty Hospital, Srikakulam District
		3. TSR B.Sc. College of Nursing, 4-1-146/3 Amadalavalasa, Srikakulam Dist	60	Medicover Hospital, Srikakulam
22	Tirupati	1. SRI SAI COLLEGE OF NURSING NARAYANAVANAM, DK PALEM NARAYANAVANAM PUTTUR	50	1. Chaitanya Diabetic Centre, Puttur 2. Good Shepard Hospital, Puttur 3. SS Hospital, Nagari
		2. SAVE COLLEGE OF NURSING, Plot No 1, Vani Nagar, Avilala, Tirupati, Andhra Pradesh, 517507	50	1. RD Hospital, Tirupati 2. Prashanth Hospital Tirupati (200 beds)
		3. VARMA COLLEGE OF NURSING, 534 REDDY & REDDY COLONY, TIRUPATHI	40	1. Vaishnavi Nursing Home, Tirupati 2. Sri Sai Hospital 3. Sri venkat Hospital, Tirupati
		4. Rathnamma college of nursing, MidhilaNagar, Survey No.917, Purutipalle Mandalam, Potupalem Panchayath, Chennai Highway, East Gudur,	40	1. Mydhili Hospital, Guntur 2. CR Reddy Hospital, Gudur
		5. Saptagiri college of Nursing, Avilala MRPalii Tirupati	50	RUSSH Multi Speciality Hospital, Tirupati
		6. Mythili college of Nursing, Sy No 917, MidhilaNagar potupalem village, East Gudur	50	Mythili Hospital CR Reddy Hospital Balaji Multi Speciality Hospital, Gudur

  
 Principal  
**SREE NARAYANA NURSING COLLEGE**  
 Chinthareddypalem,  
 NELLORE-524 002

OFFICE OF THE DIRECTOR OF MEDICAL EDUCATION: A.P:VIJAYAWADA

RC.No.2316040/NE/2023

08/01/2024

Sub: DME - Nursing Education - Clinical affiliation to the Students of B.Sc  
- (Nursing ) / GNM courses-Certain instructions issued to the Nursing  
Colleges and Nursing Schools -Reg.

Ref:- 1. Govt. Memo. No.2024902/ C2/2023-2 HM & FW (C2) Department,  
dt: 20-03-2023

\*\*\*

Vide reference 1<sup>st</sup> cited, maintain of quality Nursing Education in  
the Nursing Schools and Colleges as per the Indian Nursing Council New  
Delhi norms, 1:3 ratio of student and patient in the clinicals need to be  
followed.

Hence, all the Principals of Private Nursing Schools and Colleges are  
instructed to have clinical affiliations in their own Parental/affiliated  
hospitals and submit the affiliated hospitals list to this office. Furthermore,  
from the academic year 2023-24, those institutions with clinical affiliations  
to Government General Hospitals /Government Hospitals are also  
instructed to make their own arrangements for clinical affiliations as per  
the reference cited above. Treat this as important measure to enhance the  
practical exposure and skill development of our nursing students as per  
the requirements of Indian Nursing Council, New Delhi.

Digitally Signed by Dsvl

Director Narasimham

Date: 08-01-2024 06:36:14

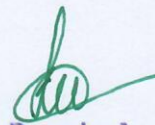
Reason: Approved

To,

All Principals of Private Nursing Schools and Colleges of in the state.

All the Superintendents of the Teaching hospitals in the state

All the Superintendents District coordinator Hospital services (Secondary  
Health Services) in the State



Principal

SREE NARAYANA NURSING COLLEGE

Chinthareddypalem,

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S.No	District	Name of the College of Nursing as per G.O.	Total No. of seats (Intake) for BSC as per G.O.:	Affiliated Private Hospital
19	Sri Potti Sriramulu Nellore	6. NARAYANA COLLEGE OF NURSING, CHINTHAREDDYPALEM, NELLORE, ANDHRA PRADESH	100	Own Hospital (Narayana)
		7. SREE NARAYANA NURSING COLLEGE, CHINTHAREDDYPALEM, STONEHOUSE PET (PO), NELLORE, A.P	100	Narayana Medical College & Hospital (1010 beds)
		8. VIJAYA COLLEGE OF NURSING, VISSA VAVILETIPADU, NEAR DHANALAKSHMIPURAM, NELLORE	50	1. Vijaya Hospital Nellore 2. St. Josephs Hospital Nellore
		9. Sri Lakshmi Institute of Medical Sciences College of Nursing, 05-20-75, Venkayagaripalem Road, Old town, Kavali - 524201, SPSR Nellore District	50	Anand Hospital, Kandukuri Hospital
		10. SAROJINI DEVI COLLEGE OF NURSING, SAROJINI DEVI COLLEGE OF NURSING, O V ROAD, KANDUKUR-523105	50	1. Hariini Praja Vydyasala, Kandukur 2. Suraksha Hospital, Kandukur 3. Muppa Rosaiah Hospital, Kandukur
20	Sri Satya Sai	NH		
21	Srikakulam	1. Great Eastern Medical School (GEMS) COLLEGE OF NURSING, RAGOLU, SRIKAKULAM	80	GEMS Hospital
		2. KDM college of nursing, venkatapuram village, laveru mandal	40	1. Lotus Medical Plaza, Multispecialty Hospital, Srikakulam District 2. Lite Q Hyndavi Medical Plaza Multi Specialty Hospital, Srikakulam District
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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



## PERMISSION LETTER

3.05.2024

### From

The Principal,  
Sree Narayana Nursing College  
Stonehousepet,  
Chinthareddypalem, Nellore.

### To

The Medical officer,  
Rural Primary health centre,  
Venkatachalam,  
Nellore district.

### Sub: Requisition – Permission for Rural Primary Health centre Visit regarding.,

I would like to make a request to seek permission for Rural Primary health Centre visit of IV B.Sc., Nursing and II P B. B.Sc., Nursing Students as a part of Community health Nursing Curriculum requirements. Kindly do the needful. We look forward to your positive response.

### Enclosure:

List of Students

*C. Jyothi*  
Approved by the signing authority  
Professor & HOD  
Department of Community Medicine  
SREE NARAYANA NURSING COLLEGE  
NELLORE.

*[Signature]*  
Principal  
Principal  
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## LIST OF STUDENTS IV YEAR B.Sc., NURSING

Sl.NO	REG NO	NAME OF THE STUDENT
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2.	20N101078002	ABHIRAMI R
3.	20N101078003	ADITHYA MADHU
4.	20N101078004	ADITHYA SURESHKUMAR
5.	20N101078005	ADLINE MARY THOMAS
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41.	20N101078041	DEVIKA BABU

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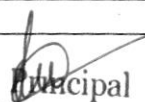
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42.	21N101078043	BISMI BIJU
43.	21N101078044	BOYANAGANNAGARI MEGHANA
44.	21N101078045	C DIVYA
45.	21N101078046	CHILIMI SREESAI
46.	21N101078047	CHRISTY MINNU FRANCIS
47.	21N101078048	DASARI SANTHI
48.	21N101078049	DASARI USHA
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64.	21N101078065	KOTHAPALLI RUSHI PRIYA
65.	21N101078066	LINTA DEVASIA
66.	21N101078067	M MEGHANA
67.	21N101078068	MEENAKSHI K M
68.	21N101078069	MEENAKSHI P M
69.	21N101078070	MEGHA REJI
70.	21N101078071	MEKHA M
71.	21N101078072	MELBA ANN STANLY
72.	21N101078073	MERIN ANNA KUNJUMON
73.	21N101078074	NANDANA BIJU
74.	21N101078075	NANDHANA ANIL
75.	21N101078076	NEHA MARIA SEBASTIAN
76.	21N101078077	NEHA TREESA SHIBU
77.	21N101078078	NIMISHA NIYAS
78.	21N101078079	PARVATHY SURESH
79.	21N101078080	PRIYA JOHN
80.	21N101078081	RESHMI MOL T B
81.	21N101078082	RIYA V K
82.	21N101078083	ROSMI PUNNOOSE
83.	21N101078084	S VAISHNAVI

  
Principal  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002



# SREE NARAYANA NURSING COLLEGE

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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



Sl.No	REG NO	NAME OF THE STUDENT
84.	21N101078085	SALNA S
85.	21N101078086	SANTHINI MOL P S
86.	21N101078087	SAUMYA MARIA MATHEW
87.	21N101078088	SELEENA ALEX
88.	21N101078089	SIMI VARGHESE
89.	21N101078090	SNEHA GEORGE
90.	21N101078091	SONA ANNA VARGHESE
91.	21N101078092	SONA JOHN
92.	21N101078093	SONAMOL SAJI
93.	21N101078094	SOUMYA KUMAR
94.	21N101078095	SREELAKSHMI M J
95.	21N101078096	SREELEKSHMY ANIL
96.	21N101078097	SRUTHY BOSE
97.	21N101078098	TEENA TONY
98.	21N101078099	TESSA ANISH
99.	21N101078100	VISHNUPRIYA C V

  
Principal

  
Principal  
SREE NARAYANA NURSING COLLEGE  
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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



## II P B B.Sc., Nursing

Sl.No	REG NO	NAME OF THE STUDENT
1.	22N102078001	ADAPAKA SIRISHA
2.	22N102078002	BABU SHANTHAMMA
3.	22N102078003	BURJUVADA SUJATHA
4.	22N102078005	CHUKKA RAMULAMMA
5.	22N102078006	DIBBA BHAGYARANI
6.	22N102078008	HIMARIKA SIREESHA
7.	22N102078009	KARIMIREDDY BHARATHI
8.	22N102078010	KATTAM SAI LAXMI
9.	22N102078011	KOVVADA SANTHOSHI
10.	22N102078012	KUNETI BHARATHI
11.	22N102078013	MADDILA JAYASREE
12.	22N102078014	MAMIDI MANJULA
13.	22N102078015	MURADANA VIJAYA
14.	22N102078016	MURLA MANGAMMA
15.	22N102078018	RAMADEVI SIMMALA
16.	22N102078020	SARA LAKSHMI
17.	22N102078021	SEEDARAPU SREELEKHA
18.	22N102078023	TALADA NAGAMANI
19.	22N102078024	TELUGU SANDHYA
20.	22N102078025	THOKALA YERAKAMMA
21.	22N102078026	TOLAPU RAMADEVI
22.	22N102078027	VANJE SUBBA LAKSHMI

  
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## PERMISSION LETTER

3.05.2024

### From

The Principal,  
Sree Narayana Nursing College  
Stonehousepet,  
Chinthareddypalem, Nellore.

### To

The Medical officer,  
Urban Primary health centre,  
Saraswathi Nagar,  
Nellore district.

### Sub: Requisition – Permission for Urban Primary Health centre Visit regarding,,

I would like to make a request to seek permission for Urban Primary health Centre visit of IV B.Sc., Nursing and II P B. B.Sc., Nursing Students as a part of Community health Nursing Curriculum requirements. Kindly do the needful. We look forward to your positive response.

### Enclosure:

List of Students

*C. Jyothi*  
Professor  
Department of Community Medicine  
SREE NARAYANA NURSING COLLEGE  
NELLORE

Approved by the signing authority

*[Signature]*  
Principal  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
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64.	21N101078065	KOTHAPALLI RUSHI PRIYA
65.	21N101078066	LINTA DEVASIA
66.	21N101078067	M MEGHANA
67.	21N101078068	MEENAKSHI K M
68.	21N101078069	MEENAKSHI P M
69.	21N101078070	MEGHA REJI
70.	21N101078071	MEKHA M
71.	21N101078072	MELBA ANN STANLY
72.	21N101078073	MERIN ANNA KUNJUMON
73.	21N101078074	NANDANA BIJU
74.	21N101078075	NANDHANA ANIL
75.	21N101078076	NEHA MARIA SEBASTIAN
76.	21N101078077	NEHA TREESA SHIBU
77.	21N101078078	NIMISHA NIYAS
78.	21N101078079	PARVATHY SURESH
79.	21N101078080	PRIYA JOHN
80.	21N101078081	RESHMI MOL T B
81.	21N101078082	RIYA V K
82.	21N101078083	ROSMI PUNNOOSE
83.	21N101078084	S VAISHNAVI

  
Principal

SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002



# SREE NARAYANA NURSING COLLEGE

Stonehousepet (po), Chinthareddypalem, Nellore - 524002.

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Website: <https://sreenarayanannursingcollege.com>

Recognized by Indian Nursing Council vide letter No. 02/Sep/2006 INC dated : 29.09.2006 and

A.P. Nurses & Midwives Council, letter No. APNMC/CON/5212/2006, dated: 4/11/2006

Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



Sl.No	REG NO	NAME OF THE STUDENT
84.	21N101078085	SALNA S
85.	21N101078086	SANTHINI MOL P S
86.	21N101078087	SAUMYA MARIA MATHEW
87.	21N101078088	SELEENA ALEX
88.	21N101078089	SIMI VARGHESE
89.	21N101078090	SNEHA GEORGE
90.	21N101078091	SONA ANNA VARGHESE
91.	21N101078092	SONA JOHN
92.	21N101078093	SONAMOL SAJI
93.	21N101078094	SOUMYA KUMAR
94.	21N101078095	SREELAKSHMI M J
95.	21N101078096	SREELEKSHMY ANIL
96.	21N101078097	SRUTHY BOSE
97.	21N101078098	TEENA TONY
98.	21N101078099	TESSA ANISH
99.	21N101078100	VISHNUPRIYA C V

  
Principal

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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



## II P B B.Sc., Nursing

Sl.No	REG NO	NAME OF THE STUDENT
1.	22N102078001	ADAPAKA SIRISHA
2.	22N102078002	BABU SHANTHAMMA
3.	22N102078003	BURJUVADA SUJATHA
4.	22N102078005	CHUKKA RAMULAMMA
5.	22N102078006	DIBBA BHAGYARANI
6.	22N102078008	HIMARIKA SIREESHA
7.	22N102078009	KARIMIREDDY BHARATHI
8.	22N102078010	KATTAM SAI LAXMI
9.	22N102078011	KOVVADA SANTHOSHI
10.	22N102078012	KUNETI BHARATHI
11.	22N102078013	MADDILA JAYASREE
12.	22N102078014	MAMIDI MANJULA
13.	22N102078015	MURADANA VIJAYA
14.	22N102078016	MURLA MANGAMMA
15.	22N102078018	RAMADEVI SIMMALA
16.	22N102078020	SARA LAKSHMI
17.	22N102078021	SEEDARAPU SREELEKHA
18.	22N102078023	TALADA NAGAMANI
19.	22N102078024	TELUGU SANDHYA
20.	22N102078025	THOKALA YERAKAMMA
21.	22N102078026	TOLAPU RAMADEVI
22.	22N102078027	VANJE SUBBA LAKSHMI

  
Principal

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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



## PERMISSION LETTER

Date: 03.05.2024

### From

The Principal,  
Sree Narayana Nursing College  
Stonehousepet,  
Chinthareddypalem, Nellore.

### To

The Medical officer,  
Narayana Rural health centre,  
Venkatachalam,  
Nellore district.


### Sub: Requisition – Permission for Rural Community postings regarding.,

I would like to make a request to seek permission for rural community postings at Venkatachalam from 02.09.2024 to 27.09.2024 for II P B. B.Sc. Nursing students. This experience is essential for their Community Health Nursing Curriculum requirements. The postings will provide our students with valuable insights into Rural community health practices and enhance their practical skills.

Thank you for considering our request. We look forward to your favorable response.

### Enclosure:

List of Students.

  
Approved by the signing authority  
Professor & HOD  
Department of Community Medicine  
NARAYANA MEDICAL COLLEGE  
NELLORE.

  
Principal  
Principal  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002





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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



## II P B.Sc., Nursing

Sl.No	REG NO	NAME OF THE STUDENT
1.	22N102078001	ADAPAKA SIRISHA
2.	22N102078002	BABU SHANTHAMMA
3.	22N102078003	BURJUVADA SUJATHA
4.	22N102078005	CHUKKA RAMULAMMA
5.	22N102078006	DIBBA BHAGYARANI
6.	22N102078008	HIMARIKA SIREESHA
7.	22N102078009	KARIMIREDDY BHARATHI
8.	22N102078010	KATTAM SAI LAXMI
9.	22N102078011	KOVVADA SANTHOSHI
10.	22N102078012	KUNETI BHARATHI
11.	22N102078013	MADDILA JAYASREE
12.	22N102078014	MAMIDI MANJULA
13.	22N102078015	MURADANA VIJAYA
14.	22N102078016	MURLA MANGAMMA
15.	22N102078018	RAMADEVI SIMMALA
16.	22N102078020	SARA LAKSHMI
17.	22N102078021	SEEDARAPU SREELEKHA
18.	22N102078023	TALADA NAGAMANI
19.	22N102078024	TELUGU SANDHYA
20.	22N102078025	THOKALA YERAKAMMA
21.	22N102078026	TOLAPU RAMADEVI
22.	22N102078027	VANJE SUBBA LAKSHMI

*C. Jyothi*

Approved by the signing authority

Professor & HOD

Department of Community Medicine

NARAYANA MEDICAL COLLEGE

NELLORE.

*[Signature]*

Principal

Principal

SREE NARAYANA NURSING COLLEGE

Chinthareddypalem,

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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



## PERMISSION LETTER

Date: 03.05.2024

### From

The Principal,  
Sree Narayana Nursing College  
Stonehousepet,  
Chinthareddypalem, Nellore.

### To

The Medical officer,  
Narayana Rural health centre,  
Venkatachalam,  
Nellore district.

### Sub: Requisition – Permission for Rural Community postings regarding.,

I would like to make a request to seek permission for rural community postings at Venkatachalam from 24.06.2024 to 20.07.2024 for IV B.Sc. Nursing students. This experience is essential for their Community Health Nursing Curriculum requirements. The postings will provide our students with valuable insights into Rural community health practices and enhance their practical skills.

Thank you for considering our request. We look forward to your favorable response.

### Enclosure:

List of Students.

C. Jyothi

Approved by the signing authority  
Professor & HOD  
Department of Community Medicine  
NARAYANA MEDICAL COLLEGE  
NELLORE.



Principal  
Principal

SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



## LIST OF STUDENTS IV YEAR B.Sc., NURSING

SLNO	REG NO	NAME OF THE STUDENT
1.	20N101078001	ABHIRAMI MANOJ
2.	20N101078002	ABHIRAMI R
3.	20N101078003	ADITHYA MADHU
4.	20N101078004	ADITHYA SURESHKUMAR
5.	20N101078005	ADLINE MARY THOMAS
6.	20N101078006	AISWARYA A P
7.	20N101078007	AKSA BABY
8.	20N101078008	ALEENA ANNA THOMAS
9.	20N101078009	ALEENA BABU
10.	20N101078010	ALEENA MARIYA MATHEWS
11.	20N101078011	ALEENA ROSE ANTONY
12.	20N101078012	ALEENA SUNNY
13.	20N101078013	ALEYAMMA VARGHESE
14.	20N101078014	AMANDA JULIET DON
15.	20N101078015	ANAKHA SIVANANDHAN
16.	20N101078016	ANEERTHANA ANIL
17.	20N101078017	ANEETA T C
18.	20N101078018	ANGEL JOSEPH
19.	20N101078019	ANINDITA PAL
20.	20N101078020	ANITTA SHAJI
21.	20N101078021	ANITTA TREESA SOBY
22.	20N101078022	ANJU XAVIER
23.	20N101078023	ANNET VINCENT
24.	20N101078024	ANU M THOMAS
25.	20N101078025	ANUGRAHA S
26.	20N101078026	APARNA SALI
27.	20N101078027	ARCHANA BIJU
28.	20N101078028	ARCHANA T P
29.	20N101078029	ARDRA VENU
30.	20N101078030	ARSHA GURUSA
31.	20N101078031	ASHLIN S
32.	20N101078032	ASHLY KURIAKOSE
33.	20N101078033	ASWATHY T J
34.	20N101078034	ATHIRA BINU
35.	20N101078035	ATHULYA SANTHOSH
36.	20N101078036	ATHULYA SHAJI
37.	20N101078037	BARNALI HAZRA
38.	20N101078038	BATTALA LALITHAKUMARI
39.	20N101078039	BHUPATHI DEEPIKA
40.	20N101078040	BINY SUSAN TOJY
41.	20N101078041	DEVIKA BABU

  
Principal

SREE NARAYANA NURSING COLLEGE

Chinthareddypalem,  
NELLORE-524 002





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Recognized by Indian Nursing Council vide letter No. 02/Sep/2006 INC dated: 29.09.2006 and

A.P. Nurses & Midwives Council, letter No. APNMC/CON/5212/2006, dated: 4/11/2006

Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



SLNO	REG NO	NAME OF THE STUDENT
42.	20N101078042	DEVIKA SHAJI
43.	20N101078043	DIYA SUKU
44.	20N101078044	DONA SUSAN JACOB
45.	20N101078045	EBEENA ANNA MATHEW
46.	20N101078046	ELIZABATH SONY
47.	20N101078047	HANNA MATHEW
48.	20N101078048	JASMINE MARIA JOSEPH
49.	20N101078049	JENI S GEORGE
50.	20N101078050	JINTU MARIYAM BINOY
51.	20N101078051	JISMI P J
52.	20N101078052	JIIYA GEORGE
53.	20N101078053	JOMOL JOY
54.	20N101078054	JOSINA JOHNSON
55.	20N101078055	JOSMI JOJI
56.	20N101078056	KONATAM PALLAVI GRACE
57.	20N101078057	KRISHNENDHU RAJAN
58.	20N101078058	LAIBY K SUNNY
59.	20N101078059	LAKSHMI BABU
60.	20N101078060	LENA ROBIN
61.	20N101078061	LISA MERIN VARGHESE M
62.	20N101078062	LIYA ANNA ELIAS
63.	20N101078063	MABLE MATHEW
64.	20N101078064	MAHIMA SARA JACOB
65.	20N101078065	MAJITHA SHAJI
66.	20N101078066	MANEESHA SUNDARAN
67.	20N101078067	MARIYA BINU
68.	20N101078068	MARRI VENKATSUSHMA RAMANAYYA
69.	20N101078069	MERRIN TOMY
70.	20N101078070	MINNU BABUMON
71.	20N101078071	MINNU MARY LUKOSE
72.	20N101078072	NAVYA SANTHOSH
73.	20N101078073	PRAMA ACHARYA
74.	20N101078074	PRAVEENA KURIAN
75.	20N101078075	REVATHY SANTHOSH
76.	20N101078076	ROSE MARIA SHAJU
77.	20N101078077	ROSEENA KURIAKOSE
78.	20N101078078	SAHELI BARMAN
79.	20N101078079	SANA A B
80.	20N101078080	SANGEETHA SABU
81.	20N101078081	SARANYAMOL C R
82.	20N101078082	SHAIBY WILSON
83.	20N101078083	SHIJIMOL SHAJI
84.	20N101078084	SHONAMOL AUGUSTINE

Principal

SREE NARAYANA NURSING COLLEGE

Chinthareddypalem,

NELLORE-524 002





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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



SLNO	REG NO	NAME OF THE STUDENT
85.	20N101078085	SILPA M S
86.	20N101078086	SMITHA BAIJU
87.	20N101078087	SNEHA BID
88.	20N101078088	SNEHA DEVASYA
89.	20N101078089	SONA JOSE
90.	20N101078090	SONA MARIYAM JOSE
91.	20N101078091	SONA SAJI
92.	20N101078092	SOUMILI BASU
93.	20N101078093	STEFFY HELEN BIJU
94.	20N101078094	SUMANA SAMANTA
95.	20N101078095	SWETHA SREEVASTHAV
96.	20N101078096	TREESA JOHNY
97.	20N101078097	TRISHA SAHOO
98.	20N101078098	VALLAM SATHWIK
99.	20N101078099	VIBISHNA NARAYANAN

*C. Jyothi*

Approved by the signing authority

Professor & HOD  
Department of Community Medicine  
NARAYANA MEDICAL COLLEGE  
NELLORE

*[Signature]*

Principal

Principal

SREE NARAYANA NURSING COLLEGE

Chinthareddypalem,  
NELLORE-524 002





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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



## PERMISSION LETTER

Date: 03.05.2024

### From

The Principal,  
Sree Narayana Nursing College  
Stonehousepet,  
Chinthareddypalem, Nellore.

### To

The Medical officer,  
Narayana Urban health centre,  
Saraswathi Nagar,  
Nellore district.

### Sub: Requisition – Permission for Urban Community postings regarding.,

I would like to make a request to seek permission for Urban community postings at Saraswathi Nagar from 22.07.2024 to 24.08.2024 for IV B.Sc. Nursing students. This experience is essential for their Community Health Nursing Curriculum requirements. The postings will provide our students with valuable insights into Urban community health practices and enhance their practical skills.

Thank you for considering our request. We look forward to your favorable response.

### Enclosure:

List of Students.

Approved by the signing authority

Professor & HOD  
Department of Community Medicine  
NARAYANA MEDICAL COLLEGE  
NELLORE.

Principal

Principal

SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002





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## LIST OF STUDENTS IV YEAR B.Sc., NURSING

SLNO	REG NO	NAME OF THE STUDENT
1.	20N101078001	ABHIRAMI MANOJ
2.	20N101078002	ABHIRAMI R
3.	20N101078003	ADITHYA MADHU
4.	20N101078004	ADITHYA SURESHKUMAR
5.	20N101078005	ADLINE MARY THOMAS
6.	20N101078006	AISWARYA A P
7.	20N101078007	AKSA BABY
8.	20N101078008	ALEENA ANNA THOMAS
9.	20N101078009	ALEENA BABU
10.	20N101078010	ALEENA MARIYA MATHEWS
11.	20N101078011	ALEENA ROSE ANTONY
12.	20N101078012	ALEENA SUNNY
13.	20N101078013	ALEYAMMA VARGHESE
14.	20N101078014	AMANDA JULIET DON
15.	20N101078015	ANAKHA SIVANANDHAN
16.	20N101078016	ANEERTHANA ANIL
17.	20N101078017	ANEETA T C
18.	20N101078018	ANGEL JOSEPH
19.	20N101078019	ANINDITA PAL
20.	20N101078020	ANITTA SHAJI
21.	20N101078021	ANITTA TREESA SOBY
22.	20N101078022	ANJU XAVIER
23.	20N101078023	ANNET VINCENT
24.	20N101078024	ANU M THOMAS
25.	20N101078025	ANUGRAHA S
26.	20N101078026	APARNA SALI
27.	20N101078027	ARCHANA BIJU
28.	20N101078028	ARCHANA T P
29.	20N101078029	ARDRA VENU
30.	20N101078030	ARSHA GURUSA
31.	20N101078031	ASHLIN S
32.	20N101078032	ASHLY KURIAKOSE
33.	20N101078033	ASWATHY T J
34.	20N101078034	ATHIRA BINU
35.	20N101078035	ATHULYA SANTHOSH
36.	20N101078036	ATHULYA SHAJI
37.	20N101078037	BARNALI HAZRA
38.	20N101078038	BATTALA LALITHAKUMARI
39.	20N101078039	BHUPATHI DEEPIKA
40.	20N101078040	BINY SUSAN TOJY
41.	20N101078041	DEVIKA BABU



  
Principal  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
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A.P. Nurses & Midwives Council, letter No. APNMC/CON/5212/2006, dated: 4/11/2006

Affiliated to Dr. Y.S.R. University of Health Sciences, A.P., Vijayawada.



SLNO	REG NO	NAME OF THE STUDENT
42.	20N101078042	DEVIKA SHAJI
43.	20N101078043	DIYA SUKU
44.	20N101078044	DONA SUSAN JACOB
45.	20N101078045	EBEENA ANNA MATHEW
46.	20N101078046	ELIZABATH SONY
47.	20N101078047	HANNA MATHEW
48.	20N101078048	JASMINE MARIA JOSEPH
49.	20N101078049	JENI S GEORGE
50.	20N101078050	JINTU MARIYAM BINOY
51.	20N101078051	JISMI P J
52.	20N101078052	JIYA GEORGE
53.	20N101078053	JOMOL JOY
54.	20N101078054	JOSINA JOHNSON
55.	20N101078055	JOSMI JOJI
56.	20N101078056	KONATAM PALLAVI GRACE
57.	20N101078057	KRISHNENDHU RAJAN
58.	20N101078058	LAIBY K SUNNY
59.	20N101078059	LAKSHMI BABU
60.	20N101078060	LENA ROBIN
61.	20N101078061	LISA MERIN VARGHESE M
62.	20N101078062	LIYA ANNA ELIAS
63.	20N101078063	MABLE MATHEW
64.	20N101078064	MAHIMA SARA JACOB
65.	20N101078065	MAJITHA SHAJI
66.	20N101078066	MANEESHA SUNDARAN
67.	20N101078067	MARIYA BINU
68.	20N101078068	MARRI VENKATSUSHMA RAMANAYYA
69.	20N101078069	MERRIN TOMY
70.	20N101078070	MINNU BABUMON
71.	20N101078071	MINNU MARY LUKOSE
72.	20N101078072	NAVYA SANTHOSH
73.	20N101078073	PRAMA ACHARYA
74.	20N101078074	PRAVEENA KURIAN
75.	20N101078075	REVATHY SANTHOSH
76.	20N101078076	ROSE MARIA SHAJU
77.	20N101078077	ROSEENA KURIAKOSE
78.	20N101078078	SAHELI BARMAN
79.	20N101078079	SANA A B
80.	20N101078080	SANGEETHA SABU
81.	20N101078081	SARANYAMOL C R
82.	20N101078082	SHAIBY WILSON
83.	20N101078083	SHIJIMOL SHAJI
84.	20N101078084	SHONAMOL AUGUSTINE

  
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SLNO	REG NO	NAME OF THE STUDENT
85.	20N101078085	SILPA M S
86.	20N101078086	SMITHA BAIJU
87.	20N101078087	SNEHA BID
88.	20N101078088	SNEHA DEVASYA
89.	20N101078089	SONA JOSE
90.	20N101078090	SONA MARIYAM JOSE
91.	20N101078091	SONA SAJI
92.	20N101078092	SOUMILI BASU
93.	20N101078093	STEFFY HELEN BIJU
94.	20N101078094	SUMANA SAMANTA
95.	20N101078095	SWETHA SREEVASTHAV
96.	20N101078096	TREESA JOHNY
97.	20N101078097	TRISHA SAHOO
98.	20N101078098	VALLAM SATHWIK
99.	20N101078099	VIBISHNA NARAYANAN

*C. Tyothi*

Approved by the signing authority

Professor & HOD  
Department of Community Medicine  
NARAYANA MEDICAL COLLEGE  
NELLORE.

*[Signature]*

Principal

Principal

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## OBSERVATIONAL VISIT REPORT


### ANATOMY LAB

A group of 65 first-year B.Sc. Nursing (I Semester) students from Sree Narayana Nursing College visited the Anatomy department at Narayana Medical College hospital between April 11 and April 13, 2024. The pupils were divided into groups, with 22 students visiting every day. During their time in the Anatomy lab, the students saw a variety of anatomical specimens, including human skeletons, muscle models, and organ samples. The tour proved to be quite valuable, giving students a practical perspective on their studies. They said they had greater knowledge of anatomical concepts and valued the opportunity to interact directly with the specimens.



**Fig No 1: Students observing the anatomical specimens**



  
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## OBSERVATIONAL VISIT ANATOMY LAB FIRST YEAR B.Sc.(N) –I SEMESTER LIST OF STUDENTS

GROUP-I (11.04.2024)		
SL.NO	REG NO	NAME OF THE STUDENT
1.	23N103078001	ADDANKI VANI
2.	23N103078002	AGARAM NANDHINI
3.	23N103078003	ARAVA HEMALATHA
4.	23N103078004	AVULA RAJESWARI
5.	23N103078005	B SAIDEEPHI
6.	23N103078006	BATTA LASYAPRIYA
7.	23N103078007	BILLA SRAVANTHI
8.	23N103078008	BUKKE POOJITHA
9.	23N103078009	BUSETTI SUPRIYA
10.	23N103078010	CHENNU BHANU
11.	23N103078011	CHINTHAPATLA MOUNIKA
12.	23N103078012	CHITTIBOINA PADMAVATHI
13.	23N103078013	CHITTIBOYINA VENKATA NANDINI
14.	23N103078014	D VISHNAVI BAI
15.	23N103078015	DARA AISHVARYA
16.	23N103078016	DASI VINODINI



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SL.NO	REG NO	NAME OF THE STUDENT
17.	23N103078017	DEPA NAVYA
18.	23N103078018	DERANGULA GANGA BHAVANI
19.	23N103078019	DUVVUR JAYANTHI
20.	23N103078020	ELLAPU SREEVALLI
21.	23N103078021	ENARATI INDU
22.	23N103078022	ENUGOLU NIKHILA SRI
<b>GROUP-II (12.04.2024)</b>		
23.	23N103078023	GALI AKHILA
24.	23N103078024	GUDISIPALLI SUSMITHA
25.	23N103078025	GURRAM KEERTHI
26.	23N103078026	JAYAMPU LOHITHA VARSHINI
27.	23N103078027	K THRIVENI
28.	23N103078028	KABAKA SREECHANDANA
29.	23N103078029	KALICHETI NIKHITHA
30.	23N103078030	KALTHURI SANJANA
31.	23N103078031	KARRA REVATHI
32.	23N103078032	KOLALA AKSHAYA
33.	23N103078033	KOLIGUNDLA GREESHMA NEHA
34.	23N103078034	KOTAKONDA JHANSI
35.	23N103078035	KUMBHAGIRI SUMALATHA



  
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SL.NO	REG NO	NAME OF THE STUDENT
36.	23N103078036	KURUBA CHARITHA
37.	23N103078037	M KAAVYA
38.	23N103078038	M PUJITHA
39.	23N103078039	MALIMELI GURAVAMMA
40.	23N103078040	MALLAM THANMAI
41.	23N103078041	MALLI ANKAMMA
42.	23N103078042	MAMANDURU BALAMURUGAN MOUNIKA
43.	23N103078043	MANNEPALLI NANDINI
44.	23N103078044	MANNEPALLI THANUJA
45.	23N103078045	MEEDURI MEERAJA
<b>GROUP-III (13.04.2024)</b>		
46.	23N103078046	MOPURI ANUSHA
47.	23N103078047	MOTA TRIVENI
48.	23N103078048	MULINTI KALYANI
49.	23N103078049	NANDURI LAHARI
50.	23N103078050	PALEPU SIVANANDINI
51.	23N103078051	PANDIPATLA SRAVANI
52.	23N103078052	PIKILI MANJUVANI
53.	23N103078053	RAGHUPATHI KEERTHI
54.	23N103078054	SAMMANA VYSHNAVI



  
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SL.NO	REG NO	NAME OF THE STUDENT
55.	23N103078055	SANGAVARAPU GEETHIKA
56.	23N103078056	SAPURU YAMINI
57.	23N103078057	SHAIK AFSHIN
58.	23N103078058	SHAIK MEHAK
59.	23N103078059	SHAIK NAZIYA
60.	23N103078060	SRINIVASULU ISHWARYA
61.	23N103078061	TALAPALA SUKANYA
62.	23N103078062	THOKANCHI SUSMITHA
63.	23N103078063	THOTI HARSHINI
64.	23N103078064	VEERAPOGU ANUSHA
65.	23N103078065	VELUGULA SRAVYA



  
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## A REPORT ON OBSERVATIONAL VISIT

### OLD AGE HOME

Department of Medical surgical Nursing Organized an observational Visit on 12.04.2024 from 09:00 am to 01:00 pm for III B. Sc Nursing at Old age Home Swarnabharath Trust, Venkatachalam, Nellore to understand about the functions and activities of Old age Home.

### Objectives

At the end of the observational visit the student will be able to


1. Understand the objectives of Old age Home.
2. Understand the functions of Old age Home.
3. Describe the activities of workers at Old age Home.

### Report

The students are actively involved treating well and checking for any medical ailments among old age persons.

The students were checked Vital Signs (Body temperature/Sugar check, BP monitoring, pulse and oxygen saturation check), provided medicine as per the consulting general physician's prescription. At the end the students were given health education regarding prevention of complications of diabetes mellitus, hypertension. Provided psychological supportive therapy for patients in order to minimize stress or pain. Assisted in personal hygiene tasks, such as bathing, dressing, grooming, and skincare. Health talk on treatment plans they are responsible for and medication regimens they need to follow.



  
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## OBSERVATIONAL VISIT

### LIST OF STUDENTS

#### III YEAR B.Sc.NURSING STUDENTS

Sl.No	Reg. No	Name of the student
1.	21N101078001	ACHUMOL ABRAHAM
2.	21N101078002	ADHEENA R
3.	21N101078003	ADITHYA SALI
4.	21N101078004	ADITHYA V S
5.	21N101078005	AFIYA MARIYA BIJU
6.	21N101078006	AISWARYA SREEKUMAR
7.	21N101078007	AKHINA ESTHER BIJU
8.	21N101078008	AKSHARA ASHOK
9.	21N101078009	AKSHAYA SAJI
10.	21N101078010	ALEENA K ELIZABETH
11.	21N101078012	ALITA BIJU
12.	21N101078013	ALITTA THOMAS
13.	21N101078014	ALKA SUNNY
14.	21N101078015	ALVINA MATHEW
15.	21N101078016	AMALA T MUTHUKATTIL
16.	21N101078017	AMITHA WILSON
17.	21N101078018	ANAKHA BINU
18.	21N101078019	ANGEL K JOY
19.	21N101078020	ANGEL MARIA MATHEW
20.	21N101078021	ANGEL TREESA TOM
21.	21N101078022	ANGELA THERESA K



  
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Sl.No	Reg. No	Name of the student
22.	21N101078023	ANISHA VARGHSE
23.	21N101078024	ANITA BIJU
24.	21N101078025	ANJALY T S
25.	21N101078026	ANJANA ANIL
26.	21N101078027	ANJANA BIJU
27.	21N101078028	ANNA SUSAN JOMON
28.	21N101078029	ANNU MARIAM MONICHAN
29.	21N101078030	ANTONEETA ALEENA ARUJA
30.	21N101078031	APARNA PRAMOD
31.	21N101078032	APARNA SAJIMON
32.	21N101078033	APARNAMOL K SAJI
33.	21N101078034	ARATHY SUDHAKARAN
34.	21N101078035	ARYA V
35.	21N101078036	ASHA ANTO
36.	21N101078037	ASWATHY P P
37.	21N101078038	ASWATHY P S
38.	21N101078039	ASWATHY SHAJI
39.	21N101078040	ASWATHY VIJAYAN
40.	21N101078041	BENITTAMOL MATHEW
41.	21N101078042	BINIL CHINNU CHANDY
42.	21N101078043	BISMI BIJU
43.	21N101078044	BOYANAGANNAGARI MEGHANA
44.	21N101078045	C DIVYA
45.	21N101078046	CHILIMI SREESAI



  
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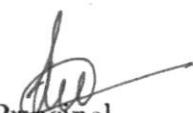
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Sl.No	Reg. No	Name of the student
46.	21N101078047	CHRISTY MINNU FRANCIS
47.	21N101078048	DASARI SANTHI
48.	21N101078049	DASARI USHA
49.	21N101078050	DEVANANDA SAJI
50.	21N101078051	DEVIKA MAHESHAN
51.	21N101078052	DEVIKA V S
52.	21N101078053	DHANUSREE BABU
53.	21N101078054	DONA K ANTONY
54.	21N101078055	DONA MARIYA K B
55.	21N101078056	ELISHBA ELDHOSE
56.	21N101078057	ELIZABETH GEO
57.	21N101078058	FEBA RAJU
58.	21N101078059	GADDA ELIJABETHAMMA
59.	21N101078060	HANNA THOMAS
60.	21N101078061	JESNA JOJO
61.	21N101078062	JOBYNA RAJU
62.	21N101078063	JUMY MARIYA MAJU
63.	21N101078064	KALYANI SHIJU
64.	21N101078065	KOTHAPALLI RUSHI PRIYA
65.	21N101078066	LINTA DEVASIA
66.	21N101078067	M MEGHANA
67.	21N101078068	MEENAKSHI K M
68.	21N101078069	MEENAKSHI P M
69.	21N101078070	MEGHA REJI



  
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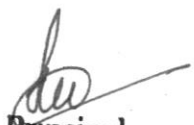
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Sl.No	Reg. No	Name of the student
70.	21N101078071	MEKHA M
71.	21N101078072	MELBA ANN STANLY
72.	21N101078073	MERIN ANNA KUNJUMON
73.	21N101078074	NANDANA BIJU
74.	21N101078075	NANDHANA ANIL
75.	21N101078076	NEHA MARIA SEBASTIAN
76.	21N101078077	NEHA TREESA SHIBU
77.	21N101078078	NIMISHA NIYAS
78.	21N101078079	PARVATHY SURESH
79.	21N101078080	PRIYA JOHN
80.	21N101078081	RESHMI MOL T B
81.	21N101078082	RIYA V K
82.	21N101078083	ROSMI PUNNOOSE
83.	21N101078084	S VAISHNAVI
84.	21N101078085	SALNA S
85.	21N101078086	SANTHINI MOL P S
86.	21N101078087	SAUMYA MARIA MATHEW
87.	21N101078088	SELEENA ALEX
88.	21N101078089	SIMI VARGHESE
89.	21N101078090	SNEHA GEORGE
90.	21N101078091	SONA ANNA VARGHESE
91.	21N101078092	SONA JOHN
92.	21N101078093	SONAMOL SAJI
93.	21N101078094	SOUMYA KUMAR



  
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Sl.No	Reg. No	Name of the student
94.	21N101078095	SREELAKSHMI M J
95.	21N101078096	SREELEKSHMY ANIL
96.	21N101078097	SRUTHY BOSE
97.	21N101078098	TEENA TONY
98.	21N101078099	TESSA ANISH
99.	21N101078100	VISHNUPRIYA C V

V. R. Saritha Reddy

HOD



  
PRINCIPAL  
Principal

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A.P. Nurses & Midwives Council, letter No. APNMC/CON/5212/2006, dated: 4/11/2006

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## OBSERVATION VISIT REPORT PRIMARY HEALTH CENTER

The Department of Community Health Nursing organized an observational visit to the Primary Health Centre, Venkatachalam, Nellore, for IV B. Sc Nursing and II PB B Sc. Nursing students on 13.05.2024. The aim was to understand the functions and activities of a PHC.

### Objectives:

Understand the objectives of a Primary Health Centre (PHC)

Understand the functions of a PHC

Describe the activities of workers at a PHC

### Functions and Activities:

A PHC is the basic unit of our health system, providing curative services, preventive healthcare activities, and promoting good health through campaigns on nutrition and other activities. The medical officer at the PHC has both administrative and clinical responsibilities.

### Objectives of a Primary Health Centre (PHC)

Understand the functions of a PHC

Describe the activities of workers at a PHC

### Administrative Functions:

The medical officer's administrative duties include:

Keeping attendance and responding to official communication

Staff management and supervision of facility maintenance, including waste management mechanisms

Guidance to field staff

Maintaining good relationships with Panchayat officials

### Clinical Functions:

The medical officer's clinical duties involve:

Maintaining documentation



  
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NELLORE-524 002



# SREE NARAYANA NURSING COLLEGE

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e-mail: [sreenarayana.nursing12@gmail.com](mailto:sreenarayana.nursing12@gmail.com) | [principal.snncc@narayanannursingcollege.com](mailto:principal.snncc@narayanannursingcollege.com)

Website: <https://sreenarayanannursingcollege.com>

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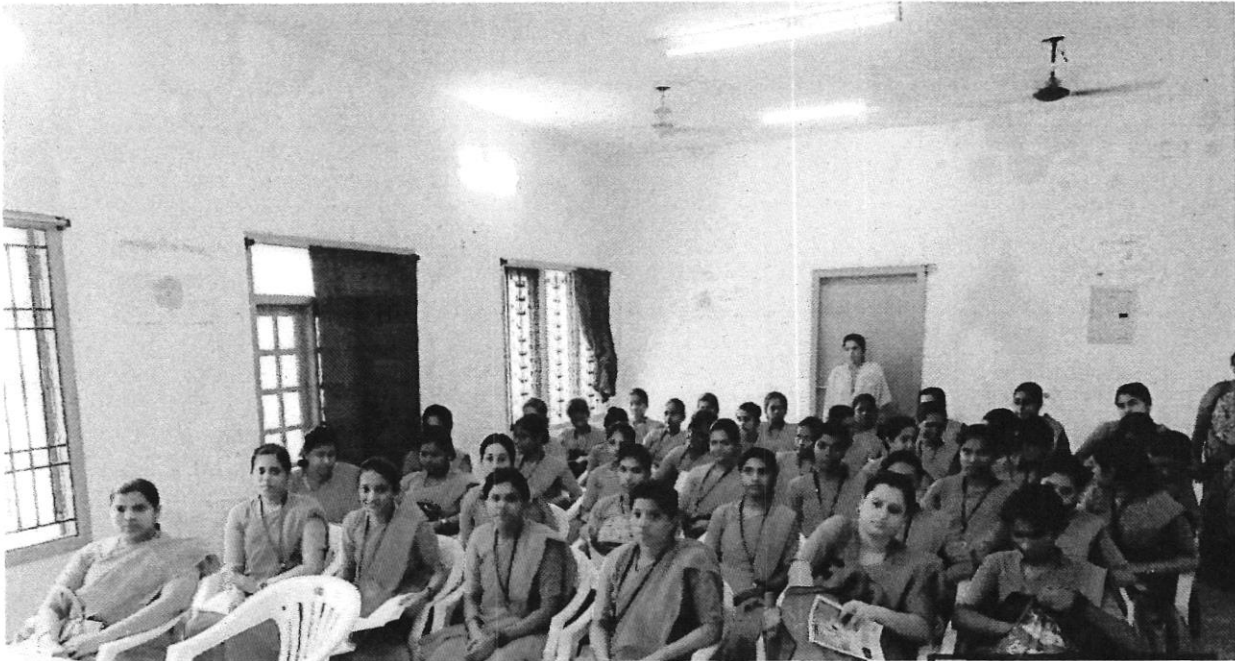
During consultations, the medical officer provides patients with preventive health advice and warns against the transmission of communicable diseases. The students also provided written recommendations for dietary changes with adequate explanations.

### **Additional Responsibilities:**

When the pharmacist was unavailable, students checked and explained the dosage of medicines dispensed by the Junior Health Assistant.

### **Conclusion:**

The observational visit provided students with valuable insights into the functions and activities of a PHC. The experience will help them appreciate the importance of primary healthcare in promoting good health and well-being



**Fig No 1: Students Were Attending Orientation of PHC with Medical Officer**



  
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## OBSERVATIONAL VISIT LIST OF STUDENTS IV YEAR B.Sc.NURSING

Sl.No	Reg No	Name of the student
1.	20N101078001	ABHIRAMI MANOJ
2.	20N101078002	ABHIRAMI R
3.	20N101078003	ADITHYA MADHU
4.	20N101078004	ADITHYA SURESHKUMAR
5.	20N101078005	ADLINE MARY THOMAS
6.	20N101078006	AISWARYA A P
7.	20N101078007	AKSA BABY
8.	20N101078008	ALEENA ANNA THOMAS
9.	20N101078009	ALEENA BABU
10.	20N101078010	ALEENA MARIYA MATHEWS
11.	20N101078011	ALEENA ROSE ANTONY
12.	20N101078012	ALEENA SUNNY
13.	20N101078013	ALEYAMMA VARGHESE
14.	20N101078014	AMANDA JULIET DON
15.	20N101078015	ANAKHA SIVANANDHAN
16.	20N101078016	ANEERTHANA ANIL
17.	20N101078017	ANEETA T C
18.	20N101078018	ANGEL JOSEPH
19.	20N101078019	ANINDITA PAL
20.	20N101078020	ANITTA SHAJI
21.	20N101078021	ANITTA TREESA SOBY



  
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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



Sl.No	Reg No	Name of the student
22.	20N101078022	ANJU XAVIER
23.	20N101078023	ANNET VINCENT
24.	20N101078024	ANU M THOMAS
25.	20N101078025	ANUGRAHA S
26.	20N101078026	APARNA SALI
27.	20N101078027	ARCHANA BIJU
28.	20N101078028	ARCHANA T P
29.	20N101078029	ARDRA VENU
30.	20N101078030	ARSHA GURUSA
31.	20N101078031	ASHLIN S
32.	20N101078032	ASHLY KURIAKOSE
33.	20N101078033	ASWATHY T J
34.	20N101078034	ATHIRA BINU
35.	20N101078035	ATHULYA SANTHOSH
36.	20N101078036	ATHULYA SHAJI
37.	20N101078037	BARNALI HAZRA
38.	20N101078038	BATTALA LALITHAKUMARI
39.	20N101078039	BHUPATHI DEEPIKA
40.	20N101078040	BINY SUSAN TOJY
41.	20N101078041	DEVIKA BABU
42.	20N101078042	DEVIKA SHAJI
43.	20N101078043	DIYA SUKU
44.	20N101078044	DONA SUSAN JACOB
45.	20N101078045	EBEENA ANNA MATHEW



  
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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



Sl.No	Reg No	Name of the student
46.	20N101078046	ELIZABATH SONY
47.	20N101078047	HANNA MATHEW
48.	20N101078048	JASMINE MARIA JOSEPH
49.	20N101078049	JENI S GEORGE
50.	20N101078050	JINTU MARIYAM BINOY
51.	20N101078051	JISMI P J
52.	20N101078052	JIYA GEORGE
53.	20N101078053	JOMOL JOY
54.	20N101078054	JOSINA JOHNSON
55.	20N101078055	JOSMI JOJI
56.	20N101078056	KONATAM PALLAVI GRACE
57.	20N101078057	KRISHNENDHU RAJAN
58.	20N101078058	LAIBY K SUNNY
59.	20N101078059	LAKSHMI BABU
60.	20N101078060	LENA ROBIN
61.	20N101078061	LISA MERIN VARGHESE M
62.	20N101078062	LIYA ANNA ELIAS
63.	20N101078063	MABLE MATHEW
64.	20N101078064	MAHIMA SARA JACOB
65.	20N101078065	MAJITHA SHAJI
66.	20N101078066	MANEESHA SUNDARAN
67.	20N101078067	MARIYA BINU
68.	20N101078068	MARRI VENKATSUSHMA RAMANAYYA
69.	20N101078069	MERRIN TOMY



  
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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



Sl.No	Reg No	Name of the student
70.	20N101078070	MINNU BABUMON
71.	20N101078071	MINNU MARY LUKOSE
72.	20N101078072	NAVYA SANTHOSH
73.	20N101078073	PRAMA ACHARYA
74.	20N101078074	PRAVEENA KURIAN
75.	20N101078075	REVATHY SANTHOSH
76.	20N101078076	ROSE MARIA SHAJU
77.	20N101078077	ROSEENA KURIAKOSE
78.	20N101078078	SAHELI BARMAN
79.	20N101078079	SANA A B
80.	20N101078080	SANGEETHA SABU
81.	20N101078081	SARANYAMOL C R
82.	20N101078082	SHAIBY WILSON
83.	20N101078083	SHIJIMOL SHAJI
84.	20N101078084	SHONAMOL AUGUSTINE
85.	20N101078085	SILPA M S
86.	20N101078086	SMITHA BAIJU
87.	20N101078087	SNEHA BID
88.	20N101078088	SNEHA DEVASYA
89.	20N101078089	SONA JOSE
90.	20N101078090	SONA MARIYAM JOSE
91.	20N101078091	SONA SAJI
92.	20N101078092	SOUMILI BASU
93.	20N101078093	STEFFY HELEN BIJU



  
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Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



Sl.No	Reg No	Name of the student
94.	20N101078094	SUMANA SAMANTA
95.	20N101078095	SWETHA SREEVASTHAV
96.	20N101078096	TREESA JOHNY
97.	20N101078097	TRISHA SAHOO
98.	20N101078098	VALLAM SATHWIK
99.	20N101078099	VIBISHNA NARAYANAN

B. Kalpana  
HOD



  
PRINCIPAL  
Principal  
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## OBSERVATIONAL VISIT

### LIST OF STUDENTS

#### II YEAR P B B. Sc.NURSING

SL.NO	REG NO	NAME OF THE STUDENT
1.	22N102078001	ADAPAKA SIRISHA
2.	22N102078002	BABU SHANTHAMMA
3.	22N102078003	BURJUVADA SUJATHA
4.	22N102078005	CHUKKA RAMULAMMA
5.	22N102078006	DIBBA BHAGYARANI
6.	22N102078008	HIMARIKA SIREESHA
7.	22N102078009	KARIMIREDDY BHARATHI
8.	22N102078010	KATTAM SAI LAXMI
9.	22N102078011	KOVVADA SANTHOSHI
10.	22N102078012	KUNETI BHARATHI
11.	22N102078013	MADDILA JAYASREE
12.	22N102078014	MAMIDI MANJULA
13.	22N102078015	MURADANA VIJAYA
14.	22N102078016	MURLA MANGAMMA
15.	22N102078018	RAMADEVI SIMMALA
16.	22N102078020	SARA LAKSHMI
17.	22N102078021	SEEDARAPU SREELEKHA
18.	22N102078023	TALADA NAGAMANI
19.	22N102078024	TELUGU SANDHYA
20.	22N102078025	THOKALA YERAKAMMA
21.	22N102078026	TOLAPU RAMADEVI
22.	22N102078027	VANJE SUBBA LAKSHMI

B. Kelpave  
HOD



  
PRINCIPAL  
Principal  
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Chinthareddypalem,  
NELLORE-524 002

# Observational Visit on lab Anatomy

Submitted by

B. Manasa

II<sup>nd</sup> Sem, 'B' batch

Sree Narayana College of

Nursing

Date of submission:  
10/11

Number:

Submitted to

J. Anusha mam

Assistant Professor

HOD Department of

Nursing Foundation

Sree Narayana College  
at .....  
.....

# Field Visit Report on Anatomy Lab

As a part of the Curricular requirements we 2<sup>nd</sup> Sem BSc Nursing and lab went on anatomy lab at Marayana medical College and Hospital accompanied along with the faculty members MS. N. Subashini mam Assistant Professor, HOD Department of Nursing

Foundation

## Objectives

- ⇒ To understand the human anatomy including micro scopic view of its different parts
- ⇒ To collect data about larger structures of organs and organ system

## Visit Report

An education visit was organised for the students II<sup>nd</sup> sem BSc Nursing on to the anatomy lab located at Natarayan medical College

The objective of visit was to provide practical exposure of various organs of the human body and in detail knowledge about the morphology of different organs

The anatomy lab is wide spread in a 300 sqft area and comprises of 522 specimens and 229 models. The museum was divided into sections related to muscular system, Central nervous system, respiratory

The lab had specimens and models of  
Vertebral columns, brain, head and in detail

the description of their role played in

the Central nervous system

These were models representing  
the structure of brain, hypothalamus, pituitary gland  
various lobes of the brain, salivary gland

Thyroid gland, parathyroid gland and so on

There were still models of the oral  
cavity, its nervous system. Lectures which  
in detail had pictorial representation of the  
axial region of the body

The various aspects of research the  
anatomy lab of Srce Narayana medical college

# OBSERVATIONAL

VISIT ON

OLD AGE HOME

Submitted to

Prof. V - Rupasaritha V.R. Saritha Bally  
HOD - Dept of Medical Surgical Nursing  
Sree Narayana Nursing college.

Submitted by

D. Usha  
IIIrd BSc (N)  
Sree Narayana  
Nursing college

Date of Submission

12/4/2024

## Field visit report on old age home

As a part of the curriculum requirements we third year BSc(N) and post BSc(N) had went an old age home on 12/4/2024 old age home in a residence where old people live and are cared for when old age parents looking after themselves in their own homes.

### Objectives

- ⇒ Understand the philosophy, mission, vision of old age home
- ⇒ Out line infrastructure chart of the old age home
- ⇒ Identify financial source of old age home
- ⇒ Understand policies of old age home
- ⇒ Understand the philosophy, mission of home
- ⇒ Maintenance of practical of old age home
- ⇒ Describe supplies of old age home



→ Mention the requirement of old age home.

## Visit report

We Bsc (N) 3<sup>rd</sup> year and post Bsc (N) students had gone to an old age home as part of our curriculum requirement. We reached there at 10 am as per the permission obtained by the administrative officials from the trust. There are total 25 inmates, 12 men and 12 women. A good infrastructure is maintained in the old age home with all the amenities. We students and faculties interacted with the inmates and discussed about their daily activities like food pattern, exercises like yoga, meditation etc. other activities like dressing and hygiene.

→ Some of the homes visit in to check their vitals and blood sugar and about their problems we note it down and give it to the authority members, we helped etc. By the students in addition students included from pictures with them had an amazing time by singing, narrating stories from real life experiences. It was an wonderful

And heart touching experience from the students  
and they could follow some.

⇒ We helped the inmates for daily care  
activities counselling etc by the students in addition  
students included from pictures with them had an  
amazing time by singing narrating stories from real  
life experiences. It was an insightful and heart  
touching experience for the students and they could  
follow some valuable lessons from the experience that  
told light throughout their life.



# NARAYANA MEDICAL COLLEGE HOSPITAL

Chinthareddypalem, Nellore - 524 003, Andhra Pradesh, India.

Tel.: 91-861-2355511, Fax : +91-861-2331763, EXT No.2398, 2394

**NARAYANA**  
MEDICAL COLLEGE AND HOSPITAL

Date : 01.07.2024

## CLINICAL POSTING COMPLETION CERTIFICATE

This is to certify that, the following list of 65 **B.Sc. Nursing I Year (I Semester)** students had completed **Nursing Foundation-I clinical posting** from 14.12.2023 to 05.06.2024 during the academic year 2023-2024 at Narayana Super specialty hospital I(Parent Hospital), Nellore.

SL.NO	REG NO	NAME OF THE STUDENT
1.	23N103078001	ADDANKI VANI
2.	23N103078002	AGARAM NANDHINI
3.	23N103078003	ARAVA HEMALATHA
4.	23N103078004	AVULA RAJESWARI
5.	23N103078005	B SAIDEEPTHI
6.	23N103078006	BATTA LASYAPRIYA
7.	23N103078007	BILLA SRAVANTHI
8.	23N103078008	BUKKE POOJITHA
9.	23N103078009	BUSETTI SUPRIYA
10.	23N103078010	CHENNU BHANU
11.	23N103078011	CHINTHAPATLA MOUNIKA
12.	23N103078012	CHITTIBOINA PADMAVATHI
13.	23N103078013	CHITTIBOYINA VENKATA NANDINI
14.	23N103078014	D VISHNAVI BAI
15.	23N103078015	DARA AISHVARYA
16.	23N103078017	DEPA NAVYA
17.	23N103078018	DERANGULA GANGA BHAVANI
18.	23N103078019	DUVVUR JAYANTHI
19.	23N103078020	ELLAPU SREEVALLI
20.	23N103078021	ENARATI INDU

  
Principal

**SREE NARAYANA NURSING COLLEGE**  
Chinthareddypalem,  
NELLORE-524 002



# NARAYANA MEDICAL COLLEGE HOSPITAL

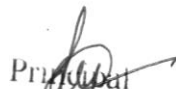
Chinthareddypalem, Nellore - 524 003, Andhra Pradesh, India.

Tel.: 91-861-2355511, Fax : +91-861-2331763, EXT No.2398, 2394

**NARAYANA**  
MEDICAL COLLEGE AND HOSPITAL

Date : 01.07.2024

SL.NO	REG NO	NAME OF THE STUDENT
21.	23N103078022	ENUGOLU NIKHILA SRI
22.	23N103078023	GALI AKHILA
23.	23N103078024	GUDISIPALLI SUSMITHA
24.	23N103078025	GURRAM KEERTHI
25.	23N103078027	K THRIVENI
26.	23N103078028	KABAKA SREECHANDANA
27.	23N103078029	KALICHETI NIKHITHA
28.	23N103078030	KALTHURI SANJANA
29.	23N103078031	KARRA REVATHI
30.	23N103078032	KOLALA AKSHAYA
31.	23N103078033	KOLIGUNDLA GREESHMA NEHA
32.	23N103078034	KOTAKONDA JHANSI
33.	23N103078035	KUMBHAGIRI SUMALATHA
34.	23N103078036	KURUBA CHARITHA
35.	23N103078037	M KAAVYA
36.	23N103078038	M PUJITHA
37.	23N103078039	MALIMELI GURAVAMMA
38.	23N103078040	MALLAM THANMAI
39.	23N103078041	MALLI ANKAMMA
40.	23N103078042	MAMANDURU BALAMURUGAN MOUNIKA
41.	23N103078043	MANNEPALLI NANDINI
42.	23N103078044	MANNEPALLI THANUJA
43.	23N103078045	MEEDURI MEERAJA
44.	23N103078046	MOPURI ANUSHA
45.	23N103078047	MOTA TRIVENI
46.	23N103078048	MULINTI KALYANI
47.	23N103078049	NANDURI LAHARI
48.	23N103078050	PALEPU SIVANANDINI

  
Principal  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002




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Chinthareddypalem, Nellore - 524 003, Andhra Pradesh, India.

Tel.: 91-861-2355511. Fax : +91-861-2331763, EXT No.2398, 2394

Date : 01.07.2024

SL.NO	REG NO	NAME OF THE STUDENT
49.	23N103078051	PANDIPATLA SRAVANI
50.	23N103078052	PIKILI MANJUVANI
51.	23N103078053	RAGHUPATHI KEERTHI
52.	23N103078054	SAMMANA VYSHNAVI
53.	23N103078055	SANGAVARAPU GEETHIKA
54.	23N103078056	SAPURU YAMINI
55.	23N103078057	SHAIK AFSHIN
56.	23N103078058	SHAIK MEHAK
57.	23N103078059	SHAIK NAZIYA
58.	23N103078060	SRINIVASULU ISHWARYA
59.	23N103078061	TALAPALA SUKANYA
60.	23N103078062	THOKANCHI SUSMITHA
61.	23N103078063	THOTI HARSHINI
62.	23N103078064	VEERAPOGU ANUSHA
63.	23N103078065	VELUGULA SRAVYA
64.	23N103078066	VEMULA NEERAJA
65.	23N103078067	VETTI ARUNA

  
**Medical Superintendent**

*Medical Superintendent*  
Narayana Medical College Hospital  
Chinthareddypalem, NELLORE-2.

  
Principal


**SREE NARAYANA NURSING COLLEGE**  
Chinthareddypalem,  
NELLORE-524 002

Date : 01.07.2024

## CLINICAL POSTING COMPLETION CERTIFICATE

This is to certify that, the following list of **B.Sc. Nursing II Year (III Semester)** students had completed Adult Health Nursing-I clinical posting from 26.02.2024 to 15.06. 2024 during the academic year 2023-2024 at Narayana Super specialty hospital I(Parent Hospital), Nellore.

SL.NO	REG NO	NAME OF THE STUDENT
1.	22N103078001	ABIYA MERIN CHACKO
2.	22N103078002	ADITHYA RAJESH
3.	22N103078003	AIDA MARIA SOBY
4.	22N103078004	AKSA GEORGE
5.	22N103078005	AKSHARA RAJ
6.	22N103078006	ALEENA SARA SAJI
7.	22N103078007	ALEENA SUSAN THOMAS
8.	22N103078008	ALFIYA REJI
9.	22N103078009	ALPHY ANNA SIBY
10.	22N103078010	AMALA KURIAN
11.	22N103078011	AMITHA MARIA JOSE
12.	22N103078012	ANANDASREE K R
13.	22N103078013	ANEETA K JOSE
14.	22N103078014	ANEETA MANOJ
15.	22N103078015	ANGETELA VYSHNAVI
16.	22N103078016	ANITA SIJU
17.	22N103078017	ANITTA JOY
18.	22N103078018	ANJANA ANIL
19.	22N103078019	ANNA KUNJUMON
20.	22N103078020	ANNA ROSE
21.	22N103078021	ANNUMOL P MATHEW

  
Principal  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002



**NARAYANA**  
MEDICAL COLLEGE AND HOSPITAL

# NARAYANA MEDICAL COLLEGE HOSPITAL

Chinthareddypalem, Nellore - 524 003, Andhra Pradesh, India.  
Tel.: 91-861-2355511. Fax : +91-861-2331763, EXT No.2398, 2394

Date : 01.07.2024

SL.NO	REG NO	NAME OF THE STUDENT
22.	22N103078022	ANSU BABU
23.	22N103078023	ANU THOMAS
24.	22N103078024	ANUPAMA PRAKASH
25.	22N103078025	ANUPAMA RAJ
26.	22N103078026	ARATHY AJAYAN
27.	22N103078027	ARCHANA SABU
28.	22N103078028	ARDRAMOL P S
29.	22N103078029	ASADI SONIYA
30.	22N103078030	ATCHUKATLA SIRISHA
31.	22N103078031	ATHIRA K R
32.	22N103078032	ATHIRAMOL M M
33.	22N103078033	AYIFA FATHIMA
34.	22N103078034	BETSY MARIA
35.	22N103078035	BHAGYA SURESH
36.	22N103078036	CHRISTINA THOMAS
37.	22N103078037	DEVIKA VINOD
38.	22N103078038	DIYA BINOY
39.	22N103078039	DIYAMOL
40.	22N103078040	DONA ROY
41.	22N103078041	ENRICHIA MARIA MICHAEL
42.	22N103078042	FATHIMA SADATH
43.	22N103078043	FRINTA MARIYA BABU
44.	22N103078044	GEETHU VINU
45.	22N103078045	GOPIKA GOPAKUMAR
46.	22N103078046	JAYALAKSHMI K S
47.	22N103078047	JELITTA JOMON
48.	22N103078048	JENCY JACOB
49.	22N103078049	JOSNA JOBY
50.	22N103078050	KALLURU ASWINILATHA
51.	22N103078051	KALYANI T B

Principal  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002

Date : 01-07-2024

SL.NO	REG NO	NAME OF THE STUDENT
52.	22N103078052	KAYALA DHURGA
53.	22N103078053	KRISHNA VIJASH
54.	22N103078054	LINET DENNY
55.	22N103078055	MANYA MANOJ
56.	22N103078056	MARIYA REJI
57.	22N103078057	MARIYA REJI
58.	22N103078058	MARIYA VARGHESE
59.	22N103078059	MARIYAM JOSEPH
60.	22N103078060	MEBINA MONSY
61.	22N103078061	MEERA SAJI
62.	22N103078062	MERLIN MANOJ
63.	22N103078063	MILANIYA MANOJ
64.	22N103078064	MINNU HARI PRASAD
65.	22N103078065	MOBINA MARKOSE
66.	22N103078066	MOOLA INDU PRIYA
67.	22N103078067	NANDANA A P
68.	22N103078068	NANDANA M S
69.	22N103078069	NANDANA PRASAD
70.	22N103078070	NANDHANA DILEESH
71.	22N103078071	NANDHANA P S
72.	22N103078072	NEHA N S
73.	22N103078073	NIMMY K S
74.	22N103078074	PALEM MAIMUNNISHA
75.	22N103078075	PAVITHRA PRASANNAN
76.	22N103078076	POOJA RAVEENDRAN
77.	22N103078077	REMIYA REJI
78.	22N103078078	RENJITHA REJI
79.	22N103078079	RIA JOSEPH
80.	22N103078080	RIMY JOSEPH
81.	22N103078081	ROSE MARIA ANIL

*Principal*  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002



Date : 01.07.2024

SL.NO	REG NO	NAME OF THE STUDENT
82.	22N103078082	ROSMI MATHEW
83.	22N103078083	SANDRA MARIA VINOD
84.	22N103078084	SARIKA SANIL
85.	22N103078085	SEETHA K S
86.	22N103078086	SHERIN GEROGE
87.	22N103078087	SHINU THERES FRANCIS
88.	22N103078088	SNEHA JOJO
89.	22N103078089	SONA JOSSY
90.	22N103078090	SONA SOJAN
91.	22N103078091	SREELAKSHMI VINOD
92.	22N103078092	SURYA JAYAPRAKASH
93.	22N103078093	SWATHI VIJAYAN



**Medical Superintendent**

*Medical Superintendent*  
Narayana Medical College Hospital  
Chinthareddypalem, NELLORE-2.



Principal


**SREE NARAYANA NURSING COLLEGE**  
Chinthareddypalem,  
NELLORE-524 002

Date : 01.07.2024

## CLINICAL POSTING COMPLETION CERTIFICATE

This is to certify that, the following list of **B.Sc. Nursing III Year** students had completed **Medical surgical Nursing-II** clinical posting from 24.4.2024 to 30.06.2024 during the Academic year 2023-2024 at Narayana Super specialty hospital (Parent Hospital), Nellore.

SL.NO	REG NO	NAME OF THE STUDENT
1.	21N101078001	ACHUMOL ABRAHAM
2.	21N101078002	ADHEENA R
3.	21N101078003	ADITHYA SALI
4.	21N101078004	ADITHYA V S
5.	21N101078005	AFIYA MARIYA BIJU
6.	21N101078006	AISWARYA SREEKUMAR
7.	21N101078007	AKHINA ESTHER BIJU
8.	21N101078008	AKSHARA ASHOK
9.	21N101078009	AKSHAYA SAJI
10.	21N101078010	ALEENA K ELIZABETH
11.	21N101078012	ALITA BIJU
12.	21N101078013	ALITTA THOMAS
13.	21N101078014	ALKA SUNNY
14.	21N101078015	ALVINA MATHEW
15.	21N101078016	AMALA T MUTHUKATTIL
16.	21N101078017	AMITHA WILSON
17.	21N101078018	ANAKHA BINU
18.	21N101078019	ANGEL K JOY
19.	21N101078020	ANGEL MARIA MATHEW
20.	21N101078021	ANGEL TREESA TOM

  
Principal  
SREE NARAYANA NURSING COLLEGE  
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NELLORE-524 002



**NARAYANA**  
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# NARAYANA MEDICAL COLLEGE HOSPITAL

Chinthareddypalem, Nellore - 524 003, Andhra Pradesh, India.  
Tel.: 91-861-2355511, Fax : +91-861-2331763, EXT No.2398, 2394

Date : 01.07.2024.

SL.NO	REG NO	NAME OF THE STUDENT
21.	21N101078022	ANGELA THERESA K
22.	21N101078023	ANISHA VARGHSE
23.	21N101078024	ANITA BIJU
24.	21N101078025	ANJALY T S
25.	21N101078026	ANJANA ANIL
26.	21N101078027	ANJANA BIJU
27.	21N101078028	ANNA SUSAN JOMON
28.	21N101078029	ANNU MARIAM MONICHAN
29.	21N101078030	ANTONEETA ALEENA ARUJA
30.	21N101078031	APARNA PRAMOD
31.	21N101078032	APARNA SAJIMON
32.	21N101078033	APARNAMOL K SAJI
33.	21N101078034	ARATHY SUDHAKARAN
34.	21N101078035	ARYA V
35.	21N101078036	ASHA ANTO
36.	21N101078037	ASWATHY P P
37.	21N101078038	ASWATHY P S
38.	21N101078039	ASWATHY SHAJI
39.	21N101078040	ASWATHY VIJAYAN
40.	21N101078041	BENITTAMOL MATHEW
41.	21N101078042	BINIL CHINNU CHANDY
42.	21N101078043	BISMI BIJU
43.	21N101078044	BOYANAGANNAGARI MEGHANA
44.	21N101078045	C DIVYA
45.	21N101078046	CHILIMI SREESAI
46.	21N101078047	CHRISTY MINNU FRANCIS
47.	21N101078048	DASARI SANTHI
48.	21N101078049	DASARI USHA
49.	21N101078050	DEVANANDA SAJI
50.	21N101078051	DEVIKA MAHESHAN

  
Principal

SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002



**NARAYANA**  
MEDICAL COLLEGE AND HOSPITAL

# NARAYANA MEDICAL COLLEGE HOSPITAL

Chinthareddypalem, Nellore - 524 003, Andhra Pradesh, India  
Tel.: 91-861-2355511, Fax : +91-861-2331763, EXT No.2398, 2394

Date : 01.07.2024

51.	21N101078052	DEVIKA V S
52.	21N101078053	DHANUSREE BABU
53.	21N101078054	DONA K ANTONY
54.	21N101078055	DONA MARIYA K B
55.	21N101078056	ELISHBA ELDHOSE
56.	21N101078057	ELIZABETH GEO
57.	21N101078058	FEBA RAJU
58.	21N101078059	GADDA ELIJABETHAMMA
59.	21N101078060	HANNA THOMAS
60.	21N101078061	JESNA JOJO
61.	21N101078062	JOBYNA RAJU
62.	21N101078063	JUMY MARIYA MAJU
63.	21N101078064	KALYANI SHIJU
64.	21N101078065	KOTHAPALLI RUSHI PRIYA
65.	21N101078066	LINTA DEVASIA
66.	21N101078067	M MEGHANA
67.	21N101078068	MEENAKSHI K M
68.	21N101078069	MEENAKSHI P M
69.	21N101078070	MEGHA REJI
70.	21N101078071	MEKHA M
71.	21N101078072	MELBA ANN STANLY
72.	21N101078073	MERIN ANNA KUNJUMON
73.	21N101078074	NANDANA BIJU
74.	21N101078075	NANDHANA ANIL
75.	21N101078076	NEHA MARIA SEBASTIAN
76.	21N101078077	NEHA TREESA SHIBU
77.	21N101078078	NIMISHA NIYAS
78.	21N101078079	PARVATHY SURESH
79.	21N101078080	PRIYA JOHN
80.	21N101078081	RESHMI MOL T B
81.	21N101078082	RIYA V K

Principal

**SREE NARAYANA NURSING COLLEGE**  
Chinthareddypalem,  
NELLORE-524 002


Date : 01. 07. 2024

82.	21N101078083	ROSMI PUNNOOSE
83.	21N101078084	S VAISHNAVI
84.	21N101078085	SALNA S
85.	21N101078086	SANTHINI MOL P S
86.	21N101078087	SAUMYA MARIA MATHEW
87.	21N101078088	SELEENA ALEX
88.	21N101078089	SIMI VARGHESE
89.	21N101078090	SNEHA GEORGE
90.	21N101078091	SONA ANNA VARGHESE
91.	21N101078092	SONA JOHN
92.	21N101078093	SONAMOL SAJI
93.	21N101078094	SOUMYA KUMAR
94.	21N101078095	SREELAKSHMI M J
95.	21N101078096	SREELEKSHMY ANIL
96.	21N101078097	SRUTHY BOSE
97.	21N101078098	TEENA TONY
98.	21N101078099	TESSA ANISH
99.	21N101078100	VISHNUPRIYA C V



**Medical Superintendent**

*Medical Superintendent*  
Narayana Medical College Hospital  
Chinthareddypalem, NELLORE-2.



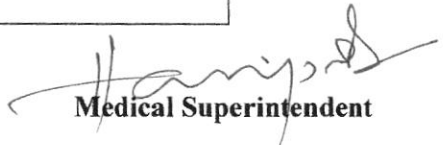
Principal  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002

Date : 01.07.2024

## CLINICAL POSTING COMPLETION CERTIFICATE

This is to certify that, the following list of **PBB.Sc. Nursing I Year** students had completed Nursing Foundation-I clinical posting from to during the academic year 2023-2024 at Narayana Super specialty hospital (Parent Hospital), Nellore.

SL.NO	REG NO	NAME OF THE STUDENT
1.	202310044002	JEDDA LAKSHMI CHANDANA
2.	202310044004	GEMMELA DEVAMMA
3.	202310044005	KUPPAN SANTHI
4.	202310044012	LOKOI BHARATHI
5.	202310044023	KORRA DOMINI
6.	202310044024	AMITI MEGHANA
7.	202310044025	KORLAPU GANGOTRI
8.	202310044027	VANTHALA BHIMALA
9.	202310044028	PUVVALA SRAVANI
10.	202310044029	DESILLI RUPA
11.	202310044031	SIKAKOLLU LAKSHMI
12.	202310044032	CHOKKAPU SUGUNA
13.	202310044033	GUJJALA MOUNIKA
14.	202310044034	MACHINA THIRUMANI
15.	202310044035	KORRA JAYANTHI
16.	202310044036	PENUBALA SANDHYA
17.	202310044037	PUSAM ANJALI

  
**Medical Superintendent**

*Medical Superintendent*  
Narayana Medical College Hospital  
Chinthareddypalem, NELLORE-2.

  
Principal

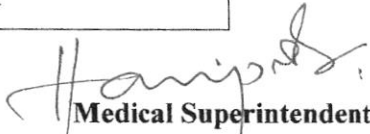
**SREE NARAYANA NURSING COLLEGE**  
Chinthareddypalem,  
NELLORE-524 002

Date : 01.07.2024

## CLINICAL POSTING COMPLETION CERTIFICATE

This is to certify that, the following list of **PBB.Sc. Nursing II Year** students had completed Maternal Nursing clinical posting from to during the academic year 2023-2024 at Narayana Super specialty hospital I(Parent Hospital), Nellore.

SL.NO	REG NO	NAME OF THE STUDENT
1.	22N102078001	ADAPAKA SIRISHA
2.	22N102078002	BABU SHANTHAMMA
3.	22N102078003	BURJUVADA SUJATHA
4.	22N102078005	CHUKKA RAMULAMMA
5.	22N102078006	DIBBA BHAGYARANI
6.	22N102078008	HIMARIKA SIREESHA
7.	22N102078009	KARIMIREDDY BHARATHI
8.	22N102078010	KATTAM SAI LAXMI
9.	22N102078011	KOVVADA SANTHOSHI
10.	22N102078012	KUNETI BHARATHI
11.	22N102078013	MADDILA JAYASREE
12.	22N102078014	MAMIDI MANJULA
13.	22N102078015	MURADANA VIJAYA
14.	22N102078016	MURLA MANGAMMA
15.	22N102078018	RAMADEVI SIMMALA
16.	22N102078020	SARA LAKSHMI
17.	22N102078021	SEEDARAPU SREELEKHA
18.	22N102078023	TALADA NAGAMANI
19.	22N102078024	TELUGU SANDHYA
20.	22N102078025	THOKALA YERAKAMMA
21.	22N102078026	TOLAPU RAMADEVI
22.	22N102078027	VANJE SUBBA LAKSHMI

  
**Medical Superintendent**

*Medical Superintendent*  
Narayana Medical College Hospital  
Chinthareddypalem, NELLORE-2.

  
Principal

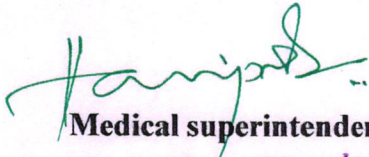
**SREE NARAYANA NURSING COLLEGE**  
Chinthareddypalem,  
NELLORE-524 002

Date : 31.08.2024

## Internship (Integrated Practice) Completion Certificate

This is to certify that the following **99 IV B.Sc. (N) 2023-2024** batch students has successfully completed **Midwifery and obstetrical Nursing Internship Practical** in Various departments of Narayana Super Specialty Hospital .

Sl.No	Subject	Practical hours		From	To
		Prescribed	Completed		
1.	Obstetrics & Gynecological Nursing	240	270	17.7.2024	24.8.24

  
**Medical superintendent**  
*Medical Superintendent*  
Narayana Medical College Hospital  
Chinthareddypalem, NELLORE-2.

  
Principal  
**SREE NARAYANA NURSING COLLEGE**  
Chinthareddypalem,  
NELLORE-524 002



Date : 31.08.2024

## NAME LIST OF THE STUDENTS

S.NO	REG. NO.	STUDENT NAME
1.	20N101078001	ABHIRAMI MANOJ
2.	20N101078002	ABHIRAMI R
3.	20N101078003	ADITHYA MADHU
4.	20N101078004	ADITHYA SURESHKUMAR
5.	20N101078005	ADLINE MARY THOMAS
6.	20N101078006	AISWARYA A P
7.	20N101078007	AKSA BABY
8.	20N101078008	ALEENA ANNA THOMAS
9.	20N101078009	ALEENA BABU
10.	20N101078010	ALEENA MARIYA MATHEWS
11.	20N101078011	ALEENA ROSE ANTONY
12.	20N101078012	ALEENA SUNNY
13.	20N101078013	ALEYAMMA VARGHESE
14.	20N101078014	AMANDA JULIET DON
15.	20N101078015	ANAKHA SIVANANDHAN
16.	20N101078016	ANEERTHANA ANIL
17.	20N101078017	ANEETA T C
18.	20N101078018	ANGEL JOSEPH
19.	20N101078019	ANINDITA PAL
20.	20N101078020	ANITTA SHAJI

  
Principal

**SREE NARAYANA NURSING COLLEGE**  
Chinthareddypalem,  
NELLORE-524 002



**NARAYANA**  
MEDICAL COLLEGE AND HOSPITAL

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Chinthareddypalem, Nellore - 524 003, Andhra Pradesh, India.  
Tel.: 91-861-2355511, Fax : +91-861-2331763, EXT No.2398, 2394

Date : 31-08-2024

S.NO	REG. NO.	STUDENT NAME
21.	20N101078021	ANITTA TREESA SOBY
22.	20N101078022	ANJU XAVIER
23.	20N101078023	ANNET VINCENT
24.	20N101078024	ANU M THOMAS
25.	20N101078025	ANUGRAHA S
26.	20N101078026	APARNA SALI
27.	20N101078027	ARCHANA BIJU
28.	20N101078028	ARCHANA T P
29.	20N101078029	ARDRA VENU
30.	20N101078030	ARSHA GURUSA
31.	20N101078031	ASHLIN S
32.	20N101078032	ASHLY KURIAKOSE
33.	20N101078033	ASWATHY T J
34.	20N101078034	ATHIRA BINU
35.	20N101078035	ATHULYA SANTHOSH
36.	20N101078036	ATHULYA SHAJI
37.	20N101078037	BARNALI HAZRA
38.	20N101078038	BATTALA LALITHAKUMARI
39.	20N101078039	BHUPATHI DEEPIKA
40.	20N101078040	BINY SUSAN TOJY
41.	20N101078041	DEVIKA BABU
42.	20N101078042	DEVIKA SHAJI
43.	20N101078043	DIYA SUKU
44.	20N101078044	DONA SUSAN JACOB

Principal

**SREE NARAYANA NURSING COLLEGE**  
Chinthareddypalem,  
NELLORE-524 002

Date : 31.08.2024

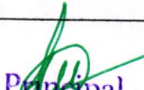
S.NO	REG. NO.	STUDENT NAME
45.	20N101078045	EBEENA ANNA MATHEW
46.	20N101078046	ELIZABATH SONY
47.	20N101078047	HANNA MATHEW
48.	20N101078048	JASMINE MARIA JOSEPH
49.	20N101078049	JENI S GEORGE
50.	20N101078050	JINTU MARIYAM BINOY
51.	20N101078051	JISMI P J
52.	20N101078052	JIYA GEORGE
53.	20N101078053	JOMOL JOY
54.	20N101078054	JOSINA JOHNSON
55.	20N101078055	JOSMI JOJI
56.	20N101078056	KONATAM PALLAVI GRACE
57.	20N101078057	KRISHNENDHU RAJAN
58.	20N101078058	LAIBY K SUNNY
59.	20N101078059	LAKSHMI BABU
60.	20N101078060	LENA ROBIN
61.	20N101078061	LISA MERIN VARGHESE M
62.	20N101078062	LIYA ANNA ELIAS
63.	20N101078063	MABLE MATHEW
64.	20N101078064	MAHIMA SARA JACOB
65.	20N101078065	MAJITHA SHAJI
66.	20N101078066	MANEESHA SUNDARAN

  
Principal

**SREE NARAYANA NURSING COLLEGE**  
Chinthareddypalem,  
NELLORE-524 002

Date : 31.08.2024

S.NO	REG. NO.	STUDENT NAME
67.	20N101078067	MARIYA BINU
68.	20N101078068	MARRI VENKATSUSHMA RAMANAYYA
69.	20N101078069	MERRIN TOMY
70.	20N101078070	MINNU BABUMON
71.	20N101078071	MINNU MARY LUKOSE
72.	20N101078072	NAVYA SANTHOSH
73.	20N101078073	PRAMA ACHARYA
74.	20N101078074	PRAVEENA KURIAN
75.	20N101078075	REVATHY SANTHOSH
76.	20N101078076	ROSE MARIA SHAJU
77.	20N101078077	ROSEENA KURIAKOSE
78.	20N101078078	SAHELI BARMAN
79.	20N101078079	SANA A B
80.	20N101078080	SANGEETHA SABU
81.	20N101078081	SARANYAMOL C R
82.	20N101078082	SHAIBY WILSON
83.	20N101078083	SHIJIMOL SHAJI
84.	20N101078084	SHONAMOL AUGUSTINE
85.	20N101078085	SILPA M S
86.	20N101078086	SMITHA BAIJU
87.	20N101078087	SNEHA BID
88.	20N101078088	SNEHA DEVASYA

  
Principal  
SREE NARAYANA NURSING COLLEGE  
Chinthareddypalem,  
NELLORE-524 002

Date : 31.08.2024

S.NO	REG. NO.	STUDENT NAME
89.	20N101078089	SONA JOSE
90.	20N101078090	SONA MARIYAM JOSE
91.	20N101078091	SONA SAJI
92.	20N101078092	SOUMILI BASU
93.	20N101078093	STEFFY HELEN BIJU
94.	20N101078094	SUMANA SAMANTA
95.	20N101078095	SWETHA SREEVASTHAV
96.	20N101078096	TREESA JOHNY
97.	20N101078097	TRISHA SAHOO
98.	20N101078098	VALLAM SATHWIK
99.	20N101078099	VIBISHNA NARAYANAN



**Medical superintendent**  
*Medical Superintendent*  
Narayana Medical College Hospital  
Chinthareddypalem, NELLORE-2.



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**SREE NARAYANA NURSING COLLEGE**  
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**This is to certify that, the following list of IV Year B.Sc Nursing students are undertaking research projects during the Academic Year 2023-2024. The details of the project are mentioned below.**

S.No	Name of the Student	Problem statement	Guide	Signature
1	Ms. Abhirami Manoj	A Study to Assess the Effect of Pain Management Protocols on Postoperative Pain in Surgical Patients admitted to NMCH.	Mrs. Rupa Saritha Reddy. V	V.R. Saritha Reddy
2	Ms. Abhirami R	A Cross-sectional Study on Satisfaction and Confidence in Using Clinical Simulation Models among Undergraduate Nursing Students in selected nursing college at Nellore	Mrs. Rupa Saritha Reddy. V	V.R. Saritha Reddy
3	Ms. Aiswarya A P	Assessment of Patient Satisfaction with Nursing Care in Medical-Surgical Wards In NMCH	Mrs. Rupa Saritha Reddy. V	V.R. Saritha Reddy
4	Ms. Aleena Mariya Mathews	A Prospective study to assess the Nurses Perception and barriers to use of Informative communication technology in a selected hospital, Nellore.	Ms Sumithra	[Signature]
5	Ms. Aleena Rose Antony	Evaluation of the Impact of Nurse-Led Education Programs on Medication Adherence in Hypertensive Patients	Mrs. Rupa Saritha Reddy. V	V.R. Saritha Reddy
6	Ms. Aleena sunny	A descriptive study to assess the handgrip strength among clients with osteoarthritis in a selected rural community area, Nellore.	Mrs. Rupa Saritha Reddy. V	V.R. Saritha Reddy
7	Ms. Amanda Juliet don	A Comparative study to assess the level of alarm fatigue among nurses working in medical wards and ICUs at NMCH, Nellore.	Ms. Deepa. K	[Signature]
8	Ms. Anakha Sivananda	A Comparative Study to Assess the Knowledge of Myths and Misconceptions about Mental Illness among Adults (18-35yrs) in Selected Rural and Urban Community of Nellore to Develop Information Booklet	Ms. Deepa. K	[Signature]
9	Ms. Angel joseph	Cross-Sectional Study on Student Awareness of Patients' Bill of Rights in Nellore Hospitals	Ms. Deepa. K	[Signature]
10	Ms. Anitta Treesa Soby	A Study to Evaluate the Effectiveness of Health Teaching on Knowledge regarding health hazards of Nicotine Dependence among undergraduates at selected educational institutions, Nellore.	Ms. Deepa. K	[Signature]
11	Ms. Anju Xavier	A study to assess the knowledge and attitude on childhood sexual abuse among school teachers in a selected school, Nellore	Ms. Deepa. K	[Signature]
12	Ms. Annet Vincent	A study to assess the effectiveness of STP on knowledge of National Mental Health Program Guidelines among adolescents in a selected school, Nellore.	Ms. Deepa. K	[Signature]
13	Ms. Anu m Thomas	A study to assess the Prevalence of Substance Use in Fishermen Selected rural area, Nellore.	Ms. Deepa. K	[Signature]
14	Ms. Anugraha s	A True Experimental Study to Evaluate the Effectiveness of Structured Teaching Programme on Knowledge Regarding III – Effects of Alcohol Consumption among Adolescents in Selected Senior Secondary Schools at	Ms. Deepa. K	[Signature]
15	Ms. Ardra venu	Effectiveness of Structured Teaching Program Regarding Knowledge of Adolescent Psychological Problems among Teachers	Mrs. Rupa Saritha Reddy. V	V.R. Saritha Reddy
16	Ms. Arsha Gurusa	A Prospective Study to Assess utilization and satisfaction towards Anganwadi services for children's beneficiaries among rural mothers, at selected rural community areas, Nellore.	Ms. Ribka Priya Ranjani	[Signature]
17	Ms. Ashly Kuriakose	A Study to Assess the Knowledge of Staff Nurses Regarding Neurorehabilitation in NMCH Hospital at Nellore	Ms. Guduru Usha	[Signature]



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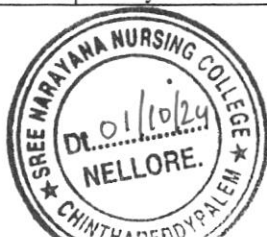


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S.No	Name of the Student	Problem statement	Guide	Signature
18	Ms. Aswathy TJ	A study to determine the effectiveness of structured teaching programs regarding ethics, rights, and welfare schemes of	Ms.Guduru Usha	
19	Ms. Biny Susan's toy	A Community-Based Cross-Sectional Study on The Prevalence of Pre-Hypertension among Adults at Selected Urban Community Area of Nellore.	Ms.Guduru Usha	
20	Ms. Diya Suku	A Study to Assess the Prevalence of Malnutrition & its Association with Dental Caries among Pre-schoolers at Selected Anganwadi's of Nellore	Ms.Guduru Usha	
21	Ms. Elizabeth Sony	A study to assess the effectiveness of health promotion practices on knowledge regarding prevention of urinary tract infection among married women in a selected rural Community area, Nellore.	Ms.Guduru Usha	
22	Ms. Jasmine Maria Joseph	A Cross-Sectional Study to Assess the Adherence to Antiretroviral Therapy, CD4 Count, Viral Load and Opportunistic Infections in people with HIV/AIDS at selected ART Centers, Nellore	Mrs.Shabnam	
23	Ms. Jeni s George	A quasi-experimental study to assess the effect of Back Massage on Physiological Parameters among CCF patients admitted in Cardiac Wards at a selected hospital, Nellore.	Mrs.A. Shabana	
24	Ms. Jintu Maryam Binoy	A descriptive study to assess the Identification of triggering factors of migraine among working women with migraine at selected Educational Institutions, Nellore.	Mrs .A.Shabana	
25	Ms. Jiya George	A study to assess the effectiveness of sensory stimulation on the level of consciousness among trauma brain injury patients at selected hospitals, Nellore.	Mrs.Vinodhini	
26	Ms. Jomol joy	A study to Evaluate the Effectiveness of a case-based concept map to improve pathophysiology knowledge among First-year Nursing Students at selected Nursing Colleges, Nellore.	Mrs.Vinodhini	
27	Ms. Josmi Joji	A Study to Evaluate Effectiveness of Triaging the Triage: Reducing Waiting Time to Triage in the Command Post to Emergency Department in NMC Hospitals	Mrs.Vinodhini	
28	Ms. Lakshmi babu	A study to assess the effectiveness of the educational package on the level of knowledge and attitude regarding Govt educational policies among parents in the selected rural community area, Nellore.	Mrs.Vinodhini	
29	Ms. Lena robin	A study to assess the knowledge and attitude of head of the family members regarding the services provided by the primary health centre at selected rural community area of Nellore.	Mrs.Vinodhini	
30	MS. Liya Anna Elias	A study to assess the knowledge and attitude on childhood sexual abuse among school teachers in a selected school, Nellore	Mrs.Vinodhini	
31	Ms. Mable Mathew	A Descriptive study to assess the Knowledge and Attitude on Home Based Newborn Care (HBNC) Among Post Natal Mothers in Selected Hospital, Nellore.	Mrs.Vinodhini	
32	Ms. Mahima Sara Jacob	Effect of implementing the educational program on pregnant women's knowledge, and practice regarding cervical cerclage among primi pregnant mothers attending Antenel OPD in NMCH at Nellore	Mrs.A. Shabnam	
33	Ms. Majitha shaji	A Quasi-experimental study to assess the effectiveness of symptom management training on home palliative care among Primary Care Givers at selected Oncology Hospital, Nellore.	Mrs.A. Shabnam	



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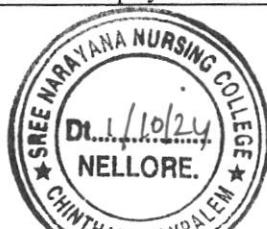
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34	Ms. Mariya Binu	To assess the level of attitude and coping strategies regarding menopause among postmenopausal women residing in selected rural and urban areas at Nellore	Mrs.A. Shabnam	
35	Ms. Marri Venkat Sushma Ramanayake	A Descriptive study to assess the prevalence, risk factors, and birth outcomes among women diagnosed with gestational diabetic Mellitus attending antenatal OPD at NMCH, Nellore.	Mrs. Baburayuni Bhargavi	
36	Ms. Merrin Tomy	A Descriptive Study to assess the Knowledge Regarding prevention of attention deficit hyperactivity disorder in children among primary school teachers at selected Government schools, Nellore.	Mrs. Rupa Saritha Reddy. V	
37	Ms. Minnu Mary Lukose	Effectiveness of self-learning material on knowledge regarding polycystic ovarian syndrome among adolescent girls	Mrs Anusha	
38	Ms. Revathy Santhosh	A descriptive survey to assess the awareness of the components of respectful maternity care (RMC) among nurse-midwives working in maternity units	Mrs Anusha	
39	Ms. Rose Maria Shaju	Effectiveness of structured teaching program on knowledge regarding Lamaze technique among antenatal mothers in selected maternity hospitals at Nellore	Mrs Anusha	
40	Ms. Roseena Kuriakose	A study to evaluate the effectiveness of a video-assisted teaching program on knowledge regarding menstrual cups among the girls studying in selected degree colleges, at Nellore	Mrs Anusha	
41	Ms. Sana A B	A study to assess the effectiveness of STP on modern trends in child care among pediatric nurses from a selected hospital, Nellore	Mrs Anusha	
42	Ms. Sangeetha Sabu	A study to assess the mental health needs of children and adolescents among parents residing in a selected community area, Nellore	Mrs Anusha	
43	Ms. Shijimol Shaji	A study to assess the knowledge on the role of parents in children's academic achievement and emotional well-being of children among parents of adolescents in the selected community area, Nellore.	Ms. Ribka Priya Ranjani	
44	Ms. Shonamol Augustine	A correlative study to assess the factors of skipping breakfast and academic achievement among adolescent girls at selected colleges, Nellore.	Mrs.A. Shabnam	
45	Ms. Silpa M S	A Study to Assess the Knowledge of Mothers Regarding Common Domestic Childhood Accidents and their Prevention in Pediatric Wards in a Tertiary Care Hospital, Nellore	Mrs.A. Shabnam	
46	Ms. Smitha Baiju	A Study to Assess the Level of Anxiety and Coping Strategies Regarding Pubertal Changes among Pre-Adolescent Girls in Selected Schools of Nellore	Mrs.A. Shabnam	
47	Ms. Sneha Devasya	A Study to Assess the Effectiveness of Structured Teaching Programme on Infant and Young Child Feeding (IYCF) Practices among Mothers at Paediatric Wards of NMCH Hospital, Nellore	Mrs.A. Shabnam	
48	Sona Saji	A study to determine Early Menarche and Menstrual Problems are associated with sleep disturbance in adolescent girls in a selected community area, Nellore.	Mrs.A. Shabnam	
49	Vibishna Narayanan	A Comparative study to assess the lifestyle pattern between controlled and uncontrolled Type II Diabetes among Non health care employees at selected hospitals, Nellore.	Mrs.Shabana	



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S.No	Name of the Student	Problem statement	Guide	Signature
50	Ms. Adithya Madhu	A Comparative Study on Self Medication Practices Among Nursing and Physiotherapy Students at Selected Colleges, Nellore.	Mrs D.Sai Dharanija	D. Sai D
51	Ms. Adithya Sureshkumar	A study to assess the effect of health teaching on knowledge and practices regarding colostomy care among caregivers of patients in specific wards at selected hospitals, Nellore.	Mrs D.Sai Dharanija	D. Sai D
52	Ms. Adeline Mary Thomas	study to assess the knowledge of the warning signs of foot ulcer deterioration among patients with diabetes at specific wards of NMCH, Nellore.	Mrs D.Sai Dharanija	D. Sai D
53	Ms. Aksa Baby	A study to assess the knowledge on the impact of Cold Needles on Pain After Intramuscular Vaccine in infants among pediatric Staff Nurses at Selected Hospitals, Nellore.	Mrs D.Sai Dharanija	D. Sai D
54	Ms. Aleena Anna Thomas	A Study to Assess the Effectiveness of Planned Teaching Program on selected Neurological Assessment in terms of Knowledge and Practice among staff nurses working in selected units of NMCH, Nellore.	Mrs D.Sai Dharanija	D. Sai D
55	Ms. Aleena Babu	A Quasi-experimental study to evaluate the impact of Dual Task Exercise on Selected Parameters among Patients with Cerebro Vascular Accidents at selected hospitals, Nellore	Mrs. Sudhamani	Sudha
56	Ms. Aleyamma Varghese	A Descriptive Study to Assess the Knowledge of Staff Nurses Regarding Neurorehabilitation, at selected hospitals, Nellore.	Mrs D.Sai Dharanija	D. Sai D
57	Ms. Aneerthana Anil	A study to assess the impact of selected digital apps on behavioral aspects of adolescents in selected Colleges, Nellore.	Mrs D.Sai Dharanija	D. Sai D
58	Ms. Aneeta T C	A study to assess the Effect of health teaching on knowledge regarding assessment and management of Dehydration in children among mothers of under-five children at Pediatric wards of NMCH, Nellore.	Mrs D.Sai Dharanija	D. Sai D
59	Ms. Anindita Pal	A Comparative Study to Assess the Level of Knowledge Regarding Child Sexual Abuse among the Rural and Urban Mothers in Selected Area, Nellore.	Mrs. Policherla Sudhamani	Sudha
60	Ms. Anitta Shaji	A study to assess the Knowledge and Practice Regarding the Use of Visual Infusion Phlebitis Scale among Staff Nurses at selected hospitals, Nellore.	Mrs. Policherla Sudhamani	Sudha
61	Ms. Aparna Sali	A study to assess the effect of a Nursing intervention bundle to prevent complications of arterial cannulation among patients admitted in selected hospitals, Nellore.	Mrs. Policherla Sudhamani	Sudha
62	Ms. Archana Biju	A study to assess the effect of planned teaching program on knowledge regarding vasomotor Perimenopausal problems and their Remedial measures among family members in selected Rural Community areas, Nellore.	Mrs. Policherla Sudhamani	Sudha
63	Ms. Archana T P	A study to assess the knowledge on factors and barriers influencing the screening tests for cervical Cancer among menopausal women admitted in selected wards of NMCH, Nellore.	Mrs.Shabana Begum	A
64	Ms. Ashlin S	A study to assess the knowledge on the Effect of dorsal stretching exercises on premenstrual syndrome among female staff nurses working in Selected Hospitals, Nellore.	Mrs.Shabana Begum	A
65	Ms. Athira Binu	A study to assess the knowledge on the management of pain pre-, during, and post-cardiology procedures in a selected hospital, Nellore.	Mrs.Shabana Begum	A



  
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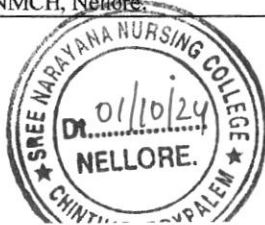


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S.No	Name of the Student	Problem statement	Guide	Signature
66	Ms. Athulya Santhosh	A Study to assess the effect of a structured teaching program on knowledge and practices regarding the clinical pathway of hypertension among the staff nurses working in the selected hospitals.	Mrs.Shabana Begum	
67	Ms. Athulya Shaji	A study to assess the Effect of health teaching programs on knowledge and practices regarding prevention and early management of complications related to thrombolysis among staff nurses working in selected hospital	Mrs.Shabana Begum	
68	Ms. Barnali Hazra	A study to assess the effect of health teaching on knowledge regarding organ donation among people residing in selected urban community areas, Nellore.	Mrs.Anusha.J	
69	Ms. Battala Lalitha kumar	A study to assess the effect of health teaching on knowledge regarding Cervical spondylosis among Computer Operators in selected hospitals, Nellore.	Mrs.Anusha.J	
70	Ms. Bhupathi Deepika	A study to Assess sleep deprivation on dual role among students with earn and learn scheme at selected Nursing colleges, Nellore.	Mrs.Anusha.J	
71	MS. Devika Babu	Effectiveness of Awareness Package on Occupational Health Hazards among Ragpickers of Selected areas of Nellore, AP	Mrs.Anusha.J	
72	Ms. Devika Shaji	A Comparative Study to Assess the selected Behavioral Problems Among Preschool Children on Working and Non-Working Mothers in Selected Areas of urban community, Nellore	Mrs.Anusha.J	
73	Ms. Dona Susan Jacob	A study to assess the level of malnutrition among under-five children attending OPD in a selected hospital, Nellore	Mrs. Policherla Sudhamani	
74	Ms. Ebeena Anna Mathew	A study to assess the impact of social media addiction on healthy lifestyle beliefs among adolescents from selected Colleges, Nellore.	Mrs. Policherla Sudhamani	
75	Ms . Hanna Mathew	A Study to assess the effect of health teaching on knowledge regarding Screening Vision Disorders among B.Sc.(N) SEM I students at selected Nursing Colleges Nellore.	Mrs. Policherla Sudhamani	
76	Ms. Jasmi P J	A Descriptive study to assess the Causes of Neonatal seizures and their management among Pediatric Nurses at selected hospitals, Nellore.	Mrs. Policherla Sudhamani	
77	Josina Johnson	A study to assess the Health Teaching on Knowledge regarding Self-Care Management of Sickle Cell in Grown-Up Patients among Staff nurses at selected hospitals, Nellore.	Ms. Ribka Priya Ranjani	
78	Ms. Konatam Pallavi Grace	A Study to assess the knowledge of stressors and their coping mechanism during Night Shifts among staff nurses at NMCH, Nellore.	Ms. Ribka Priya Ranjani	
79	Ms. Krishnendhu Rajan	A Descriptive study to assess the knowledge of Pet Therapy in Kids with Autism Disorder among third-year B.Sc.(N) Students at Selected colleges Nellore.	Ms. Ribka Priya Ranjani	
80	Ms. Laiby K Sunny	A Descriptive study to assess the knowledge on Reducing Readmissions of patients with common disease conditions among staff nurses at a selected hospital, Nellore.	Ms. Ribka Priya Ranjani	
81	Ms. Lisa Merin Varghese M	A study to assess the effect of token economy for Behaviour Problems among Orphanage children at selected Orphanage homes, Nellore.	Ms. Ribka Priya Ranjani	
82	Ms. Maneesha Sundaran	A Cross-sectional Descriptive Study of Pressure Ulcer Prevalence in a Teaching Hospital	Ms. Sumithra	
83	Ms. Minnu Babumon	A Cross-Sectional Study on effectiveness of the work rest cycle in avoiding stress among Staff Nurses working in ICUs at NMCH, Nellore.	Ms. Sumithra	



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S.No	Name of the Student	Problem statement	Guide	Signature
84	Ms. Navya Santhosh	A Study to assess the knowledge regarding sleep quality on the psychological status of patients with Nephrology disorders admitted in the nephrology unit at selected hospitals, Nellore.	Ms. Sumithra	
85	Ms. Prama Acharya	A Study to assess the impact of a comprehensive parental education program on the ability of parents to care for their high-risk newborns at home admitted in NICU at NMCH, Nellore.	Ms. Sumithra	
86	Ms. Praveena Kurian	A study to assess the effect of health teaching on knowledge regarding vitamin D deficiency among the women residing in selected urban community area, Nellore.	Dr. Surada Maheswari	
87	Ms. Saheli Barman	A Descriptive study to assess the knowledge on Effects of second-hand smoke inhalation in early life among staff nurses working in NMCH, Nellore	Dr. Surada Maheswari	
88	Ms. Saranyamol C R	A descriptive study to assess the knowledge and its prevention on development of Health problems due to advanced maternal Age among IV-year B.Sc.(N) students at selected Nursing colleges, Nellore	Dr. Surada Maheswari	
89	Ms. Shaiby Wilson	A study to assess the impact of social media addiction on healthy lifestyle beliefs among adolescents from selected Colleges, Nellore.	Dr. Surada Maheswari	
90	Ms. Sneha Bid	A Descriptive study to assess the Knowledge on the ill effects of Tobacco Use Among The Working Males at selected educational institutions, Nellore.	Mrs Kalpana	
91	Ms. Sona Jose	Effectiveness of comprehensive body mechanics on low back pain among staff nurses working in ICU	Mrs Kalpana	
92	Ms. Sona Mariyam Jose	A study to assess the side effects of anti-epileptic drugs among patients with epilepsy	Mrs Kalpana	
93	Ms. Soumili Basu	A Descriptive Study to Assess the Mobile Phone Dependence Level among B.Sc. Nursing Students, at selected Nursing colleges, Nellore.	Dr. Surada Maheswari	
94	Ms. Steffy Helen Biju	A Quasi-experimental study to Assess the Effectiveness of a Nurse Intervention Program on Knowledge regarding prevention of Postnatal Complications among Postnatal Mothers, at selected hospitals Nellore.	Dr. I.V. Mamatha	
95	Ms. Sumana Samanta	A study to assess the level of knowledge on anti-coagulation therapy among patients subjected to cardiac surgery at Cardiology wards of NMCH, Nellore	Dr. I.V. Mamatha	
96	Ms. Swetha Sreevasthav	A Study to assess the level of emotional intelligence and level of adjustment among Sem I nursing students at selected Nursing Colleges, Nellore	Dr. I.V. Mamatha	
97	Ms. Treesa Johny	Effectiveness of STP on knowledge and prevention of Needle stick injuries among Fresh BSc nursing students at Selected Nursing Colleges Nellore.	Dr. I.V. Mamatha	
98	Ms. Trisha Sahoo	A Descriptive Study to Assess the Knowledge of Staff Nurses Regarding Potassium Imbalance and its Management among Children in Child Health Care Areas of Selected Hospital, Nellore.	Dr. I.V. Mamatha	
99	Ms. Vallam Sathwika	A Study to assess the level of DASH diet adherence among hypertensive adults admitted in NMCH, Nellore.	Dr. I.V. Mamatha	



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## RESEARCH PROJECTS

This is to certify that, the following list of II- Year PBB.Sc. Nursing students are undertaking research projects during the Academic Year 2023-2024. The details of the project are mentioned below.

S.NO	Name of the Student	Problem Statement	Guide	Signature
1	Adapaka Sirisha	A study to assess the knowledge of pre-conception health awareness in reproductive women at NMCH Nellore	Dr.I.V Mamatha	
2	Babu Shanthamma	A study to assess the effectiveness of a structured teaching program on knowledge regarding partographs and their use during labor among midwives at NMCH Nellore	Mrs.B.Kalapana	B. Kalpane
3	Burjuvada Sujatha	A study to evaluate the effectiveness of video assisted teaching on knowledge regarding manual expression of breast milk among postnatal mothers	Mrs. Rupa Saritha Reddy. V	V.R. Saritha Reddy
4	Chukka Ramulamma	A descriptive study to assess the knowledge and practice regarding urinary tract infections during pregnancy among antenatal mothers at selected hospital in NMCH Nellore	Mrs.Vinodhini Chukka	Ch. Vinodhini
5	Dibba Bhagyarani	A study to assess the knowledge of married mothers regarding episiotomy in NMCH Nellore	Mrs.Vinodhini Chukka	Ch. Vinodhini
6	Himarika Sireesha	A quasi-experimental study to evaluate the effectiveness of structured teaching program regarding fetal development among III yr BSc nursing students	Mrs. Rupa Saritha Reddy. V	V.R. Saritha Reddy
7	Karimireddy Bharathi	A descriptive study to identify the cultural beliefs regarding perinatal dietary habits among women at NMCH Nellore	Mrs. Rupa Saritha Reddy. V	V.R. Saritha Reddy
8	Kattam Sai Lashmi	A study to assess the stressors of the first time expectant fathers at NMCH Nellore	Mrs J.Anusha	J. Anusha
9	Kovvada Santhoshi	A study to evaluate the effectiveness of self instructional module on pelvic floor exercise for antenatal mother attending antenatal OP at NMCH Nellore	Mrs J.Anusha	J. Anusha
10	Kuneti Bharathi	A study to assess the knowledge and attitude on oral cancer among Gutka chewers at selected oncology hospital, Nellore	Mrs D.Sai Dharanija	D. Sai
11	Maddila Jayasree	A study to assess the knowledge and Practices of Staff nurses on Occupational hazards in selected hospital, Nellore	Mrs D.Sai Dharanija	D. Sai
12	Mamidi Manjula	A study to assess the Prevalence of varicocose veins and it contributing factors among ICU staff nurses working in NMCH, Nellore.	Ms.B.Blessy rani	B. Blessy
13	Muradana Vijaya	A study to assess the knowledge and attitude of I Sem B.Sc.(N) students towards HIV patients at selected Nursing Colleges, Nellore.	Ms.B.Blessy rani	B. Blessy



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NELLORE-524 002



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Recognized by Indian Nursing Council vide letter No. 02/Sep/2006 INC dated : 29.09.2006 and

A.P. Nurses & Midwives Council, letter No. APNMC/CON/5212/2006, dated: 4/11/2006

Affiliated to Dr. Y.S.R. University of Health Sciences, A.P. Vijayawada.



S.NO	Name of the Student	Problem Statement	Guide	Signature
14	Murla Mangamma	A study to assess the knowledge and skills of III year B.Sc.(N) students on cranial Nerve Assessment at selected Nursing Colleges nellore.	Ms.B.Blessy rani	
15	Ramadevi Simmala	A study to Assess the knowledge on Prevention of Cervical Cancer among women attending Gynecology OPD at Hospital Nellore.	Ms. Ribka Priya Ranjani	
16	Sara Lakshmi	A study to Assess the knowledge on Vitamin A deficiencies and its management among mothers of Under five children attending Pediatric OPD, NMCH, Nellore.	Ms. Ribka Priya Ranjani	
17	Seedarapu Sreelekha	A Study to assess the knowledge of Safety Precautions to be Followed by senior Citizens attending medical OPD at selected hospital Nellore.	Ms.A.Shabnam	
18	Talada Nagamani	a study to assess the knowledge on level of anxiety and depression in clients with epilepsy in selected hospitals of Nellore.	Ms .K.Deepa	
19	Telugu Sandhya	A study to assess the Knowledge on effects of alcohol abuse among adolescents at selected Junir Colleges, Nellore.	Ms.G.Shobha krishna	
20	Thokala Yerakamma	A study to assess the knowledge of Staff nurses on effect of TENT on pain at selected hospitals, Nellore	Ms. Ribka Priya Ranjani	
21	Tolapu Ramadevi	A study to assess the knowledge and attitude regarding family planning methods among eligible couples attending selected OPD's at NMCH, Nellore	Mrs .B.Kalpana	
22	Vanje Subba Lakshmi	A study to assess the knowledge on human milk banking among staff nurses working in pediatric areas at NMCH, Nellore.	Ms.G.Shobha krishna	



PRINCIPAL  
Principal  
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