



**Amala**  
COLLEGE OF NURSING  
ACCREDITED BY NAAC WITH A GRADE

# AMALA COLLEGE OF NURSING

## AQAR (2023-2024)



### **CRITERION 6 – Governance, Leadership and Management**

#### **Key Indicator 6.3 – Faculty Empowerment Strategies**

**Metric No. 6.3.2 Number of teachers provided with financial support to attend conferences/workshops and towards membership fee of professional bodies during the year**

**SUBMITTED TO**



**National Assessment and Accreditation Council**





**AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR - 680555**

**APPLICATION FOR REIMBURSEMENT OF EXPENSES  
TO ATTEND CONFERENCE / CME / TRAINING / WORKSHOP / SEMINAR Etc.**

(To be submitted at least one month before the event starts)

1.	Name (in block letters)	L I N D A V A R G H E S E																																																																																																									
2.	Designation	A S S O C I A T E P R O F E S S O R																																																																																																									
3.	Department	O B G N U R S I N G																																																																																																									
4.	Date of birth (dd/mm/yyyy)	14	11	19	82	5	Age	41	Years																																																																																																		
6.	Permanent staff or not	Yes*		<input checked="" type="checkbox"/>		No*				7	Date of joining	30	01	23																																																																																													
8.	Total Duration of service in AIMS	10	Years	9	Future service expected in AIMS					Years																																																																																																	
10.	Name of the conference / CME / Workshop / Training / Seminar	INTERNATIONAL H/BAID CONFERENCE PATIENT SOCIETY																																																																																																									
11.	Whether regional/national/international	Regional *		National *		International*		<input checked="" type="checkbox"/>																																																																																																			
12.	Venue of event	AMRITHA COLLEGE OF NURSING																																																																																																									
13.	Duration	02	Days	14.	Whether academic or not	Yes <input checked="" type="checkbox"/>		No																																																																																																			
15.	Details calling for nomination	(Attach letter / pamphlet/advertisements from the organizers)																																																																																																									
16.	Whether presenting paper/delivery talk	Yes*		No* <input checked="" type="checkbox"/>		If Yes, attach an abstract of paper or talk																																																																																																					
17.	Date of Departure (dd/mm/yy)	(ONLINE)					Date of arrival																																																																																																				
18.	Total days as duty leave (DL)	Nil		days		Total days of actual travel from AIMS and back days of event / Maximum 03 days permissible during one calendar year																																																																																																					
19.	Whether sponsored or not	Yes*		No *		Record the details of sponsor in column 20 below																																																																																																					
20.	<table border="1"> <tr> <td>Details of expenses</td> <td>a</td> <td>Registration fee (Minimum fee)</td> <td>Rs.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DA Maximum for 3 days only</td> <td>b</td> <td>2nd class A/c 3 tier fare in one direction x 2</td> <td>Rs.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rate in Rupees as follows</td> <td>c</td> <td>Full Dearness allowance x Days of event</td> <td>Rs.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Category</td> <td>d</td> <td>Full Dearness allowance x Days of travel</td> <td>Rs.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Professor/</td> <td>e</td> <td>Half Dearness allowance on day of arrival</td> <td>Rs.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Associate Professor</td> <td></td> <td>and day of Departure (1/2 DA x 2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Asst. Professor</td> <td>f</td> <td>Total</td> <td>Rs.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Senior Resident</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											Details of expenses	a	Registration fee (Minimum fee)	Rs.									DA Maximum for 3 days only	b	2nd class A/c 3 tier fare in one direction x 2	Rs.									Rate in Rupees as follows	c	Full Dearness allowance x Days of event	Rs.									Category	d	Full Dearness allowance x Days of travel	Rs.									Professor/	e	Half Dearness allowance on day of arrival	Rs.									Associate Professor		and day of Departure (1/2 DA x 2)										Asst. Professor	f	Total	Rs.									Senior Resident											
Details of expenses	a	Registration fee (Minimum fee)	Rs.																																																																																																								
DA Maximum for 3 days only	b	2nd class A/c 3 tier fare in one direction x 2	Rs.																																																																																																								
Rate in Rupees as follows	c	Full Dearness allowance x Days of event	Rs.																																																																																																								
Category	d	Full Dearness allowance x Days of travel	Rs.																																																																																																								
Professor/	e	Half Dearness allowance on day of arrival	Rs.																																																																																																								
Associate Professor		and day of Departure (1/2 DA x 2)																																																																																																									
Asst. Professor	f	Total	Rs.																																																																																																								
Senior Resident																																																																																																											
21.	Category	Inside State	Outside																																																																																																								
	Professor/	175/day	250/day																																																																																																								
	Associate Professor																																																																																																										
	Asst. Professor	150/day	200/day																																																																																																								
	Senior Resident																																																																																																										
22.	Participation in any such event before, during this calendar year	Yes*		<input checked="" type="checkbox"/>		No*		If yes give details in Column 23																																																																																																			
23.	Total days of DL claimed so far	01	day	Total expenses received		Rs		500/-																																																																																																			

\* Tick ☒

**DECLARATION**

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

Signature of candidate with date				15/11/23	
Recommended	Recommended		Signature of HOD with date		
Signature of Principal			Asso. Director		
Sanctioned a sum of Rs. <u>500/-</u> (AMALA COLLEGE OF NURSING rupees only)			Signature of sanctioning authority with date		





AMRITA COLLEGE OF  
NURSING



## INTERNATIONAL HYBRID CONFERENCE

### PATIENT SAFETY: SAFE CARE, INNOVATIVE SOLUTIONS

Engage... Educate... Equip... Empower.

INC & KNMC CREDIT HOURS APPLIED



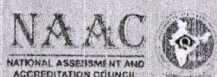
28<sup>th</sup> & 29<sup>th</sup> November 2023



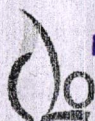
Annexe B Block Auditorium,  
AIMS, Kochi- 41



No.1 THE IMPACT  
IN INDIA RANKINGS 2023

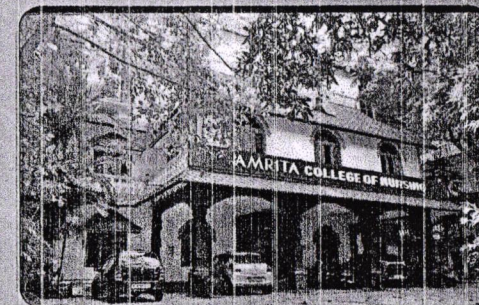


A++



Prof. Dr. RAJEE REGHUNATH  
PRINCIPAL

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



Amrita College of Nursing, located at AIMS, Ponekkara, Kochi, an AMRITA Vishwa Vidyapeetham constituent unit, is a pioneer nursing institution recognized by the Kerala Nurses and Midwives Council and Indian Nursing Council. Currently, the college provides programs in B. Sc. Nursing, M. Sc. Nursing, and Ph.D in Nursing. We incorporate the philosophy of our Chancellor, Sadguru Sri Mata Amritanandamayi Devi (AMMA), in providing value-based education embedded in research and innovation. It provides the framework for educating students to become professional nurses exhibiting integrity, clinical competence, effective communication, advocacy, and ethical behaviour thus enhancing patient safety.

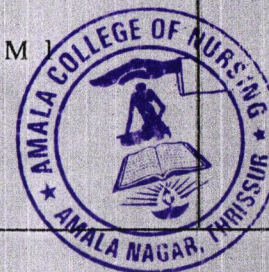
We are delighted to invite you to the International Hybrid Conference on "Patient Safety: Safe Care, Innovative Solutions" a premier event dedicated to advancing patient safety practices and fostering a culture of excellence in health care. Join us for an immersive and informative experience to empower healthcare professionals, administrators, researchers, and policymakers to enhance patient safety and quality care.

Chief Organizer:

D K T M

Organizing Secretary:

Lt. Col. (Dr). Ajee K. L





## Program Schedule

Track Eight: Innovations/Research areas in patient safety(12.00pm-1.00pm)		
Chairperson: Prof. Sheela Pavithran, Vice Principal, Amrita College of Nursing, Kochi, Kerala, India		
12.00 pm – 12.30 pm	Patient safety – General and nurse specific challenges	Ms. Elizabeth David Ezakaden, Director, Nursing & Organizational Excellence, Rajagiri Hospital, Kochi, Kerala, India
12.30 pm – 01.00 pm	Areas of innovational and translational researches on patient safety	Dr. Manu Raj, Professor, Department of Paediatrics, School of Medicine, AIMS, Kochi, Kerala, India
Lunch Break (01.00pm to 2.00pm)		
Track Nine: Scientific paper presentation (02.00 pm – 03.00 pm)		
Chairperson: Dr. Lekha Viswanath, Principal, Amrita College of Nursing & Deputy Director, Nursing Service, Amrita Hospital, Faridabad, India		
Track Ten: Valedictory session (03.05 pm – 03.30 pm)		

REGISTER NOW

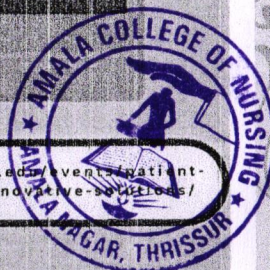
	Registration Fee (11 <sup>th</sup> November-12 <sup>th</sup> November)		Spot Registration
	Non-Amrita Delegates		
	Offline	Online	Offline
Faculty/ Health Professionals	₹ 2000	₹ 1000	₹ 500
Ph.D Scholar	₹ 1500	₹ 1000	₹ 250
PG Students	₹ 1000	₹ 750	₹ 150
UG Students	₹ 750	₹ 500	₹ 125
International Delegates	---	₹ 1000	---
	Amrita Delegates (Daily offline)		
Faculty/ Health professionals/ Ph.D Scholar	₹ 1500		
PG students	₹ 1000		
UG students	₹ 500		

\*No spot registration for online /international delegates. The fee is inclusive of scientific presentation.

\*\*Click here to visit our conference website to register and for more information about the program, speakers, and logistics.

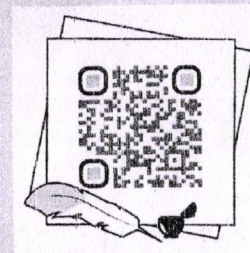
<https://www.amrita.edu/events/patient-safety-safe-care-innovative-solutions/>

Join us

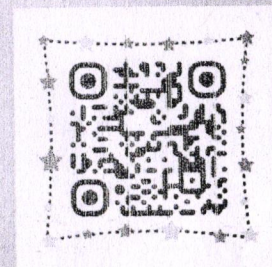


## Guidelines

Scientific Presentation  
Oral/ Poster Presentation:  
For Guidelines Scan here



Submit case studies for ISBN publication  
For Guidelines Scan here



Selected papers will be published as Conference proceedings

## CONTACT US

✉ [amritapatientssafetycon23@gmail.com](mailto:amritapatientssafetycon23@gmail.com)

Ph/Whatsapp:

Lt. Col. (Dr.) Ajee K L

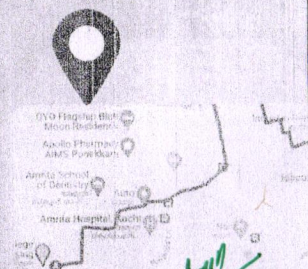
Ms. Sujakumari S

Ms. Anisha Vadakkeppatt

8335053920

8547909588 / 892197429

9061559280



ReACH Out

Amrita College of Nursing  
Health Science Campus  
Ponakkara P.O.  
Kochi - 682041  
Tel: 0484 285 8200, 8204

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





**AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR - 680555**

**APPLICATION FOR REIMBURSEMENT OF EXPENSES  
TO ATTEND CONFERENCE / CME / TRAINING / WORKSHOP / SEMINAR Etc.**

(To be submitted at least one month before the event starts)

1.	Name (in block letters)	A N E E S H A V B																																																	
2.	Designation	A S S I S T A N T P R O F E S S O R																																																	
3.	Department	O B G N U R S I N G																																																	
4.	Date of birth (dd/mm/yyyy)	09	03	19	80	5	Age	43	Years																																										
6.	Permanent staff or not	<input checked="" type="checkbox"/> Yes*		<input type="checkbox"/> No*		7	Date of joining																																												
8.	Total Duration of service in AIMS	12	Years	9	Future service expected in AIMS																																														
10.	Name of the conference / CME-/ Workshop / Training / Seminar	G E D B A L N U R S I N G C O N G R E S S																																																	
11.	Whether regional/national/international	<input type="checkbox"/> Regional *		<input type="checkbox"/> National *		<input checked="" type="checkbox"/> International*																																													
12.	Venue of event	V E R M O N T U S A																																																	
13.	Duration	02	Days	14.	Whether academic or not	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No																																											
15.	Details calling for nomination	(Attach letter / pamphlet/advertisements from the organizers)																																																	
16.	Whether presenting paper/delivery talk	<input type="checkbox"/> Yes*		<input checked="" type="checkbox"/> No*		If Yes, attach an abstract of paper or talk																																													
17.	Date of Departure (dd/mm/yy)	Hybrid				Date of arrival																																													
18.	Total days as duty leave (DL)	Nil		days	Total days of actual travel from AIMS and back days of event / Maximum 03 days permissible during one calendar year																																														
19.	Whether sponsored or not	<input type="checkbox"/> Yes*		<input type="checkbox"/> No *		Record the details of sponsor in column 20 below																																													
20.	<table border="1"> <tr> <td>Details of expenses</td> <td>a</td> <td>Registration fee (Minimum fee)</td> <td>Rs.</td> <td>1800/-</td> </tr> <tr> <td>DA Maximum for 3 days only</td> <td>b</td> <td>2<sup>nd</sup> class A/c 3 tier fare in one direction x 2</td> <td>Rs.</td> <td></td> </tr> <tr> <td>Rate in Rupees as follows</td> <td>c</td> <td>Full Dearness allowance x Days of event</td> <td>Rs.</td> <td></td> </tr> <tr> <td>Category</td> <td>d</td> <td>Full Dearness allowance x Days of travel</td> <td>Rs.</td> <td></td> </tr> <tr> <td>Professor/</td> <td>e</td> <td>Half Dearness allowance on day of arrival</td> <td>Rs.</td> <td></td> </tr> <tr> <td>Associate Professor</td> <td></td> <td>and day of Departure (1/2 DA x 2)</td> <td></td> <td></td> </tr> <tr> <td>Asst. Professor</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Senior Resident</td> <td>f</td> <td>Total</td> <td>Rs.</td> <td>1800/-</td> </tr> </table>											Details of expenses	a	Registration fee (Minimum fee)	Rs.	1800/-	DA Maximum for 3 days only	b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.		Rate in Rupees as follows	c	Full Dearness allowance x Days of event	Rs.		Category	d	Full Dearness allowance x Days of travel	Rs.		Professor/	e	Half Dearness allowance on day of arrival	Rs.		Associate Professor		and day of Departure (1/2 DA x 2)			Asst. Professor					Senior Resident	f	Total	Rs.	1800/-
Details of expenses	a	Registration fee (Minimum fee)	Rs.	1800/-																																															
DA Maximum for 3 days only	b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.																																																
Rate in Rupees as follows	c	Full Dearness allowance x Days of event	Rs.																																																
Category	d	Full Dearness allowance x Days of travel	Rs.																																																
Professor/	e	Half Dearness allowance on day of arrival	Rs.																																																
Associate Professor		and day of Departure (1/2 DA x 2)																																																	
Asst. Professor																																																			
Senior Resident	f	Total	Rs.	1800/-																																															
21.	Category	Inside State	Outside																																																
	Professor/	175/day	250/day																																																
	Associate Professor																																																		
	Asst. Professor	150/day	200/day																																																
	Senior Resident																																																		
22.	Participation in any such event before, during this calendar year	<input checked="" type="checkbox"/> Yes*		<input type="checkbox"/> No*		If yes give details in Column 23																																													
23.	Total days of DL claimed so far			day	Total expenses received	Rs	500/-																																												

\* Tick ✓

**DECLARATION**

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

Signature of candidate with date		Amala 16/11/23	
Recommended	Signature of HOD with date		
Signature of Principal	Asso. Director	Director	
Sanctioned a sum of Rs. PRINCIPAL (AMALA COLLEGE OF NURSING AMALA NAGAR P.O., THRISSUR-680 555) rupees only)		Signature of sanctioning authority with date	





S

To siddth jain  
+91 99440 46574

₹1,800

USa conference

Pay again

Split with friends

✓ Completed

Oct 25, 2023 11:51 AM



South Indian Bank 8245



UPI transaction ID

366432913182

cip

To: TECHNOARETE RESEARCH AND  
DEVELOPMENT ASS

siddth2011-1@okhdfcbank

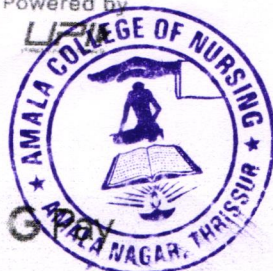
From: ANEESHA V B (South Indian Bank)

aneeshasadan@okicici

Google transaction ID

CICAgNCTuKqSCg

Powered by



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





**AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR - 680555**

**APPLICATION FOR REIMBURSEMENT OF EXPENSES  
TO ATTEND CONFERENCE / CME / TRAINING / WORKSHOP / SEMINAR Etc.**

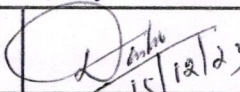
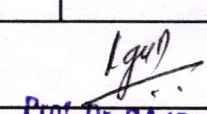
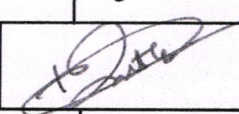
(To be submitted at least one month before the event starts)

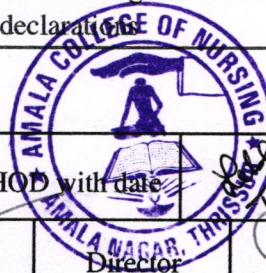
1.	Name (in block letters)	D O N J O S G B K																																												
2.	Designation	A S S T P R O F																																												
3.	Department	C O L L E G E O F N S																																												
4.	Date of birth (dd/mm/yyyy)	08	11	19	85	5	Age	38	Years																																					
6.	Permanent staff or not	Yes*		No*		7	Date of joining	08	05	88																																				
8.	Total Duration of service in AIMS	06	Years	9	Future service expected in AIMS						Years																																			
10.	Name of the conference / CME / Workshop / Training / Seminar	C O U N C I L B A S E D E D U C A T I O N																																												
11.	Whether regional/national/international	Regional *					National *					International*																																		
12.	Venue of event	C O N F E R E N C E																																												
13.	Duration	07	Days	14.	Whether academic or not	Yes					No																																			
15.	Details calling for nomination	(Attach letter / pamphlet/advertisements from the organizers)																																												
16.	Whether presenting paper/delivery talk	Yes*		No*		If Yes, attach an abstract of paper or talk																																								
17.	Date of Departure (dd/mm/yy)						Date of arrival																																							
18.	Total days as duty leave (DL)	NA	days	Total days of actual travel from AIMS and back days of event / Maximum 03 days permissible during one calendar year																																										
19.	Whether sponsored or not	Yes*		No*		Record the details of sponsor in column 20 below																																								
20.	<table border="1"> <tr> <td>Details of expenses</td> <td>a</td> <td>Registration fee (Minimum fee)</td> <td>Rs.</td> <td>500/-</td> </tr> <tr> <td>DA Maximum for 3 days only</td> <td>b</td> <td>2<sup>nd</sup> class A/c 3 tier fare in one direction x 2</td> <td>Rs.</td> <td>NA</td> </tr> <tr> <td>Rate in Rupees as follows</td> <td>c</td> <td>Full Dearness allowance x Days of event</td> <td>Rs.</td> <td></td> </tr> <tr> <td>Category</td> <td>d</td> <td>Full Dearness allowance x Days of travel</td> <td>Rs.</td> <td></td> </tr> <tr> <td>Professor/ Associate Professor</td> <td>e</td> <td>Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)</td> <td>Rs.</td> <td></td> </tr> <tr> <td>Asst. Professor</td> <td>f</td> <td>Total</td> <td>Rs.</td> <td>500/-</td> </tr> </table>																Details of expenses	a	Registration fee (Minimum fee)	Rs.	500/-	DA Maximum for 3 days only	b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.	NA	Rate in Rupees as follows	c	Full Dearness allowance x Days of event	Rs.		Category	d	Full Dearness allowance x Days of travel	Rs.		Professor/ Associate Professor	e	Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)	Rs.		Asst. Professor	f	Total	Rs.	500/-
Details of expenses	a	Registration fee (Minimum fee)	Rs.	500/-																																										
DA Maximum for 3 days only	b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.	NA																																										
Rate in Rupees as follows	c	Full Dearness allowance x Days of event	Rs.																																											
Category	d	Full Dearness allowance x Days of travel	Rs.																																											
Professor/ Associate Professor	e	Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)	Rs.																																											
Asst. Professor	f	Total	Rs.	500/-																																										
21.	Category	Inside State	Outside																																											
	Professor/ Associate Professor	175/day	250/day																																											
	Asst. Professor	150/day	200/day																																											
	Senior Resident																																													
22.	Participation in any such event before, during this calendar year	Yes*		No*		If yes give details in Column 23																																								
23.	Total days of DL claimed so far		day	Total expenses received	Rs																																									

\* Tick ✓

**DECLARATION**

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

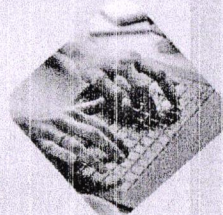
Signature of candidate with date		 15/12/23	
Recommended	Recommended		Signature of HOD with date
Signature of Principal		Asso. Director	
Sanctioned a sum of Rs. <b>PRINCIPAL</b> ( <b>AMALA COLLEGE OF NURSING</b> <b>AMALA NAGAR P.O., THRISSUR-680 555</b> ) rupees only)		Signature of sanctioning authority with date	





# Online Faculty Development Programme

The Internal Quality Assurance Cell (IQAC) and the Department of Computer Science of St. Albert's College (Autonomous), Ernakulam is organising



7 Day National level Online Faculty Development Programme on

## Outcome Based Education and Essential AI Tools for Teachers

in association with  
The Kerala State Higher Education Council



**Dr. Rajan Varughese**  
Member Secretary  
State Higher Education Council



**Dr. Anthony Thekkumkara**  
Principal  
St. Albert's College (Autonomous)



**Dr. Bijoy V M**  
Principal  
St. Albert's College (Autonomous)



**Ms. Amrutha**  
HoD  
Department of Computer Science

02nd to 09th November 2023 (7 Days)  
Live sessions: 07:00 pm to 09:00 pm IST

### Webinars for Online Sessions

(those who are unable to attend the live session can watch the recordings of same)  
Additional sessions on ChatGPT for Educators

- Recordings of the sessions and other Reference materials will be available through LMS
- Hands-on Activities and assessments through LMS
- FDP certificate issued from the college

Fee for LMS access and processing of Certificate: INR 500/-

### Who should participate

Faculty Members from Universities and any educational Institutions

**Prof. Dr. RAJEE REGHUNATH**  
PRINCIPAL  
AMALA COLLEGE OF NURSING  
AMALA NAGAR PO., THRISSUR-680 555  
Contact: LMS and Registration - 9020592530 (Mr. Jaimon Kuriakose)

of Outcomes  
for Accreditation  
g ChatGPT & AI Tools

**Ms. Amrutha**  
HoD  
Department of Computer Science

This National level online FDP on **OBE and Essential AI Tools for Teachers** is being organised by the Internal Quality Assurance Cell and the Department of Computer Science of St. Albert's College (Autonomous), Ernakulam in association with The Kerala State Higher Education Council. Spread across seven days, the FDP sessions will be delivered through live webinars and also through hands-on activities through Learning Management Portal (LMS).

### FDP Outcomes

On completion of this FDP, the faculty members will be able to:

- Identify the relevance and scope of OBE
- Formulate PO's, PSO's and CO's appropriately
- Prepare an appropriate course design for OBE
- Calculate attainment of CO's, PSO's and PO's related to the Programme
- Apply tools to prepare various analytics reports on OBE for Accreditation
- Learn Innovative Teaching Methods, and their execution through ChatGPT
- Develop Creativity and Critical Thinking skills in both teachers and students

### Resource Persons



**Prof. Anil Ramesh**  
Ph.D., M.A., M.P.W., M.P.E.  
Principal, St. Albert's College (Autonomous), Ernakulam  
Member, Kerala State Higher Education Council



**Dr. Sunil Job K A**  
M.Sc., M.A., M.P.W., M.P.E., M.P.E.  
Principal, St. Albert's College (Autonomous), Ernakulam  
Member, Kerala State Higher Education Council



**Dr. Jacob**  
Ph.D., M.A., M.P.W., M.P.E.  
Principal, St. Albert's College (Autonomous), Ernakulam  
Member, Kerala State Higher Education Council



**Dr. Suresh Nambuthiri**  
Ph.D., M.A., M.P.W., M.P.E.  
Principal, St. Albert's College (Autonomous), Ernakulam  
Member, Kerala State Higher Education Council

### FDP Registration

Registration form (Submit your details to get the link to join the online sessions):

[Click here > tly/R773D](#)

Processing Fee (Fee for LMS access and processing of Certificate): **Pay INR 500/-**

online to the following account and share the transaction details

through whatsapp to **9020592530**

Scan this QR Code to Pay >



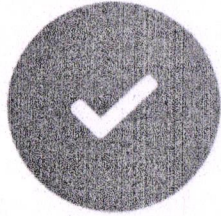
Account No : 007403836732190005  
IFSC : CSBK0000074  
Account Name : ST ALBERTS COLLEGE - CONSULTANCY  
Bank : Catholic Syrian Bank, Banerji Road

Additional Privilege for Paid Participants

Question Paper

Question Paper Generation Tool  
Generate question papers, making





₹500.00

Paid to ST ALBERTS COLLEGE

stalbertscollege.10005855@csbpay

October 29, 2023 3:11 PM

UPI transaction ID: 330211271375

*190*  
Prof. Dr. RAJEE REGHUNATH  
PRINCIPAL  
AMALA COLLEGE OF NURSING  
AMALA NAGAR P.O., THRISSUR-680 555







**AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR - 680555**

**APPLICATION FOR REIMBURSEMENT OF EXPENSES  
TO ATTEND CONFERENCE / CME / TRAINING / WORKSHOP / SEMINAR Etc.**

(To be submitted at least one month before the event starts)

1.	Name (in block letters)	P R I N C Y. C J S R L I T H A																																																																				
2.	Designation	D O C T O R																																																																				
3.	Department	C O I L E G E O F N U R S I N G																																																																				
4.	Date of birth (dd/mm/yyyy)	1	3	0	4	1	9	6	8	5	Age	55	Years																																																									
6.	Permanent staff or not	<input checked="" type="checkbox"/>	Yes*		No*	7	Date of joining	6	8	2	0	7																																																										
8.	Total Duration of service in AIMS	1	6	Years	9	Future service expected in AIMS						Years																																																										
10.	Name of the conference / CME / Workshop / Training / Seminar	O B E A N D L E S S E N T I A L A I P O C I S F O R T L A C H E R S																																																																				
11.	Whether regional/national/international	Regional * <input checked="" type="checkbox"/> National * <input checked="" type="checkbox"/> International* <input checked="" type="checkbox"/>																																																																				
12.	Venue of event	O N L I N E																																																																				
13.	Duration	0	7	Days	14.	Whether academic or not	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>																																																												
15.	Details calling for nomination	(Attach letter / pamphlet/advertisements from the organizers) <input checked="" type="checkbox"/>																																																																				
16.	Whether presenting paper/delivery talk	Yes* <input type="checkbox"/> No* <input checked="" type="checkbox"/> If Yes, attach an abstract of paper or talk																																																																				
17.	Date of Departure (dd/mm/yy)	N/A	Date of arrival																																																																			
18.	Total days as duty leave (DL)	NIL	days	Total days of actual travel from AIMS and back days of event / Maximum 03 days permissible during one calendar year																																																																		
19.	Whether sponsored or not	Yes* <input type="checkbox"/> No* <input type="checkbox"/> Record the details of sponsor in column 20 below																																																																				
20.	<table border="1"> <tr> <td colspan="2">Details of expenses</td> <td>a</td> <td>Registration fee (Minimum fee)</td> <td>Rs.</td> <td>5</td><td>0</td><td>0</td><td>1</td> </tr> <tr> <td colspan="2">DA Maximum for 3 days only</td> <td>b</td> <td>2<sup>nd</sup> class A/c 3 tier fare in one direction x 2</td> <td>Rs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2">Rate in Rupees as follows</td> <td>c</td> <td>Full Dearness allowance x Days of event</td> <td>Rs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2"></td> <td>d</td> <td>Full Dearness allowance x Days of travel</td> <td>Rs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2"></td> <td>e</td> <td>Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)</td> <td>Rs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2"></td> <td>f</td> <td>Total</td> <td>Rs.</td> <td></td><td></td><td></td><td></td> </tr> </table>																Details of expenses		a	Registration fee (Minimum fee)	Rs.	5	0	0	1	DA Maximum for 3 days only		b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.					Rate in Rupees as follows		c	Full Dearness allowance x Days of event	Rs.							d	Full Dearness allowance x Days of travel	Rs.							e	Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)	Rs.							f	Total	Rs.				
Details of expenses		a	Registration fee (Minimum fee)	Rs.	5	0	0	1																																																														
DA Maximum for 3 days only		b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.																																																																		
Rate in Rupees as follows		c	Full Dearness allowance x Days of event	Rs.																																																																		
		d	Full Dearness allowance x Days of travel	Rs.																																																																		
		e	Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)	Rs.																																																																		
		f	Total	Rs.																																																																		
21.	Category	Inside State	Outside																																																																			
	Professor/ Associate Professor	175/day	250/day																																																																			
	Asst. Professor	150/day	200/day																																																																			
	Senior Resident																																																																					
22.	Participation in any such event before, during this calendar year	Yes* <input checked="" type="checkbox"/> No* <input type="checkbox"/> If yes give details in Column 23																																																																				
23.	Total days of DL claimed so far	NIL	day	Total expenses received	Rs.	NIL																																																																

\* Tick ☒

**DECLARATION**

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

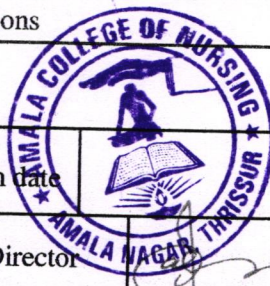
Signature of candidate with date

*[Signature]*  
6/5/22

Recommended

*Recommended*

Signature of HOD with date



Signature of Principal

*[Signature]*  
Prof. Dr. RAJEE REGHUNATH

Asso. Director

*[Signature]*

Director

Sanctioned a sum of Rs.

AMALA COLLEGE OF NURSING

(rupees only)

Signature of sanctioning authority with date

AMALA NAGAR P.O., THRISSUR-680 555



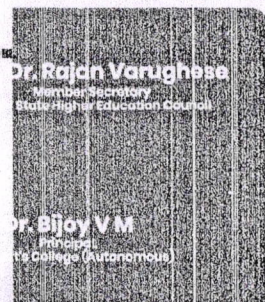
# Online Faculty Development Programme

The Internal Quality Assurance Cell (IQAC) and  
the Department of Computer Science  
of St. Albert's College (Autonomous), Ernakulam  
is organising

7 Day National level Online Faculty Development Programme on

## Outcome Based Education and Essential AI Tools for Teachers

in association with  
The Kerala State Higher Education Council



Dr. Bijoy V M  
Principal  
St. Albert's College (Autonomous)

02nd to 09th November 2023 (7 Days)  
Live sessions: 07:00 pm to 09:00 pm IST

### Additional Sessions

- (those who are unable to attend the live session can watch the recordings of same)
- Additional sessions on ChatGPT for Educators

- Recordings of the sessions and other Reference materials will be available through LMS
- Hands-on Activities and assessments through LMS
- FDP certificate issued from the college

Fee for LMS access and processing of Certificate: INR 500/-

### Who should participate

Faculty Members from Universities and any educational Institutions

Prof. Dr. RAJEE REGHUNATH

PRINCIPAL

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

Contact: LMS and Registration - 9020592530 (Mr. Jaimon Kuriakose)

of Outcomes  
for Accreditation  
g ChatGPT & AI Tools

Ms. Amrutha N

Head  
Department of Computer Science

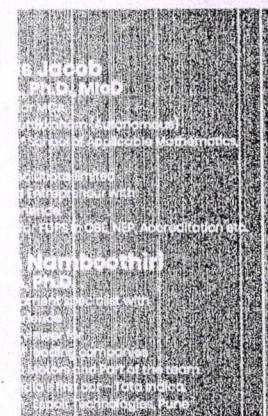
This National level online FDP on OBE and Essential AI Tools for Teachers is being organised by the Internal Quality Assurance Cell and the Department of Computer Science of St. Albert's College (Autonomous), Ernakulam in association with The Kerala State Higher Education Council. Spread across seven days, the FDP sessions will be delivered through live webinars and also through hands-on activities through Learning Management Portal (LMS).

### FDP Outcomes

On completion of this FDP, the faculty members will be able to:

- Identify the relevance and scope of OBE
- Formulate PO's, PSO's and CO's appropriately
- Prepare an appropriate course design for OBE
- Calculate attainment of CO's, PSO's and PO's related to the Programme
- Apply tools to prepare various analytics reports on OBE for Accreditation
- Learn Innovative Teaching Methods, and their execution through ChatGPT
- Develop Creativity and Critical Thinking skills in both teachers and students

### Resource Persons



### FDP Registration

Registration form (Submit your details to get the link to join the online sessions):

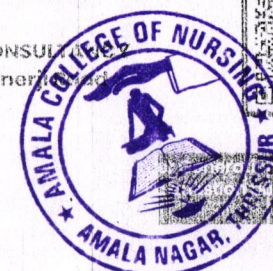
[Click here to Register](#)

Processing Fee (Fee for LMS access and processing of Certificate): Pay INR 500/-  
online to the following account and share the transaction details  
through whatsapp to 9020592530

Account No : 007403836732190005  
IFSC : CSBK0000074  
Account Name : ST ALBERTS COLLEGE - CONSULTANT  
Bank : Catholic Syrian Bank, Banerjee Road

Additional Privilege for Paid Participants

Question Paper, etc.







To ST ALBERTS COLLEGE

₹500

ProfPrincy C J

Pay again

Split with friends

Completed

Oct 31, 2023 10:04 AM



South Indian Bank 4414

UPI transaction ID

330401344815

To: ST ALBERTS COLLEGE

stalbertscollege.10005855@csbpay

From: DON JOSE K (South Indian Bank)

donjosek1@okicici

Google transaction ID

CICAgNDT69qFXQ



POWERED BY



Prof. Dr. RAJEE REGHUNATH  
PRINCIPAL

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

G Pay





**AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR - 680555**

**APPLICATION FOR REIMBURSEMENT OF EXPENSES  
TO ATTEND CONFERENCE / CME / TRAINING / WORKSHOP / SEMINAR Etc.**

(To be submitted at least one month before the event starts)

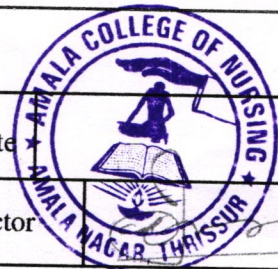
1.	Name (in block letters)	D R I N C Y C J S R L I T H A																																																																
2.	Designation	D O C T O R																																																																
3.	Department	C O L L E G E O F N U R S I N G																																																																
4.	Date of birth (dd/mm/yyyy)	1	3	0	4	1	9	6	8	5	Age	5	Years	9																																																				
6.	Permanent staff or not	Yes*		No*		7	Date of joining																																																											
8.	Total Duration of service in AIMS	1	6	Years	9	Future service expected in AIMS																																																												
10.	Name of the conference / CME / Workshop / Training / Seminar	D L A N I A R I S N E D I T I A N D D R O G E R E A D I A N																																																																
11.	Whether regional/national/international	Regional *		National *		International *																																																												
12.	Venue of event	C O N K I N E																																																																
13.	Duration	0	1	Days	14.	Whether academic or not		Yes	No																																																									
15.	Details calling for nomination	(Attach letter / pamphlet/advertisements from the organizers) ✓																																																																
16.	Whether presenting paper/delivery talk	Yes*		No* ✓		If Yes, attach an abstract of paper or talk																																																												
17.	Date of Departure (dd/mm/yy)	1	1		Date of arrival																																																													
18.	Total days as duty leave (DL)	1	1	days	Total days of actual travel from AIMS and back days of event / Maximum 03 days permissible during one calendar year																																																													
19.	Whether sponsored or not	Yes*		No *		Record the details of sponsor in column 20 below																																																												
20.	<table border="1"> <tr> <td colspan="2">Details of expenses</td> <td>a</td> <td>Registration fee (Minimum fee)</td> <td>Rs.</td> <td>1</td><td>2</td><td>9</td><td>/</td> </tr> <tr> <td colspan="2">DA Maximum for 3 days only</td> <td>b</td> <td>2<sup>nd</sup> class A/c 3 tier fare in one direction x 2</td> <td>Rs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2">Rate in Rupees as follows</td> <td>c</td> <td>Full Dearness allowance x Days of event</td> <td>Rs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2"></td> <td>d</td> <td>Full Dearness allowance x Days of travel</td> <td>Rs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2"></td> <td>e</td> <td>Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)</td> <td>Rs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2"></td> <td>f</td> <td>Total</td> <td>Rs.</td> <td></td><td></td><td></td><td></td> </tr> </table>												Details of expenses		a	Registration fee (Minimum fee)	Rs.	1	2	9	/	DA Maximum for 3 days only		b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.					Rate in Rupees as follows		c	Full Dearness allowance x Days of event	Rs.							d	Full Dearness allowance x Days of travel	Rs.							e	Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)	Rs.							f	Total	Rs.				
Details of expenses		a	Registration fee (Minimum fee)	Rs.	1	2	9	/																																																										
DA Maximum for 3 days only		b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.																																																														
Rate in Rupees as follows		c	Full Dearness allowance x Days of event	Rs.																																																														
		d	Full Dearness allowance x Days of travel	Rs.																																																														
		e	Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)	Rs.																																																														
		f	Total	Rs.																																																														
21.	Category	Inside State	Outside																																																															
	Professor/ Associate Professor	175/day	250/day																																																															
	Asst. Professor	150/day	200/day																																																															
	Senior Resident																																																																	
22.	Participation in any such event before, during this calendar year	Yes*		No*		If yes give details in Column 23																																																												
	Total days of DL claimed so far	1	1	day	Total expenses received		Rs.	1	1																																																									

\* Tick ✓

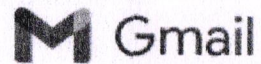
**DECLARATION**

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

Signature of candidate with date		 05/12/23	
Recommended	recommended		Signature of HOD with date
Signature of Principal	Prof. Dr. RAJEE REGHUNATH	Asso. Director	Director
Sanctioned a sum of Rs. 111		Signature of sanctioning authority with date	
(AMALA COLLEGE OF NURSING, AMALA NAGAR P.O., THRISSUR-680 555 rupees only)			







Litha Lizbeth &lt;lithalizbeth134@gmail.com&gt;

## Plagiarism, Editing and Proofreading!

**Research Graduate - Webinar** <info@researchgraduate.com>

Reply-To: Research Graduate - Webinar &lt;admin@researchgraduate.com&gt;

To: lithalizbeth134@gmail.com

Wed, Jul 12, 2023 at 6:52 PM

**RESEARCH GRADUATE**  
The Best PhD and Masters Consulting Company

# LIVE WEBINAR!

## PLAGIARISM, EDITING AND PROOFREADING

**REGISTER NOW****DR. RENU****THEJASWINI B.**

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

[CLICK HERE TO REGISTER FOR THE WEBINAR](#)

Hi,







To RESEARCH GRADUATE

₹149.04

PayviaRazorpay

Split with friends

Completed

Jul 13, 2023 9:54 AM



South Indian Bank 7547

UPI transaction ID

356066506758

To: RESEARCH GRADUATE

researchgraduat56.rzp@icici

From: LINDA VARGHESE (South Indian Bank)

lindasojan-1@okicici

Google transaction ID

CICAgNDCTLaplw



Powered by



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

G Pay





**AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR - 680555**

**APPLICATION FOR REIMBURSEMENT OF EXPENSES  
TO ATTEND CONFERENCE / CME / TRAINING / WORKSHOP / SEMINAR Etc.**

(To be submitted at least one month before the event starts)

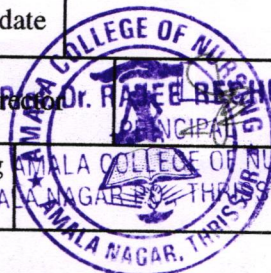
1.	Name (in block letters)	R I N U D A V I D																		
2.	Designation	A S S I S T A N T P R O F E S S O R																		
3.	Department	N U R S I N G																		
4.	Date of birth (dd/mm/yyyy)	3	1	0	5	1	9	8	7	5	Age	3	6	Years						
6.	Permanent staff or not			Yes*	<input checked="" type="checkbox"/>	No*	<input type="checkbox"/>	7	Date of joining	2	1	0	1	2	0	1	8			
8.	Total Duration of service in AIMS			6	Years	9	Future service expected in AIMS	1	0	Years										
10.	Name of the conference / CME / Workshop / Training / Seminar	M a k i n g N u m b e r s t o s p e a k																		
11.	Whether regional/national/international			Regional *	<input checked="" type="checkbox"/>	National *	<input type="checkbox"/>	International*												
12.	Venue of event	J u b i l e e M i s s i o n C o l l e g e																		
13.	Duration			1	Days	14.	Whether academic or not	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>									
15.	Details calling for nomination	(Attach letter / pamphlet/advertisements from the organizers)																		
16.	Whether presenting paper/delivery talk			Yes*	<input type="checkbox"/>	No*	<input checked="" type="checkbox"/>	If Yes, attach an abstract of paper or talk												
17.	Date of Departure (dd/mm/yy)	3	1	0	1	2	4	Date of arrival		<input checked="" type="checkbox"/>										
18.	Total days as duty leave (DL)			1	day	Total days of actual travel from AIMS and back days of event / Maximum 03 days permissible during one calendar year														
19.	Whether sponsored or not			Yes*	<input type="checkbox"/>	No *	<input type="checkbox"/>	Record the details of sponsor in column 20 below												
20.																				
	Details of expenses	a	Registration fee (Minimum fee)										Rs.			5	0	0		
	DA Maximum for 3 days only	b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2										Rs.							
	Rate in Rupees as follows	c	Full Dearness allowance x Days of event										Rs.							
21.	Category	Inside State	Outside	d	Full Dearness allowance x Days of travel										Rs.					
	Professor/ Associate Professor	175/day	250/day	e	Half Dearness allowance on day of arrival and day of Departure (1/2 DA x 2)										Rs.					
	Asst. Professor	150/day	200/day	f	Total										Rs.			5	0	0
22.	Participation in any such event before, during this calendar year			Yes*	<input type="checkbox"/>	No*	<input checked="" type="checkbox"/>	If yes give details in Column 23												
23.	Total days of DL claimed so far			1	day	Total expenses received	Rs.			5	0	0								

\* Tick ✓

**DECLARATION**

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

Signature of candidate with date		 24/1/24	
Recommended	Signature of HOD with date		
Signature of Principal	Prof. Dr. RAJEE REGHUNATH PRINCIPAL	Signature of Director	Dr. RAJEE REGHUNATH DIRECTOR
Sanctioned a sum of Rs. <u>Five</u> (..... Rupees only)		Signature of sanctioning authority with date	





# WORKSHOP ON "MAKING NUMBERS TO SPEAK: DATA COLLECTION MANAGEMENT AND ANALYSIS USING SPSS"

**Dear Delegates,**

We first year Msc nursing students of Jubilee Mission College of Nursing, Thrissur cordially invite you to the workshop "Making Numbers to Speak: Data Collection, Management and Analysis using SPSS" on 31 / 1/ 2024. Your active participation is important for us. KNMC credit hours will be allotted for participants.

## ABOUT US

*Jubilee Mission College of Nursing, Thrissur is a leading institution in the field of nursing education in Kerala, is established and administered by Jubilee Mission Trust – a charitable institution. It was started in the year of 2003, with the vision "Service with love". The college presently offers two major academic courses namely B.Sc. Nursing, M. Sc Nursing & is a Ph.D. center recognized by and affiliated to INC, KNMC and KUHS. JMCON is accredited with QAS 'A' Grade and NAAC 'B++' Grade.*

## ABOUT WORKSHOP

*Meticulous data when managed and analyzed, make the numbers [data] speak. The findings of the research when implemented solves the identified problem. Data collection, is where researchers employ structured methods such as surveys, experiments, or observations to gather quantifiable information. Thereafter, effective data management involves organizing, cleaning, and structuring the collected data to ensure accuracy and reliability. The data analysis phase employs statistical methods and mathematical modeling to derive patterns, correlations, and statistically significant findings. This workshop highlights on imparting education and developing skills on Data Collection, Management and Analysis using SPSS.*

Prof. Dr. RAJEE BEGHUNATH  
PRINCIPAL

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





## OBJECTIVES

*By the end of the workshop delegates will be able to:*

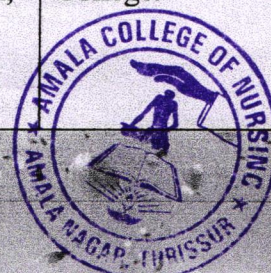
- *familiarize participants with various data collection methods employed in quantitative research.*
- *establish criteria for selecting appropriate data collection methods.*
- *emphasize the importance of rigor in maintaining data quality and reliability.*
- *understand the process of conducting descriptive data analysis using appropriate statistical measures.*
- *explore the inferential data analysis techniques, including parametric and non-parametric tests.*
- *enable participants to apply learned concepts through interactive exercises, fostering confidence in utilizing SPSS for quantitative data analysis*

## PROGRAMME SCHEDULE

Time	Topic	Resource person
8:15am	Registration	
8:30am-8:45am	<b>Session I:</b> Various data collection methods in quantitative research.	Dr. Sr. Tresa Anto, Vice Principal, JMCON.
8:45am- 9:00am	<b>Session II:</b> Criteria in selection and promote rigor in quantitative data collection.	Dr. Angela Gnanadurai, Principal, JMCON.
9:00am- 9:30am	Inauguration	
9:30am-10:30am	<b>Session III:</b> <b>Statistical concepts and applications:</b> Hypothesis testing –level of significance, One tailed / two tailed tests, Type I & II Errors, Parametric & Non-Parametric Techniques of Data Analysis, Installation of SPSS. [Hands on session: Group / Individual]	Dr. Hebsiba P. Professor and HOD [medical surgical nursing], Sree Gokulam Nursing College.
10:30am-10:45am	Tea break	
10:45am-11:30pm	<b>Session IV:</b> <b>Main features of SPSS:</b> Importing data from Excel, CSV, Data entry, coding and transformation, types of data & chart preparation, Frequency distribution, Cross tabulation, Multi layers cross tabulation, advanced statistical test for categorical variables. [Hands on session: Group / Individual]	Dr. Hebsiba P. Professor and HOD [medical surgical nursing], Sree Gokulam Nursing College.

**Prof. Dr. RAJEE REGHUNATH**  
PRINCIPAL

AMALA COLLEGE OF NURSING  
AMALA NAGAR PO., THRISSUR-680 555





Time	Topic	Resource person
11.:30am-12:30pm	<b>Session V:</b> <b>Descriptive analysis using SPSS:</b> Mean, Trimmed Mean, SD, Z scores & its estimation, skewness and kurtosis, normal distribution examination, testing and elimination of outliers in the data. [Hands on session: Group / Individual]	Dr. Hebsiba P. Professor and HOD [medical surgical nursing], Sree Gokulam Nursing College.
12:30pm-01:30pm	Lunch Break	
01:30pm-02:30pm	<b>Session VI:</b> <b>T-Test:</b> Parametric tests [ One sample t-test, two sample t-test & paired sample t-test] & non-parametric tests [Wilcoxon signed rank test, Mann- Whitney U test]. [Hands on session: Group / Individual]	Dr. Hepsiba P. Professor and HOD [medical surgical nursing], Sree Gokulam Nursing College.
02:30pm-03:30pm	<b>Session VII:</b> <b>Test association:</b> One way ANOVA, Two-way ANOVA, Post HOC tests & Kruskal Wallis Test. <b>Test of relations:</b> Pearson's correlation, Spearman's correlation, Partial Correlation. [Hands on session: Group / Individual]	Dr. Hebsiba P. Professor and HOD [medical surgical nursing], Sree Gokulam Nursing College.
3:30pm-04:30pm	<b>Session VIII:</b> <b>Simple and Multiple regressions:</b> Statistical analysis with SPSS & Interpretation of normality, causation effects, R square, t-values, co efficient of determination, F statistics, unstandardized regression coefficients, Multicollinearity and Heteroscedascity Tests for regression. [Hands on session: Group / Individual]	Dr. Hebsiba P. Professor and HOD [medical surgical nursing], Sree Gokulam Nursing College.
4:30 pm	<b>Valedictory function</b>	

## WHO CAN ATTEND?

- ✂ Nursing Students [ UG & PG]
- ✂ Ph.D. Scholars
- ✂ Nurse educators & administrators
- ✂ Registered nurses

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





## Registration fees

*Registration fee for all delegates: Rs. 500/- by cash*

**CLICK HERE FOR REGISTRATION**

[https://docs.google.com/forms/d/e/1FAIpQLSe0hOmt\\_pN1D8UcqO7RimOM4xYKgv1GWk2ONo5SEYkJalkwfg/viewform?usp=pp\\_url](https://docs.google.com/forms/d/e/1FAIpQLSe0hOmt_pN1D8UcqO7RimOM4xYKgv1GWk2ONo5SEYkJalkwfg/viewform?usp=pp_url)

## Contact details




Jasmine Jose- 9061458804

Ancilin V J- 6238555907

*Click here for location*

[https://maps.app.goo.gl/KCp\\_aar6g2Bzk89JE6](https://maps.app.goo.gl/KCp_aar6g2Bzk89JE6)



  
Prof. Dr. RAJEE REGHUNATH  
PRINCIPAL  
AMALA COLLEGE OF NURSING  
AMALA NAGAR PO., THRISSUR-680 555



J

To Jubilee Mission Hospital Trust

₹600

Rinu David -registration fees

Pay again

✓ Completed

28 Feb 2023, 11:53 am



South Indian Bank 4303



UPI transaction ID

305982055936

To

....0110

From: RINU DAVID (South Indian Bank)

rinu.david45@okaxis

Google transaction ID

CICAgJDD\_qCbDg

*Rgn*

Prof. Dr. RAJEE REGHUNATH  
PRINCIPAL

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







**AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR - 680555**

**APPLICATION FOR REIMBURSEMENT OF EXPENSES  
TO ATTEND CONFERENCE / CME / TRAINING / WORKSHOP / SEMINAR Etc.**

(To be submitted at least one month before the event starts)

1.	Name (in block letters)	A N E E S H A V B																																																																			
2.	Designation	A S S T P R O F E S S O R																																																																			
3.	Department	O B G N U R S I N G																																																																			
4.	Date of birth (dd/mm/yyyy)											5	Age						Years																																																		
6.	Permanent staff or not	Yes*										No*					7	Date of joining																																																			
8.	Total Duration of service in AIMS	12										Years	9	Future service expected in AIMS						Years																																																	
10.	Name of the conference / CME / Workshop / Training / Seminar	15th INTERNATIONAL NURSING CONFERENCE ON NURSING STUDIES & HEALTH CARE																																																																			
11.	Whether regional/national/international	Regional *										National *					International*																																																				
12.	Venue of event	THAILAND PHILIPPINES																																																																			
13.	Duration											Days	14.	Whether academic or not	Yes					No																																																	
15.	Details calling for nomination (Attach letter / pamphlet/advertisements from the organizers)																																																																				
16.	Whether presenting paper/delivery talk	Yes*										No*					If Yes, attach an abstract of paper or talk																																																				
17.	Date of Departure (dd/mm/yy)											Date of arrival																																																									
18.	Total days as duty leave (DL)	(VIRTUAL) 12										days	Total days of actual travel from AIMS and back days of event / Maximum 03 days permissible during one calendar year																																																								
19.	Whether sponsored or not	Yes*										No *					Record the details of sponsor in column 20 below																																																				
20.	<table border="1"> <tr> <td colspan="2">Details of expenses</td> <td>a</td> <td>Registration fee (Minimum fee)</td> <td>Rs.</td> <td></td> </tr> <tr> <td colspan="2">DA Maximum for 3 days only</td> <td>b</td> <td>2<sup>nd</sup> class A/c 3 tier fare in one direction x 2</td> <td>Rs.</td> <td></td> </tr> <tr> <td colspan="2">Rate in Rupees as follows</td> <td>c</td> <td>Full Dearness allowance x Days of event</td> <td>Rs.</td> <td></td> </tr> <tr> <td>21.</td> <td>Category</td> <td>Inside State</td> <td>Outside</td> <td>d</td> <td>Full Dearness allowance x Days of travel</td> <td>Rs.</td> </tr> <tr> <td></td> <td>Professor/</td> <td>175/day</td> <td>250/day</td> <td>e</td> <td>Half Dearness allowance on day of arrival</td> <td>Rs.</td> </tr> <tr> <td></td> <td>Associate Professor</td> <td></td> <td></td> <td></td> <td>and day of Departure (1/2 DA x 2)</td> <td></td> </tr> <tr> <td></td> <td>Asst. Professor</td> <td>150/day</td> <td>200/day</td> <td>f</td> <td>Total</td> <td>Rs. 1845/-</td> </tr> <tr> <td></td> <td>Senior Resident</td> <td></td> <td></td> <td></td> <td></td> <td>Rs. 1845/-</td> </tr> </table>																Details of expenses		a	Registration fee (Minimum fee)	Rs.		DA Maximum for 3 days only		b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.		Rate in Rupees as follows		c	Full Dearness allowance x Days of event	Rs.		21.	Category	Inside State	Outside	d	Full Dearness allowance x Days of travel	Rs.		Professor/	175/day	250/day	e	Half Dearness allowance on day of arrival	Rs.		Associate Professor				and day of Departure (1/2 DA x 2)			Asst. Professor	150/day	200/day	f	Total	Rs. 1845/-		Senior Resident					Rs. 1845/-
Details of expenses		a	Registration fee (Minimum fee)	Rs.																																																																	
DA Maximum for 3 days only		b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.																																																																	
Rate in Rupees as follows		c	Full Dearness allowance x Days of event	Rs.																																																																	
21.	Category	Inside State	Outside	d	Full Dearness allowance x Days of travel	Rs.																																																															
	Professor/	175/day	250/day	e	Half Dearness allowance on day of arrival	Rs.																																																															
	Associate Professor				and day of Departure (1/2 DA x 2)																																																																
	Asst. Professor	150/day	200/day	f	Total	Rs. 1845/-																																																															
	Senior Resident					Rs. 1845/-																																																															
22.	Participation in any such event before, during this calendar year	Yes*										No*					If yes give details in Column 23																																																				
23.	Total days of DL claimed so far											day	Total expenses received					Rs																																																			

\* Tick ✓

**DECLARATION**

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

Signature of candidate with date		20/2/24	
Recommended	Signature of HOD with date		
Signature of Principal	Prof. Dr. RAJEE REGHUNATH PRINCIPAL	Director	Director
Sanctioned amount of Rs. (eight hundred and fifty rupees only)		Signature of sanctioning authority with date	







7<sup>th</sup> International Conference on  
**NURSING SCIENCE  
AND HEALTHCARE**

**SFNP**  
SOCIETY FOR  
NURSING PRACTICES

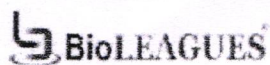
7<sup>th</sup> International Conference on  
**Nursing Science and  
Healthcare**

15<sup>th</sup> & 16<sup>th</sup> February 2024 | Virtual

Theme: "Elevate, Educate, Empower: The Nursing Journey"

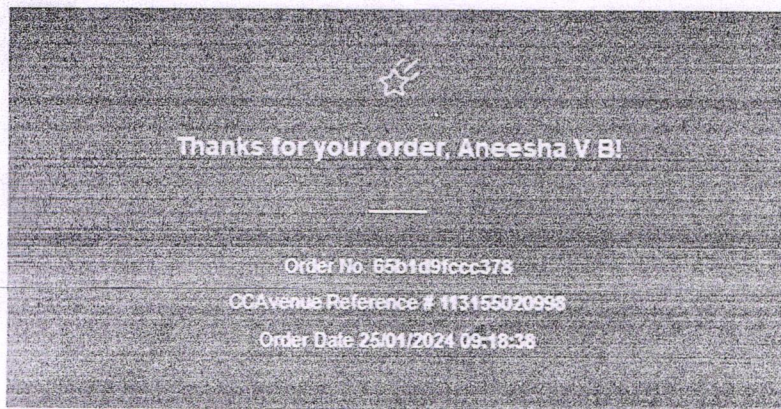
Organized by: Society for Nursing Practices

Scientific Partner



*Kan*  
**Prof. Dr. RAJEE REGHUNATH**  
PRINCIPAL  
AMALA COLLEGE OF NURSING  
AMALA NAGAR P.O., THRISSUR-680 555





Hey Aneesha V B,

Thank you for your order from <https://bioleagues.com>

For your convenience, we have included a copy of your order below.

The charge will appear on your credit card / Account Statement as  
'www.ccavenue.com'

Billing Details

Name: Aneesha V B  
Phone #: 9605666345  
Email: aneeshasadan@gmail.com  
Address: Amala college of nursing , KERALA , Thrissur 680555 , India  
Customer IP: 117.230.86.54

Payment Method

Pay Mode: Unified Payments  
Card #: UPI  
Amount: 1845.00

Shipping Details

Name:  
Phone #:  
Address:

Order Amount: INR 1845.00

Net Payable: INR 1845.00



Online Payment gateway

For any queries, reach out to us on  
Contact Info : +91(0)4449589038

Powered by CC Avenue®

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





**AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR - 680555**

**APPLICATION FOR REIMBURSEMENT OF EXPENSES  
TO ATTEND CONFERENCE / CME / TRAINING / WORKSHOP / SEMINAR Etc.**

(To be submitted at least one month before the event starts)

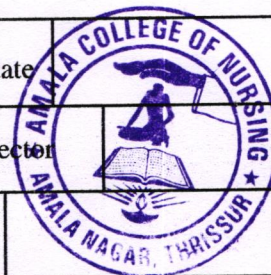
1.	Name (in block letters)	L A K S H M I . G									
2.	Designation	P R O F E S S O R									
3.	Department	A D U L T H E A L T H N S G									
4.	Date of birth (dd/mm/yyyy)	24	05	77	5	Age	46	Years			
6.	Permanent staff or not	Yes*	<input checked="" type="checkbox"/>	No*	7	Date of joining	07	10	13		
8.	Total Duration of service in AIMS	10	Years	9	Future service expected in AIMS				Years		
10.	Name of the conference / CME / Workshop / Training / Seminar	M A S T E R I N G N V I V O									
11.	Whether regional/national/international	<input checked="" type="checkbox"/>	Regional *	<input type="checkbox"/>	National *	<input type="checkbox"/>	International*				
12.	Venue of event	C H R I S T C O L L E G E									
13.	Duration	02	Days	14.	Whether academic or not	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		
15.	Details calling for nomination (Attach letter / pamphlet/advertisements from the organizers)										
6.	Whether presenting paper/delivery talk	Yes*	<input type="checkbox"/>	No*	<input checked="" type="checkbox"/>	If Yes, attach an abstract of paper or talk					
17.	Date of Departure (dd/mm/yy)	02	05	24	Date of arrival	04	05	24			
18.	Total days as duty leave (DL)	02	days	Total days of actual travel from AIMS and back days of event / Maximum 03 days permissible during one calendar year							
19.	Whether sponsored or not	Yes*	<input checked="" type="checkbox"/>	No *	Record the details of sponsor in column 20 below						
20.	Details of expenses										
		a	Registration fee (Minimum fee)				Rs.	1	8	0	0
		b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2				Rs.				
		c	Full Dearness allowance x Days of event				Rs.				
21.	Category	Inside State	Outside	d	Full Dearness allowance x Days of travel				Rs.		
	Professor/	175/day	250/day	e	Half Dearness allowance on day of arrival				Rs.		
	Associate Professor				and day of Departure (1/2 DA x 2)				Rs.		
	Asst. Professor	150/day	200/day	f	Total				Rs.	1	8
	Senior Resident									0	0
22.	Participation in any such event before, during this calendar year	Yes*	<input type="checkbox"/>	No*	If yes give details in Column 23						
23.	Total days of DL claimed so far	04	day	Total expenses received	Rs	Nil					

\* Tick ☒

**DECLARATION**

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

Signature of candidate with date		<i>[Signature]</i> 20.4.26	
Recommended	<i>[Signature]</i> Prof. Dr. RAJEE REGHUNATH		Signature of HOD with date
Signature of Principal	PRINCIPAL AMALA COLLEGE OF NURSING AMALA NAGAR PO., THRISSUR-680 555	Signature of Director	DIRECTOR <i>[Signature]</i>
Sanctioned a sum of Rs. <i>One Thousand</i> (Eight hundred only) rupees only		Signature of sanctioning authority with date	





# Two Day Workshop on Mastering Qualitative Data Analysis using NVivo

## Resource Person

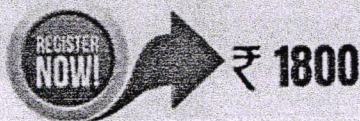


**Dr. Nimitha Aboobaker**  
Assistant Professor

School of Management Studies, CUSAT

### About Resource Person

Dr. Nimitha Aboobaker is working as the Assistant Professor at the School of Management Studies, Cochin University of Science and Technology. She is a trained teacher under the ERASMUS+ scheme of the European Union and has secured research fellowships and best paper awards from eminent institutions. She is a reviewer to more than a dozen international journals and has won the Emerald Literati Award for 'Outstanding Reviewer', in 2023, 2022, and 2021 (Emerald Publications). Dr. Nimitha's research works have been invited for presentation at renowned international conferences, including the Academy of Management Annual Conference, Texas A&M University-Central Texas, IIM Ahmedabad, and the University of South Florida.



### Payment Details

#### Bank Details

Name : J S Bhagavathi

Account No: 006700100126072

IFSC: DLX00000067

Dhanlaxmi Bank

Branch : Munnar, Kerala

More Information

8547086165 - Ajina V S

9496540399 - J S Bhagavathi


- ### Contents Covered
- Basics of Qualitative research
  - Introduction to Nvivo 14
  - Case Study: Wellbeing among Teachers in Higher Education
  - Using Nvivo for Review of Literature
  - Dealing with interview Transcripts; Audio files; Video files and Image files
  - Content analysis/ Thematic analysis
  - Cluster Analysis
  - Framework Matrix
  - Sentiment Analysis
  - Reporting Output
  - Ncapture


## 2 & 3 May, 2024


Limited

# 40

 Seats Only

 Accommodation facility is provided for outstation participants at extra cost.

 Refreshments and Lunch will be provided.

 [Registration Link](#)

### Organising Committee

Chairman (HOD): Dr. Josheena Jose

Principal: Rev. Fr. Dr. Jolly Andrews CMI

Research Convenor: Dr. Arun Balakrishnan M B

Staff Coordinator: Muvish K M

Student Coordinators: Ajina V S & J S Bhagavathi

Prof. Dr. RAJEEV REGHUNATH

PRINCIPAL

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

✉ [inquesta2022@gmail.com](mailto:inquesta2022@gmail.com)





**AMALA INSTITUTE OF MEDICAL SCIENCES  
AMALA NAGAR, THRISSUR - 680555**

**APPLICATION FOR REIMBURSEMENT OF EXPENSES  
TO ATTEND CONFERENCE / CME / TRAINING / WORKSHOP / SEMINAR Etc.**

(To be submitted at least one month before the event starts)

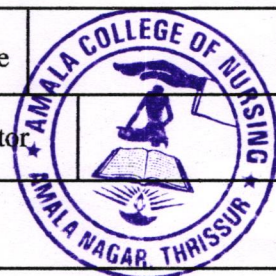
1.	Name (in block letters)	D R . A S H A R A S S																																																																																										
2.	Designation	C H I L D H E A L T H																																																																																										
3.	Department	A S S O C I A T E P R O F E S S O R																																																																																										
4.	Date of birth (dd/mm/yyyy)	0	1	0	3	1	9	8	2	5	Age									Years																																																																								
6.	Permanent staff or not					Yes*	<input checked="" type="checkbox"/>				No*					7	Date of joining	0	1	0	1	2	4																																																																					
8.	Total Duration of service in AIMS	A					Years	9					Future service expected in AIMS					Years																																																																										
10.	Name of the conference / CME / Workshop / Training / Seminar	N V I V O Q U A L I T A T I V E D A T A A N A L Y S I S																																																																																										
11.	Whether regional/national/international					Regional *	<input checked="" type="checkbox"/>				National *					International*																																																																												
12.	Venue of event	C H R I S T C O L L E G E																																																																																										
13.	Duration	2					Days	14.	Whether academic or not				Yes	<input checked="" type="checkbox"/>				No																																																																										
15.	Details calling for nomination (Attach letter / pamphlet/advertisements from the organizers)																																																																																											
6.	Whether presenting paper/delivery talk					Yes*					No*	<input checked="" type="checkbox"/>				If Yes, attach an abstract of paper or talk																																																																												
17.	Date of Departure (dd/mm/yy)	0	2	0	5	2	6	Date of arrival	0	4	0	5	2	4																																																																														
18.	Total days as duty leave (DL)					days					Total days of actual travel from AIMS and back days of event / Maximum 03 days permissible during one calender year																																																																																	
19.	Whether sponsored or not					Yes*					No*	Record the details of sponsor in column 20 below																																																																																
20.	<table border="1"> <tr> <td>Details of expenses</td> <td>a</td> <td>Registration fee (Minimum fee)</td> <td>Rs.</td> <td>1</td><td>8</td><td>0</td><td>0</td><td>/</td> </tr> <tr> <td>DA Maximum for 3 days only</td> <td>b</td> <td>2<sup>nd</sup> class A/c 3 tier fare in one direction x 2</td> <td>Rs.</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Rate in Rupees as follows</td> <td>c</td> <td>Full Dearness allowance x Days of event</td> <td>Rs.</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Category</td> <td>d</td> <td>Full Dearness allowance x Days of travel</td> <td>Rs.</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Professor/</td> <td>e</td> <td>Half Dearness allowance on day of arrival</td> <td>Rs.</td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Associate Professor</td> <td></td> <td>and day of Departure (1/2 DA x 2)</td> <td></td> <td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Asst. Professor</td> <td>f</td> <td>Total</td> <td>Rs.</td> <td>1</td><td>8</td><td>0</td><td>0</td><td>/</td> </tr> <tr> <td>Senior Resident</td> <td></td> <td></td> <td></td> <td></td><td></td><td></td><td></td><td></td> </tr> </table>																				Details of expenses	a	Registration fee (Minimum fee)	Rs.	1	8	0	0	/	DA Maximum for 3 days only	b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.						Rate in Rupees as follows	c	Full Dearness allowance x Days of event	Rs.						Category	d	Full Dearness allowance x Days of travel	Rs.						Professor/	e	Half Dearness allowance on day of arrival	Rs.						Associate Professor		and day of Departure (1/2 DA x 2)							Asst. Professor	f	Total	Rs.	1	8	0	0	/	Senior Resident								
Details of expenses	a	Registration fee (Minimum fee)	Rs.	1	8	0	0	/																																																																																				
DA Maximum for 3 days only	b	2 <sup>nd</sup> class A/c 3 tier fare in one direction x 2	Rs.																																																																																									
Rate in Rupees as follows	c	Full Dearness allowance x Days of event	Rs.																																																																																									
Category	d	Full Dearness allowance x Days of travel	Rs.																																																																																									
Professor/	e	Half Dearness allowance on day of arrival	Rs.																																																																																									
Associate Professor		and day of Departure (1/2 DA x 2)																																																																																										
Asst. Professor	f	Total	Rs.	1	8	0	0	/																																																																																				
Senior Resident																																																																																												
22.	Participation in any such event before, during this calender year					Yes*					No*	If yes give details in Column 23																																																																																
23.	Total days of DL claimed so far	0	1	day				Total expenses received	Rs	2	0	0																																																																																

\* Tick ✓

**DECLARATION**

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

Signature of candidate with date		<i>Ashas R</i> 30/04/2024	
Recommended	<i>[Signature]</i> Prof. Dr. RAJEE REGHUNATH PRINCIPAL AMALA COLLEGE OF NURSING		Signature of HOD with date
Signature of Principal	Asso. Director	<i>[Signature]</i>	Director
Sanctioned a sum of Rs. 1,800/- (Eight Hundred only) rupees only)		Signature of sanctioning authority with date	





## Two Day Workshop on Mastering Qualitative Data Analysis using NVivo

### Resource Person



**Dr. Nimitha Aboobaker**  
Assistant Professor

School of Management Studies, CUSAT

#### About Resource Person

Dr. Nimitha Aboobaker is working as the Assistant Professor at the School of Management Studies, Cochin University of Science and Technology. She is a trained teacher under the ERASMUS+ scheme of the European Union and has secured research fellowships and best paper awards from eminent institutions. She is a reviewer to more than a dozen international journals and has won the Emerald Literati Award for 'Outstanding Reviewer', in 2023, 2022, and 2021 (Emerald Publications). Dr. Nimitha's research works have been invited for presentation at renowned international conferences, including the Academy of Management Annual Conference, Texas A&M University-Central Texas, IIM Ahmedabad, and the University of South Florida.

REGISTER  
NOW!

₹ 1800

#### Payment Details

##### Bank Details

Name : J S Bhagavathi

Account No: 006700100126072

IFSC: DLXB0000067

Channarayana Bank

Branch: Munnar, Kerala

  
**Prof. Dr. RAJEE REGHUNATH**  
PRINCIPAL

AMALA COLLEGE OF NURSING

AMALA NAGAR PO., THRISSUR-680 555

More Information

8547086165 - Ajina V S  
9496540399 - J S Bhagavathi

### Contents Covered


- Basics of Qualitative research
- Introduction to Nvivo 14
- Case Study: Wellbeing among Teachers in Higher Education
- Using Nvivo for Review of Literature
- Dealing with interview Transcripts; Audio files; Video files and Image files
- Content analysis/ Thematic analysis
- Cluster Analysis
- Framework Matrix
- Sentiment Analysis
- Reporting Output
- Ncapture


## 2 & 3 May, 2024


Limited

# 40

 Seats Only

 Accommodation facility is provided for outstation participants at extra cost.

 Refreshments and Lunch will be provided.

 [Registration Link](#)

#### Organising Committee

Chairman (HOD): Dr. Josheena Jose

Principal: Rev. Fr. Dr. Jolly Andrews CMI

Research Convenor: Dr. Arun Balakrishnan M B

Staff Coordinator: Muvish K M

Student Coordinators: Ajina V S & J S Bhagavathi

✉ [inquesta2022@gmail.com](mailto:inquesta2022@gmail.com)