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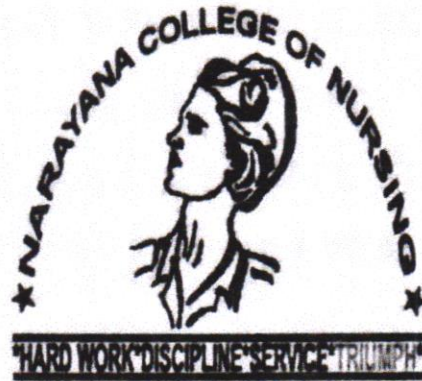
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"A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT NELLORE, AP."



**SUBMITTED BY
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**DISSERTATION SUBMITTED TO
Dr.Y.S.R. UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA,
ANDHRA PRADESH, IN PARTIAL FULFILLMENT OF
THE REQUIREMENT FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING,**

FEBRUARY-2024

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**“A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED
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PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT
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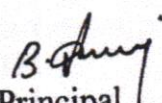
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Prof.A. Latha, M.Sc (N), HODMedical Surgical Nursing who helped me with deep insight, guided, encourage and supported me at every step of my research project.

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ABSTRACT

"A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT NELLORE, AP."

INTRODUCTION: Cataract surgery is a procedure to remove the lens of the eye and, in most cases, replace it with an artificial lens. The procedure is termed "extracapsular" because the lens capsule is left in place. The first true cataract extraction was performed in 1747, in Paris, by the French surgeon Jacques Daviel. The global initiative for the elimination of avoidable blindness vision 2020, a joint programme of the International Agency for the Prevention of Blindness(LAPB) and the world health organization were instilled and promoted awareness programs for the prevention of cataract complications and blindness during Postoperative care.Cataract remains the leading cause of blindness and an important cause of visual impairment across the globe. The Vision Loss Expert Group (VLEG) estimates that over 17 million people are bilaterally blind from cataract in the world in 2020, representing 40% of all global cases of blindness.

OBJECTIVES

- To assess the level of knowledge on postoperative care among patients with cataract surgery
- To evaluate the effectiveness of ICT enabled Teaching on postoperative care among patients with cataract surgery.

- To identify the association between the level of knowledge regarding post operative care among patient with cataract surgery with their selected socio demographic variables.

METHODOLOGY:

A quantitative research study was adopted with quasi experimental, one group pre-test and post-test design was conducted in NMCH Nellore. Simple Random Sampling Techniques was used to select the sample. 100 participants were selected. Data collection was do from 13-9-23 to 17-10-23. Socio demographic variables and questionnaire was used to assess the knowledge on post operative care among patients with cataract surgery. A pre test was conducted prior before the cataract surgery followed by ICT Enabled teaching programme was given to cataract patients through LCD teaching and video animation projection regarding post operative care to all participants. It takes 20-30 minutes. Each day 2-3 participants were taken. The post test was conducted after 2 days of cataract surgery with the same questionnaire on the same sample. Data was analysed and tabulated according to the objectives of the study by descriptive and inferential statistics.

RESULTS:

Findings revealed pre-test and post-test scores of knowledge on post operative care among patients with cataract surgery. The pre-test score of knowledge level was 9.72 with SD of 2.582. The post test score of knowledge level was 23.52 with SD of 3.49. The Z- value was 8.1 Hence the Null hypothesis was rejected and research hypothesis was accepted. There is a significant difference in pre-test and post-test

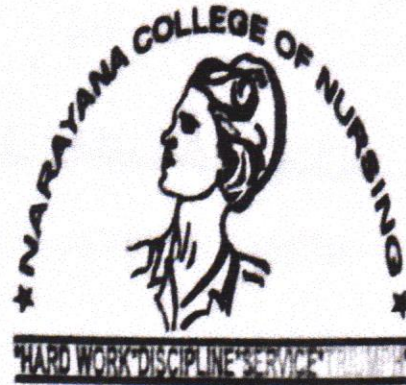
scores on knowledge on post operative care among cataract patients with cataract surgery. So the ICT Enabled teaching was very effective.

CONCLUSION

The conclusion drawn from the study was to assess the effectiveness of ICT Enabled teaching on knowledge on post operative care among patients with cataract surgery. Post test knowledge levels was increased in cataract patients. The investigator identified that there was a significant need for ICT Enabled teaching for post operative care among cataract patients with cataract surgery to prevent further complications.

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SELECTED Z.P.H.S SCHOOL AT NELLORE, ANDHRA
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**DISSERTATION SUBMITTED TO
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MASTER OF SCIENCE IN NURSING,**

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Mrs. J. D. SHAINY SWARUPA of M.Sc (N) II Year student Narayana college of nursing . Chinthareddypalem, Nellore - 524003, and is submitted to the Dr YSRUHS in fulfillment for the requirement of the M.Sc (N) Degree.

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CERTIFICATE BY GUIDE**

This is to certify that the dissertation titled "ASTUDY TO ASSESS THE EFFECTIVENESS OF VIRTUAL LEARNING ON KNOWLEDGE AND ATTITUDE OF MENSTRUAL HYGIENEAMONG EARLY ADOLESCENCE GIRLS IN SELECTED Z.P.H.S.SCHOOLAT NELLORE, ANDHRA PRADESH." bonafide research work done by Mrs. J. D. SHAINY SWARUPA of M.Sc.(N) II Year student Narayana college of nursing, Chinthareddypalem, Nellore - 524003, and is submitted to the Dr. YSRUHS in fulfillment for the requirement of the M.Sc. (N) Degree.

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ACKNOWLEDGEMENT

I wish to acknowledge my heartfelt gratitude, to the Lord almighty who has given the wisdom, strength, guidance, direction, shield and support throughout the endeavor of the study.

I offer note of thanks to **Dr. P. Narayana Garu, Founder,** Narayana Educational society who gave opportunity to finish my master degree in Nursing successfully with his blossoms of blessings.

I express my sincere thanks to **Mr. K. Puneet Garu, President,** Narayana Educational society, for providing opportunity to conduct the study successfully.

I express my heartfelt gratitude to **Dr. B. Vanaja Kumari, Ph.D. Principal,** Narayana College of Nursing, and Nellore, who has helped me with her expert guidance, encouragement and support and was greatly instrumental in completing the present study.

I express my heartfelt gratitude to **Dr. V. Kumari, Vice Principal,** Narayana College of Nursing, HOD of Obstetrics and Gynecological Nursing who supported me for successful completion of the dissertation.

I would like to express my sincere thanks to our research guide,

Dr. B. Vanaja Kumari, Ph.D. Principal, who helped me with deep insight, guided me at every step and was a source of constant encouragement and support for successful completion of this dissertation.

I would like to express my sincere thanks to our research guide, Prof. A. Latha, M.Sc .(N), Co-ordinator, HOD of Medical Surgical Nursing who helped me with deep insight, guided me at every step and was a source of constant encouragement and support for successful completion of this dissertation.

I would like to express my sincere thanks to Associate Prof. G. Thejovathi, HOD of Research department who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I express my deep sense of gratitude to all faculties of Narayana College of Nursing for their help throughout the study.

I express my heart full thanks to all the girls who had participated in the research study.

The statistical guidance always remains at the peak in any project. I acknowledge our gratitude to Mr. Merwyn Jasper D Reuben, statistician who helped in statistical analysis.

I express my gratitude to **Ms. Polamma, Librarian, Narayana College of Nursing, Nellore**, for their co-operation in enabling me to collect literature of the study.

My sincere thanks to **Mr. P. Nagendra**, who helped me in binding the research study.

I express my thanks to **Mr. Lakshman**, computer technician, Narayana Nursing College for his help in carrying out this project.

The analogy will not complete if I do not mention the loving support of group members, for their constant prayer, love, sacrifice, encouragement and support without which this study would not have been possible.

Finally, my sincere gratitude and thankfulness to my Grand parents, parents, my mother in law & father in law , to my husband **Mr. A.D. Rakesh** , to my brother & all my Well-wishers, my friends, and relatives for their help and best wishes which helped me to carry out my study.

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ABSTRACT

"A STUDY TO ASSESS THE EFFECTIVENESS OF VIRTUAL LEARNING ON KNOWLEDGE AND ATTITUDE OF MENSTRUAL HYGIENE AMONG EARLY ADOLESCENCE GIRLS IN SELECTED Z.P.H.S SCHOOL AT NELLORE, ANDHRA PRADESH."

INTRODUCTION:

Every month, 1.8 billion people across the world menstruate. Millions of these girls, women, transgender men and non-binary persons are unable to manage their menstrual cycle in a dignified, healthy way. The onset of menstruation means a new phase – and new vulnerabilities – in the lives of adolescents. Yet, many adolescent girls face stigma, harassment and social exclusion during menstruation. Transgender men and non-binary persons also face discrimination due to their gender identity, depriving them of access to the materials and facilities they need. Gender inequality, discriminatory social norms, cultural taboos, poverty and lack of basic services like toilets and sanitary products can all cause menstrual health and hygiene needs to go unmet.

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NEED FOR STUDY

In worldwide total and estimated 500 million lack access to menstrual products and adequate facilities for menstrual hygiene. In 2022, the adolescent population according to the Ghana demographic and health survey, about 22% of Ghana's population, 10,518 adolescents representing 25.5% of the area population are noted as having lack of menstrual hygiene.

The poor knowledge and understanding of menstruation may lead to unsafe hygienic practice that intern increases the risk of reproductive and genito- urinary tract infections, cervical cancer, school drop-out, poor academic performance and overall poor quality of life.

Menstrual hygiene management should be an imperative part of healthcare. The United Nations defines adequate menstrual hygiene management as "women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to

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dispose of used menstrual management materials." Particularly in poor countries, girls and women face substantial barriers to achieving adequate menstrual management.

According to National Family Health Survey in 2015, estimates that 355 million menstruating women in India about 121 million (only 36%) women are using sanitary napkins.

OBJECTIVES OF THE STUDY:

- To assess the knowledge of menstrual hygiene among early adolescence girls.
- To assess the attitude of menstrual hygiene among early adolescence girls.
- To evaluate the effectiveness of virtual learning on knowledge and attitude of menstrual hygiene among early adolescence girls.
- To find out the association between the knowledge and attitude on menstrual hygiene among early adolescence girls with their selected socio demographic variables.

METHODOLOGY:

A quantitative research approach pre experimental one group pre

test and post test research design was used to assess the effectiveness of virtual learning on knowledge and attitude of menstrual hygiene among early adolescence girls. The data was collected from adolescence girls by using structured questionnaire and attitude scale from 13/09/2023 to 17/10/2023. 100 adolescence girls who meet the inclusion criteria was selected by non-probability convenience sampling technique. A brief introduction about the investigator and the purpose of the study was explained. Consent was taken from the participants. Confidentiality of the responses was assured. Pre-test was done by using structured questionnaire and attitude was measured through attitude scale followed by Virtual learning was given through the Instructed video on regarding knowledge and attitude of menstrual hygiene and post-test was conducted after 1week. Time spent for data collection in each participant was 30-40minutes. The collected data was tabulated and analyzed according to the objective of the study.

RESULTS:

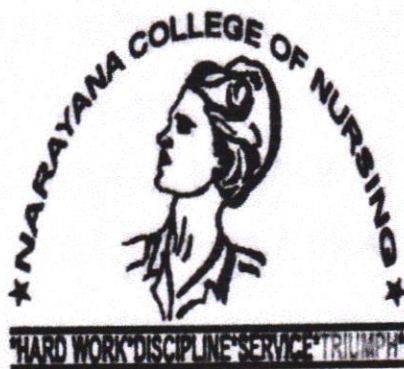
Findings revealed pre test and post test scores of knowledge and attitude on menstrual hygiene among early adolescence girls. The

pre test score of knowledge level was 13.6 with SD of 1.62 and the post test score of knowledge level was 24.3 with SD 2.09. The z value was 11.97. The pre test score of attitude level was 13.6 with SD 1.62 and the post test score of attitude level was 24.3 with SD 2.10. The z value was 10.37. Hence the null hypothesis was rejected and research hypothesis was accepted. There is a significant difference in pre test and post scores on knowledge and attitude on menstrual hygiene among early adolescence girls. So the virtual learning was very effective.

CONCLUSION:

The conclusion drawn from the study was to assess the effectiveness of virtual learning on knowledge and attitude of menstrual hygiene among early adolescence girls. Post test knowledge levels was increased in adolescence girls. Hence the virtual learning was effective .The investigator identified that there was a significant need for virtual learning on menstrual hygiene among adolescence girls to prevent the complications and discomfort related to menstrual cycle in adolescence girls.

**"A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED
TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE
AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED
HOSPITALS AT NELLORE, AP."**



**SUBMITTED BY
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21N301009002**

M.Sc. NURSING II YEAR



**DISSERTATION SUBMITTED TO
Dr. Y.S.R. UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA,
ANDHRA PRADESH, IN PARTIAL FULFILLMENT OF
THE REQUIREMENT FOR THE DEGREE OF
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**“A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED
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BONAFIDED CERTIFICATE**

This project titled "A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT NELLORE, AP." was carried out by MS. P. SREE DIVYA, a bonafide M.Sc.(N) II- year student of Narayana College of Nursing, Nellore during the academic year 2021-2022.

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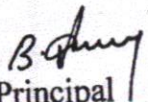
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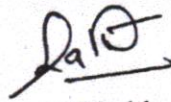

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I wish to acknowledge my heart full gratitude, to the lord almighty who has given the wisdom. Almighty has given strength, guidance, direction, shield and support throughout the endeavour of the study.

I offer note of thanks to **Dr.Narayana, GaruPh.D, Founder, Narayana educational society**, who gave this opportunity to pursue my master degree successfully with his blossom of blessing.

I express my sincere thanks to **Mr. K. Puneeth, Garu Chairman and Dr.Sindhu, Executive Director Narayana educational society**, for permitting to conduct the study successfully.

I express my deep sense of heart full gratitude to the administrator of her excellence **Dr. B. VanajaKumari M.Sc(N), Ph.D(N), Principal, Narayana College of Nursing**, who has helped me with her valuable expert guidance, encouragement and support and was greatly instrumental in completing the present study.

I would like to express my sincere thanks to our Vice principal **Dr. V. Kumari M.Sc(N), Ph.D(N)**, who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I would like to express my sincere thanks to my beloved guru and research guide **Prof.A. Latha, M.Sc (N), HOD Medical Surgical Nursing** who helped me with deep insight, guided, encourage and supported me at every step of my research project.

would like to express my sincere thanks to my guru **Ms. G. Thejovathi HOD Nursing Research M.sc (N)**, who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I express my whole thanks to **Dr. Udhyakumar HOD of Ophthalmology Department, Narayana Medical College Hospital**, helping me to conduct the study.

The statistical guidance always remains at the peak in any research project. When it comes to the quantum of help extended by **Dr. A. Merwyn, Jasper D Reuben** statistician. I have abundant gratitude for providing extensive statistical assistance to me in this research project.

I am indebted to all my teachers for their motivation and valuable contribution to complete study.

I express my gratitude to **Ms. N. Polamma, Librarian and faculty of library, Narayana College of Nursing, Nellore**, for their co-operation in enabling me to collect literature of the research study.

I express my whole hearted thanks to all the experts in **Narayana College of Nursing** who have validated tool and score and contributed with their judgment, constructive criticism and enlightening suggestions.

I am privileged to thank **Medical Superintendent and Nursing Superintendent, Narayana Medical College Hospital, Nellore** for giving me permission to conduct the study.

My sincere thanks to **Mr. P. NagendraBabu, M.Tech, (Ph.D)**, who helped me in binding the research study. My special thanks to **Mrs.Sridevi** for her to complete my dissertation work.

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The analogy will not complete if I doesn't mention the loving support of group members, for their constant prayer, love sacrifice, encouragement and support without which this study would not have been possible.

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Signature of the candidate

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ABSTRACT

A STUDY TO EVALUATE THE EFFECTIVENESS OF ICT ENABLED TEACHING ON KNOWLEDGE ON POST OPERATIVE CARE AMONG PATIENT WITH CATARACT SURGERY IN A SELECTED HOSPITALS AT NELLORE, AP."

INTRODUCTION: Cataract surgery is a procedure to remove the lens of the eye and, in most cases, replace it with an artificial lens. The procedure is termed "extracapsular" because the lens capsule is left in place. The first true cataract extraction was performed in 1747, in Paris, by the French surgeon Jacques Daviel. The global initiative for the elimination of avoidable blindness vision 2020, a joint programme of the International Agency for the Prevention of Blindness (IAPB) and the World Health Organization were instilled and promoted awareness programs for the prevention of cataract complications and blindness during Postoperative care. Cataract remains the leading cause of blindness and an important cause of visual impairment across the globe. The Vision Loss Expert Group (VLEG) estimates that over 17 million people are bilaterally blind from cataract in the world in 2020, representing 40% of all global cases of blindness.

OBJECTIVES

- To assess the level of knowledge on postoperative care among patients with cataract surgery
- To evaluate the effectiveness of ICT enabled Teaching on postoperative care among patients with cataract surgery.

- To identify the association between the level of knowledge regarding post operative care among patient with cataract surgery with their selected socio demographic variables.

METHODOLOGY:

A quantitative research study was adopted with quasi experimental, one group pre-test and post-test design was conducted in NMCH Nellore. Simple Random Sampling Techniques was used to select the sample. 100 participants were selected. Data collection was do from 13-9-23 to 17-10-23. Socio demographic variables and questionnaire was used to assess the knowledge on post operative care among patients with cataract surgery. A pre test was conducted prior before the cataract surgery followed by ICT Enabled teaching programme was given to cataract patients through LCD teaching and video animation projection regarding post operative care to all participants. It takes 20-30 minutes. Each day 2-3 participants were taken. The post test was conducted after 2 days of cataract surgery with the same questionnaire on the same sample. Data was analysed and tabulated according to the objectives of the study by descriptive and inferential statistics.

RESULTS:

Findings revealed pre-test and post-test scores of knowledge on post operative care among patients with cataract surgery. The pre-test score of knowledge level was 9.72 with SD of 2.582. The post test score of knowledge level was 23.52 with SD of 3.49. The Z- value was 8.1 Hence the Null hypothesis was rejected and research hypothesis was accepted. There is a significant difference in pre-test and post-test

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scores on knowledge on post operative care among cataract patients with cataract surgery. So the ICT Enabled teaching was very effective.

CONCLUSION

The conclusion drawn from the study was to assess the effectiveness of ICT Enabled teaching on knowledge on post operative care among patients with cataract surgery. Post test knowledge levels was increased in cataract patients. The investigator identified that there was a significant need for ICT Enabled teaching for post operative care among cataract patients with cataract surgery to prevent further complications.

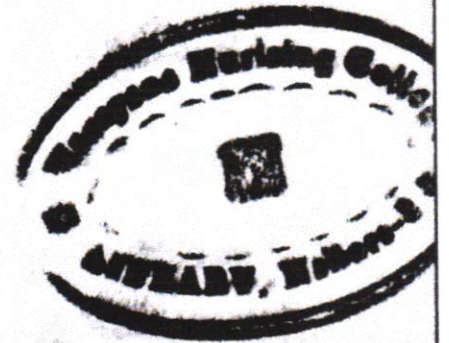
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"A STUDY TO ASSESS THE EFFECTIVENESS OF BUTEYKO BREATHING EXERCISE ON RESPIRATION OUTCOME AMONG PATIENTS WITH COPD AT NMCH, NELLORE".



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T.ANITHA**

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**A STUDY TO ASSESS THE EFFECTIVENESS OF BUTEYKO
BREATHING EXERCISE ON RESPIRATION OUT COME AMONG
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This is to certify that the dissertation titled "A STUDY TO ASSESS THE EFFECTIVENESS OF BUTEYKO BREATHING EXERCISE ON RESPIRATION OUT COME AMONG PATIENTS WITH COPD AT NMCH .NELLORE". is selected by Ms.T.Anitha of M.Sc(N)II year Narayana College of Nursing, Chinthareddypalem, Nellore-524002 and is submitted to the Dr.YSRUHS in partial fulfillment of requirement for M.Sc(N) Degree.


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CERTIFICATE

This is to certify that the Dissertation titled "A STUDY TO ASSESS THE EFFECTIVENESS OF BUTEYKO BREATHING EXERCISE ON RESPIRATION OUT COME AMONG PATIENTS WITH COPD AT NMCH . NELLORE" Bonafied research work done by Ms. T.Anitha of M.Sc (N) II year Narayana College of Nursing, chinthareddypalem, Nellore-524002, and is submitted to the Dr. YSRUHS in fulfilment of requirement for M.Sc(N)degree.



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I express my gratitude to the Vice Chancellor, Registrar, Director of R &D, And Registrar of Academic Section of **Dr. YSRUHS**, who gave me the golden opportunity to do this wonderful project.

With deep sense of colossal contemplate; I extend my whole hearted gratitude and deep sense of gratitude to our Founder, **Dr.P.Narayana Garu**, for giving me a great opportunity to be a part of this esteemed Institution.

I would like to express my deep sense of profound gratitude to our Chairman **Dr. Puneet, Narayana Educational Society**.

I extend my whole hearted gratitude to our propagator and harvester, Principal, Narayana college of Nursing, **Dr.Indira.S,Ph.D.** who has given

treasured advice, herald inspiration, and highly instructive suggestions to accomplish my goal.

I thank to **Dr.V.Kumari**, Vice Principal, HOD of Obstetrics and Gynaecology Department for her great assurance of Validation of content and proper guidance throughout the research study.

I express our deep sense of gratitude to our esteemed professor and research guide. **Prof.Latha.A,M.Sc (N)**, HOD of Medical Surgical Nursing department, Narayana College of Nursing, Nellore. Her unconditioned support, guidance valuable suggestions, untiring efforts, unwavering faith and co-operation has continually motivated us for the successful completion of his project. I have been extremely fortunate to have her as my guide. Her interest and endless patience and continuous encouragement has enabled me to complete this study.

I thank to **Ms.R.T.Grija Rani**, Assist. Prof, HOD of Nursing Research for her encouragement and valuable suggestion during the course of the project.

I express my grateful thanks to the HOD Statistics **Dr.Mervin**, for his valuable suggestions and co-operation towards carrying out this project

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I would like to express my special thanks to Medical Superintendent, and Nursing Superintendent, Narayana Medical College Hospital for giving me permission to conduct study in Pulmonology ward.

I would like to thank my participants those who help me to conduct the study and for their precious time and valuable data.

Last but not the least, my friends who have always been there with my side. Without them, I could never had completed this Project.

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ABSTRACT

"A STUDY TO ASSESS THE EFFECTIVENESS BUTEYKO BREATHING EXERCISES ON RESPIRATION OUT COME AMONG PATIENTS WITH COPD AT NMCH NELLORE".

INTRODUCTION:

COPD is characterized by symptoms of breathlessness, wheeze, cough, sputum production and exercise intolerance. Breathlessness is principally an outcome of poor oxygen exchange. 235-330 million people worldwide affected by COPD in the year of 2015. And approximately 250,000-345,000 people die due to COPD. Although there is no permanent cure for COPD, the disorder can be managed by various therapies. The Buteyko method of breath is by normalizing the volume of air breathed in and out maximising oxygen exchange. The Buteyko Method, a breathing technique, has been found to be effective in individuals with who have condition of COPD patients.

THE NEEDFOR THE STUDY:

Chronic Obstructive pulmonary Disease is the third leading cause of death world wide, causing 3.23 million deaths in 2019. Nearly 90% of COPD deaths in those under 70 years of age occur in low-and middle -income

countries. Early diagnosis and treatment, including smoking cessation support, is needed to slow the progression of symptoms and reduce flareups. COPD causes persistent and progressive respiratory symptoms, including difficulty in breathing, cough and phlegm production.

COPD in Indian studies was 4.46% in males and 2.86% in females were affected. Chronic obstructive pulmonary disease is a major cause of morbidity and mortality in India. Drug treatment alone does not optimize therapy. Pulmonary rehabilitation has been found to improve the physical efficiency of COPD patients. The benefits of pulmonary rehabilitation are improved exercise of lung capacity, reduced perceived sensitivity of breathlessness. Breathing exercises have been widely used worldwide as a non-pharmacological therapy to treat people with asthma. Breathing exercises aim is to control the symptoms of asthma and can be performed as the pap worth method, the Buteyko breathing technique, yogic breathing, deep diaphragmatic breathing or any other similar intervention that manipulates the breathing pattern.

Buteyko Breathing has been identified as a potent mechanism for reducing broncho constriction. It is suggestive of that Buteyko Breathing Exercises on Respiration outcome patients with COPD, may be a more effective pattern of breathing than natural breathing .However there are

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lack of studies and hence the need arises to measure the effects of Buteyko breathing on pulmonary function in COPD patients. This study given evidence of improving breathing pattern, improving saturation level after giving exercises.

Hence the investigator come across many patients with COPD .So the investigator interested to do this study as a part of my M.Sc(N) dissertation.

OBJECTIVES:

- 1.To assess the Respiration outcome among patients with COPD in experimental and control group
2. To determine the effectiveness of Buteyko Breathing Exercise on Respiration outcome among patients with COPD in experimental group
3. To find out the association between the effectiveness of Buteyko Breathing Exercise on Respiration outcome among patients with COPD, with selected socio demographic variables in experimental group and control group.

HYPOTHESIS:

NULL HYPOTHESIS:

H₁. There is no statistically significance difference in Respiration out come with Buteyko Breathing Exercise among Patients with COPD .

H₂. There is no statistically significance association between the effect of Buteyko Breathing Exercise on Respiration outcome among COPD patients with selected Socio demographic variables.

RESEARCH HYPOTHESIS:

H₁. There is a statistically significance difference in respiration out come with Buteyko Breathing Exercise among Patients with COPD .

H₂. There is a statistically significance association between the effect of Buteyko Breathing Exercise on Respiration outcome among COPD patients with selected Socio demographic variables.

METHODOLOGY:

The study was conducted in Narayana Medical College and Hospital after getting permission from institutional Ethics Committee of Narayana Medical College. Formal permission was obtained from the principal of Narayana College of Nursing, Medical superintendent of Narayana Medical College

and Hospital, HOD of pulmonology department, incharge of Narayana Medical College and Hospital. Quasi experimental -non equalent control group design was adopted. The data was collected for 6 weeks from 08/07/2022 to 18/9/2022.

A total of 60 participants were selected by using convenience sampling technique. The samples was informed by the investigator about the nature and purpose of the study and written consent was obtained. Among 30 participants were assigned to experimental group, 30 participants to control group. The pretest was done by using modified Becker's score observational check list to assess the respiratory parameters for both experimental group and control group. The intervention was Buteyko Breathing Exercises for 6 days followup was done for 1 week ,post test was done on 7th day with the same tool to experimental group and control group. Data was tabulated, analyzed and interpreted by using descriptive and inferential statistical method according the objectives of the study.

RESULTS:

The finding of the study revealed that out of 60 participants in experimental group the pre-test 17(56.7%) were Moderate Respiration outcome

,13(43.3%) were poor Respiration outcome where as in post –test 21(70%) were normal Respiration outcome,9(30%) were moderate Respiration outcome .In control group Pre-test 20(66.7%)were moderate Respiration outcome 10(33.3%) were poor Respiration outcome where as in post test 20(66.7%), were moderate Respiration outcome ,7(23.3%) were poor Respiration outcome and 3(10%) were normal Respiration outcome. The pre test mean 13.8with SD 3.7.The post test mean 21.8 with SD 2.8.The calculated value 0.930and table value is0.86. $P < 0.05$ at the level of significance. Experimental group calculated value is greater than table value, so there is statistically significant difference on Buteyko Breathing Exercise on Respiration outcome among patients with COPD.Thus null hypothesis was rejected and research hypothesis was accepted.

CONCLUSION:

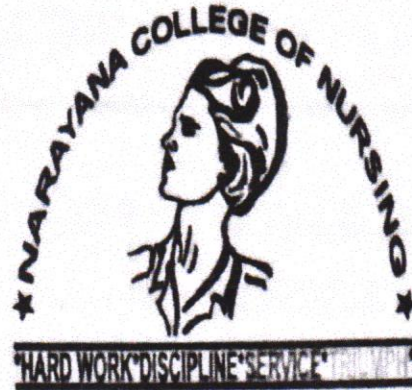
The conclusion of the study was that there was Buteyko Breathing Exercise shows the statistically significant to improved the effectiveness of Buteyko Breathing Exercise on Respiration out come among patients with COPD in experimental group as compared to the control group . The study shown 70% were normal Respiration out come out come, 30% were moderate Respiration out come.The pre test mean 13.8with SD 3.7.The post test mean 21.8 with SD 2.8.The calculated value 0.930and table value is0.86.

$P < 0.05$ at the level of significance. Buteyko Breathing Exercise is more effective in improving the Respiratory outcome among patients with COPD, with this evidenced based practice can be implement in nursing practice to improved Respiratory outcome among COPD patients.

KEY WORDS: Buteyko Breathing Exercise, Respiration outcome, COPD

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“A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NICU AT NMCH NELLORE”.



**SUBMITTED BY
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**20N303009003
M.Sc. NURSING II YEAR**



**DISSERTATION SUBMITTED TO
Dr.Y.S.R. UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA
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"A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NEONATAL INTENSIVE CARE UNIT AT NMCH, NELLORE"

**CERTIFIED THAT THIS IS THE BONAFIDE WORK OF
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CERTIFICATE BY THE PRINCIPAL

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CERTIFICATE BY THE GUIDE**

This is to certify that the Dissertation entitled "A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NEONATAL INTENSIVE CARE UNIT AT NMCH, NELLORE. is selected by Ms. R.Sheela, M.Sc(N). 2nd year Narayana College of Nursing, Chinthareddypalem, Nellore-524002 and is submitted to Dr. YSRUHS in partial fulfillment of requirement for M.Sc(N) Degree in Child Health Nursing.

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Last but not least our sincere gratitude and thankfulness to all well wishers, parents, friends, relatives for their help and best wishes which helped us to carry out our study.

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ABSTRACT

A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECT OF SWADDLING ON MANAGEMENT OF PAIN DURING HEEL PRICK AMONG NEONATES ADMITTED IN NEONATAL INTENSIVE CARE UNIT AT NMCH, NELLORE.

INTRODUCTION:

In newborns the pain is unexplainable and unavoidable during the invasive procedures. The nurse should know the feelings and behaviors of newborns during the painful procedures, by using the pain minimizing methods to control the baby and their parents. Non-pharmacological technique is easier and cost effective method to reduce the pain in newborns. So the researcher conducted this study to assess the effectiveness of swaddling technique on pain level during heel prick among newborns admitted in neonatal intensive care unit of Narayana Medical College Hospital at Nellore. A quasi experimental approach and post test only non equivalent control group design was used and conceptual framework for the study was based on Ludwig Von Bertalanly's General System Theory. The population of the study was newborn the age of 1-14 days had undergone heel prick procedures in Narayana Medical College Hospital Nellore. By using non probability convenience sampling method the participants were

selected and simple random method was used to assign the participants to experimental and control group with sample size of 60 randomly. Data collection tool is consist of demographic profile of the child and standardized pain assessment scale, NFCS- Neonatal Facial Coding System. The tool was given to five experts for validity. The reliability was tested ($r = 0.9$) using the integrator method. A pilot study was conducted to find out the feasibility to conduct the main study. Data collection procedure was conducted for six weeks. Data were analyzed by using descriptive and inferential statistics and the level of significance is 0.05. The result shows that the mean post procedure test pain score of the experimental group (4.10) significantly lower than the mean post procedure test pain score of the control group (5.93) during the procedures. The study concluded that swaddling technique was found to be very effective in reduction of pain level in newborn during the heel prick procedure.

NEED FOR THE STUDY:

Significant part of southeastern Europe (with a population of 76 million) has newborn screening programs (with heel prick) non-harmonized with developed European countries. Initial survey conducted in 2013/2014 among 11 countries.

Swaddling is a common practice in health care setting includes neonatal intensive care unit to provide the warmth feeling for the baby as in womb. Newborns admitted in hospital are often exposed to painful interventions including blood sampling collection. Studies have shown that pain affects neural development and affects the subsequent response to painful stimuli and behavioral responds. Neonates born prematurely compromised with congenital abnormalities or with intrauterine adverse effects, typically spend the very beginning days of their life in the neonatal intensive care unit.

Swaddling has been suggested to reduce pain respond in neonates during heel prick. As swaddling is an effective non pharmacologic method help to reduce pain, researcher selected the study to assess the effectiveness of swaddling to control pain during heel prick procedure.

OBJECTIVES OF THE STUDY:

- To compare the pain level of neonates among experimental group and controlgroup during heel prick.
- To determine the effectiveness of swaddling in reducing the pain duringheel prick among experimental group neonates.
- To associate pain level of neonates with their selected socio-demographic variables.

NULL HYPOTHESIS:

H₀1 - There will be no statistical significant difference on reducing pain level by swaddling among neonates undergoing heel prick between control group and experimental group.

H₀2 - There will be no statistical significant association with Socio demographic variables with level of pain among neonates undergoing heel prick.

RESEARCH HYPOTHESIS:

H1 - There will be a statistically significant difference on reducing level of pain by swaddling among neonates undergoing heel prick between control group and experimental group.

H2 - There will be a statistical significant association between socio demographic variables with level of pain among neonates undergoing heel prick.

METHODOLOGY

The study was conducted in Narayana Medical College hospital after getting permission from Institutional Ethics Committee of Narayana College Nursing. Formal permission was obtained from the Principal of Narayana College of Nursing, Medical Superintendent of Narayana Medical College Hospital, HOD of Pediatric department, in charge of NICU, Narayana

Medical College and Hospital. Quantitative research approach was utilized for this study. Quasi experimental Non-equivalent control group design was adopted. The data was collected for 6 weeks from 08/07/2022 to 18/9/2022. 60 Newborn babies who were admitted in NICU who met inclusive criteria were selected by using convenience sampling technique. (6 babies who selected for pilot study were excluded in main study). A brief introduction about the investigator and the purpose of the study was explained to the parents (either mother or father). Informed consent was taken from either of the parent. 30 newborn babies undergoing needle prick procedure were assigned to experimental group, swaddling was provided, pain level was assessed during and after heel prick and 30 babies were assigned to control group, swaddling was not provided. Pain level was assessed by using neonatal facial coding system tool for all the 60 babies of both experimental and control group during and after 2 minutes of heel prick procedure. The data was collected and organized for statistical analysis.

RESULTS

In context, all the study participants have pain score in intra-procedural pain score was mild pain(26.7%), moderate pain(66.6%), severe pain(6.7%) of newborns had in experimental group, and Mild pain(6.7%), moderate

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pain(56.6%), severe pain (36.7%), of newborns had in control group. In context, post procedural pain score was mild pain (90%), moderate pain (10%) of newborns had in experimental group, and mild pain (56.7%), moderate pain (26.6%) of newborns had, severe pain(16.7%) of newborns had in control group.

The mean and standard deviation of intra and post procedural test pain score revealed that the intra procedure mean of pain score was 4.10 with SD 1.02 in experimental group, and 5.93 with SD 1.33 in control group. The post procedure test mean of pain score was 2.03, with SD 0.76.in experimental group, and mean 2.10 with SD 0.48 The calculated value of paired' test was 7.87, and the table value was 2.05 in experimental group, and The calculated value of paired' test was 12.87 and table value was 2.05 The calculated value was more than the table value; **hence the null hypothesis was rejected, and the research hypothesis was accepted.** There was effectiveness in swaddling on management of pain level during heel prick among neonates admitted inNICU

Statistically there is no significant association of pain level with demographic variables of both experimental and control group at the level of $p < 0.05$

RECOMENDATION:

Based on the study results, the investigator recommended that study can be conducted for a large group among different age groups of children, A study can be done to assess the knowledge, attitude and practice of non pharmacological management of pain among the staff nurses in the pediatric setting of the hospital. A similar kind of study can be conducted for children who had post operative pain

CONCLUSION:

Thus the research study concludes 2.03 pain score in experimental, group 3.10 pain score in control group that the newborns who received the swaddling technique during the heel prick procedure experienced less pain than the control group.

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**"A STUDY TO ASSESS THE EFFECTIVENESS OF PROGRESSIVE MUSCLE
RELAXATION VERSES ORAL INTAKE OF GINGER POWDER ON SELECTED
SYMPTOMS OF DYSMENORRHOEA AMONG ADOLESCENT NURSING STUDENTS
IN NARAYANA COLLEGE OF NURSING ,NELLORE, ANDHRAPRADESH".**



**SUBMITTED BY
Ms.BELLAMKONDA INDRAJA**

**19N305009002
M.Sc. NURSING II YEAR**



**DISSERTATION SUBMITTED TO
Dr. NTR UNIVERSITY HEALTH SCIENCES, VIJAYAWADA,
ANDHRA PRADESH, IN PARTIAL FULFILLMENT OF
THE REQUIREMENT FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING,**

JUNE - 2021.

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**"A STUDY TO ASSESS THE EFFECTIVENESS OF PROGRESSIVE
MUSCLE RELAXATION VERSES ORAL INTAKE OF GINGER POWDER
ON SELECTED SYMPTOMS OF DYSMENORRHOEA AMONG
ADOLESCENT NURSING STUDENTS IN NARAYANA COLLEGE OF
NURSING ,NELLORE, ANDHRAPRADESH"**

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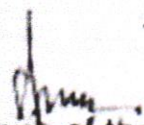
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CERTIFICATE

This is to certify that the Dissertation titled "A STUDY TO ASSESS THE EFFECTIVENESS OF PROGRESSIVE MUSCLE RELAXATION VERSES ORAL INTAKE OF GINGER POWDER ON SELECTED SYMPTOMS OF DYSMENORRHOEA AMONG ADOLESCENT NURSING STUDENTS IN NARAYANA COLLEGE OF NURSING ,NELLORE, ANDHRAPRADESH" is selected by Ms. Indraja of M.Sc (N) II year Narayana college of nursing, Chinthareddypalem, Nellore-524002, and is submitted to the Dr. NTRUHS as the fulfillment of requirement for the award of M.sc (N) Degree


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Date

Place



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I express my deep sense of gratitude to IEC members who gave opportunity to conduct the research study

I offer note of thanks to **Dr. P.Narayana, Founder, Narayana Educational society** who gave opportunity to finish my master degree in Nursing successfully with his blossoms of blessings.

I express my sincere thanks to **Mr.K.Puneet, Chairman, Narayana Educational society**, for providing opportunity to conduct the study successfully.

I express my heartfull gratitude to **Prof. Dr. Indira.S, M.Sc. (N), Ph.D, Principal, Narayana College of Nursing, Nellore**, who has helped me with her expert guidance, encouragement and support and was greatly instrumental in completing the present study.

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I express my heartfelt gratitude to **Prof. V. Jayanthi, Principal, Sree Narayana Nursing College, HOD of Obstetrics and Gynecological Nursing** who supported me for successful completion of the dissertation.

I would like to express my sincere thanks to **Prof. Dr. Mrs. Rajeswari. H, Vice Principal, M.Sc (N), H.O.D of Mental Health Nursing** who has been a source of constant encouragement and support.

I would like to express my sincere thanks to our research guide, **Mrs. A. Viji, Professor, Department of Obstetrics and Gynaecological Nursing** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support for successful completion of this dissertation.

I would like to express my sincere thanks to **Mrs. G. Aruna. Asso. Prof** and **Mrs. T. Ushakiran. Asso. Prof** who helped me and guided me for successful completion of this dissertation.

I would like to express my sincere thanks **Asso. Prof. Mrs. Kantha. K,** **HOD of Research department** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

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I express my gratitude to **Mrs. Sruthi, Librarian** and faculty of library, Narayana College of Nursing, Nellore, for their co-operation in enabling me to collect literature of the study.

I express my gratitude to **Mrs. Ujwala, Librarian** and faculty of library, Narayana College of Nursing, Nellore, for their co-operation in enabling me to collect literature of the study.

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ABSTRACT

STATEMENT OF THE PROBLEM:

"A Study To Assess The Effectiveness Of Progressive Muscle Relaxation Verses Oral Intake Of Ginger Powder On Selected Symptoms Of Dysmenorrhoea Among Adolescent Nursing Students In Narayana College Of Nursing ,Nellore"

OBJECTIVES:

- ❖ To determine the symptoms of dysmenorrhoea among adolescent Nursing Students.
- ❖ To evaluate the effectiveness of progressive muscle relaxation on symptoms of dysmenorrhoea among adolescent Nursing Students.
- ❖ To evaluate the effectiveness of ginger powder on symptoms of dysmenorrhoea among adolescent Nursing Students.
- ❖ To find the difference between the effectiveness of progressive muscle relaxation and ginger powder on symptoms of dysmenorrhoea among adolescent Nursing Students.
- ❖ To find the Association between effect of ginger powder on symptoms of dysmenorrhoea symptoms of with selected socio demographic & clinical variables among adolescent Nursing Students .

❖ To find the Association between effect of progressive muscle relaxation on symptoms of dysmenorrhoea with selected socio demographic & clinical variables among adolescent Nursing Students

METHODOLOGY:

A quantitative research approach was utilized to assess the symptoms of dysmenorrhoea. The research design which was chosen as most appropriate method for this study was quasi experimental two group pre test and post test design. After obtaining formal written permission from concerned authority, data collection was done from 06/03/21 to 14/04/21. 60 participants were selected by using Simple random sampling technique with lottery method. Data collection was carried out for 6 weeks, 2 participants Per day, 10 participants Per week and 5 days in a week. The time spent for data collection in each participant was 30-45 minutes in Narayana College of Nursing, Nellore. Data collection tool consisting of socio demographic variables and Four point rating scale, Visual Analog Scale to assess the symptoms of dysmenorrhoea. The data was collected, analysed and interpreted by using descriptive and inferential statistical methods.

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**"A STUDY TO ASSESS THE EFFECTIVENESS OF
COMPETENCY PROGRAMME ON CPR AMONG STAFF NURSES
IN NMCH, NELLORE".**



**SUBMITTED BY
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This is certify that the dissertation titled "A STUDY TO ASSESS THE EFFECTIVENESS OF COMPETENCY PROGRAMME ON CPR AMONG STAFF NURSES NELLORE" is a bonafied research work done by Ms. D.BHANU PRIYA of M.Sc. (N) II year Narayana College of Nursing, Chinthareddypalem, Nellore-524003, and is submitted to the Dr. NTR University of Health Sciences in partial fulfillment for requirement of the M.Sc.(N) Degree in Medical Surgical Nursing.



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ACKNOWLEDGEMENT

TO THE PILLER OF MY LIFE

I bow in a profound heartfelt gratitude **GODALMIGHTY** for my strength , shield and refuge for his constant presence , love, guidance and shepherding me safely throughout the course of this study.

I am thankful and grateful to **DR.NTR University**, for providing an opportunity for further academic qualification.

I extend a note of thanks to **Dr. Narayana, Founder, Narayana Educational society** who gave this opportunity to finish my Master Degree in successfully with his blossoms of blessings.

I express my sincere thanks to **Mr. K. Puneeth, Chairman and Dr. P. Sindhu, Executive Director** and Narayana Educational society, for providing opportunity to conduct the study successfully.

I express my cavernous gratitude to **Dr. Indira. S. PhD, Principal, Narayana College of Nursing, Nellore**, who has helped me with her expert guidance, encouragement and support and was greatly instrumental in completing the present study.

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I would like to express my unfeigned thanks to beloved teacher and Research guide **Prof. Latha. A, MSc (N), PhD, HOD Medical surgical nursing**, who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

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I would like to express my sincere thanks to **Mrs. B. VanajaKumari, HOD of Nursing Education** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I express my whole hearted thanks to all experts in **Narayana college of nursing**, who have validated competency program on CPR and conducted with their judgment, constructive criticism and enlightening suggestions.

I privileged to thank director, medical superintendent, nursing superintendent, nursing supervisors of Narayana medical college and hospital, Nellore, for giving me permission to conduct study.

I statistical guidance always remains at the peak in any research project. When it comes to the quantum of help extended by Dr. **Merwyn Jasper D Ruben**, statistician, I have abundant gratitude for providing extensive statistical assistance to me in this research project.

I express my gratitude to **MIS.SRUTHI, Librarian**, Narayana college of Nursing, for her cooperation in enabling me to collect literature of the research study.

My sincere thanks to **Mr. P. Nagendra** who helped me in binding the research study. I express my gratitude to Mrs. Sridevi who helped me in type work and suggestions.

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friend Miss.J.Vandana mark, Mr.Ashok for their constant love, motivation, emotional support throughout the study.

Last but not least my sincere gratitude and thankfulness to all well-wishers, friends and relatives for their help and best wishes which helped me to carry out my study.

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ABSTRACT

"A STUDY TO ASSESS THE EFFECTIVENESS OF COMPETENCY PROGRAMME ON CPR AMONG STAFF NURSES IN NMCH,NELLORE".

INTRODUCTION:

CPR cardiopulmonary resuscitation is an evolving lifesaving technique of modern medicine that comprises a series of lifesaving actions that improve the survival rates. Skills need to be used or practiced maintaining competency, and the ability to perform CPR is no exception. Yet nurses in many clinical settings rarely use their CPR skills and may only practice them at the time of course completion typically everyone to two years.

Objectives of study:

1. To assess the knowledge regarding CPR among staff nurses.
2. To find out the effectiveness of competency programmer on CPR among staff nurses.
3. To find the association between the competency programmer on CPR among staff nurses with their selected socio-demographic variables.

METHODOLOGY: A Quantitative research approach, quasi experimental one group pre testpost test design was used to assess the effectiveness of competency programme on CPR among Staff nurses at NMCH, Nellore". 60 participants were selected by using nonprobability convenience sampling technique. The researcher provided competency programme to staff nurses working in general wards and ICUS on CPR. Post test was conducted and each sample.

RESULT: The result of this study reveals that the competency programme has effective on CPR among staff nurses.

In Pre-test majority of samples 54 (90%) possess D grade where as in post – test 25 (42%) possess A+ grade.

Through the competency programme on CPR in pre test majority of sample 54 (90%) possess had average skill, in post test 56 (90%)possess had very good skill.

There was a significant association between the competency programme regarding CPR among staff nurses with age, educational status, designation, total years of experience, and area of experience.

CONCLUSION:

The conclusion drawn from the study was that by providing a competency programme on CPR shows the statistically significant of improved nurse knowledge and skills on CPR among the staff nurses working in ICU and general wards, with this evidence based practice it can be implemented in nursing practice to improve the level of practice on steps of CPR.

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“A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE ON ASPECTS OF SAFE MOTHERHOOD AMONG PRIMI MOTHERS AT NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE”.



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"A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE ON ASPECTS OF SAFE MOTHERHOOD AMONG PRIMI MOTHERS AT NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE".

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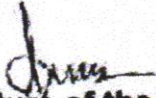
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I wish to acknowledge my heartfelt gratitude, to the lord almighty who has given the wisdom. Almighty has given strength, guidance, direction, shield & support throughout the endeavor of the study.

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I offer note of thanks to **Dr. Narayana, PhD, Chairman, Narayana educational society**, who gave this opportunity to pursue my master degree successfully with blossom of blessing.

I offer note of thanks to **Mr. K. Puneeth, chairman, Dr. P.Sindu Executive director of Narayana institutions**, for providing this opportunity to pursue my master degree successfully with his blossom of blessing.

I express my deep senses of heartfelt gratitude to the administrator of her excellence **Dr. Indira. S. M.sc (N), PhD, principal, Narayana Nursing Institutions, Nellore**, who had helped me with her expert guidance, encouragement & support & was greatly instrumental in completing the present study.

I would like to express my sincere thanks to my beloved Guru

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Dr. Rajeswari, MSc (N), PhD, Vice principal, HOD Mental health nursing who helped me with deep insight, guidance at every step and was a source of constant encouragement and support.

I would like to express my sincere thanks to my beloved guru and Research guide **As Mrs. Viji HOD, Department of Obstetrics and gynecological nursing** for her unconditional support, together with unwavering trust and confidence in me has motivated me for the successful completion of this dissertation.

I Would like to express my sincere thanks to my research guide **Mrs. K.Kantha, HOD Research department** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I Would like to express my sincere thanks to **Mrs. B. Vanajakumari, HOD CET department** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I express my whole hearted thanks to all the experts in **Narayana College of Nursing, Nellore**, who have validated the agility exercises on knee health status on osteoarthritis and contributed with their judgment, constructive criticism and enlightening suggestions.

The statistical guidance always remains at the peak in any project. When it comes to the quantum of help extended by **Dr. A. Merwyn Jasper D Reuban**, statistician. I have abundant gratitude for providing extensive statistical assistance to me in this research project.

I privileged to thank director, medical superintendent, nursing superintendent, nursing supervisors of Narayana medical college and hospital, Nellore, for giving me permission to conduct study

I express my gratitude to **Mrs. T.Ujwala**, librarian and faculty of library, Narayana College of Nursing, Nellore, for their co- operation in enabling me to collect literature of the research study.

My whole hearted gratitude to my father **Mr.K.VENKATARATNAM**, mother **Mrs. SARADA** and my beloved family member **Ms.BHAVANA** who supported me in all the matters and provided their assistance and moral support throughout the study.

My sincere thanks to **Mr. P. Nagendra**, who helped me in binding the research study.

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I express my heart full thanks to samples, who had participated in the study.

The analogy will not complete if we doesn't mention the loving support of group members, for their constant prayer, love, sacrifice, encouragement and support without which this study would not have been possible.

Last but not least our sincere gratitude and thankfulness to all well wishers, friends, relatives for their help and best wishes which helped us to carry out our study.

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ABSTRACT

"A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE ON ASPECTS OF SAFE MOTHERHOOD AMONG PRIMI MOTHERS AT NARAYANA MEDICAL COLLEGE HOSPITAL, NELLORE,

INTRODUCTION:

Antenatal care is systemic supervision (examination and advice) of a women during pregnancy is called Antenatal care. The supervision is regular and periodic in nature according to the need of the individual, prenatal care is the care in continuum that starts before pregnancy and ends at delivery and the post partum period

Aim of antenatal care is to educate about physiology of pregnancy, provide ongoing pregnancy preventive health care, screen the high risk, entire risk assessment, prevent or detect and treat at earliest any complication and motivate couple about the need of family planning.

Safe motherhood means ensuring that all pregnant women have access to the information and services they need to go safely through pregnancy and childbirth. It includes education on safe motherhood, prenatal care (care during pregnancy) and counseling with focus on high risk pregnancies, promotion of maternal nutrition, adequate delivery

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assistance in all cases, provisions for obstetric emergencies including referral services for pregnancy, childbirth and abortion complications and postnatal care (care after child birth).

Safe Motherhood program commenced in the year 1997.^[4] Safe motherhood are Common Causes of Maternal death, Antenatal care, Physical Examination, Nutrition in pregnancy, Rest and Sleep, Personal hygiene, Sex hygiene in pregnancy, birth preparedness and complication rediness. The woman can avail round "o" clock(24 hours) Primary Health Care services if she has not any of the following conditions, Identification of transportation facilities, Preparedness for blood donation and Postpartum clinic.

Safe motherhood ensures that all women have access to the information and services they need to go safely through pregnancy and child birth and also includes to reduce maternal mortality rate and neonatal mortality rate.

NEED FOR THE STUDY:

According to WHO (2018) it is estimated that 3,03,000 women died from pregnancy related causes, 2.7 million babies died during the first 28 days of life and 2.6 million babies were still born. Quality health care during pregnancy and child birth can prevent many for these deaths, yet

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globally only 64% of women receive antenatal (prenatal) care four or more times through out their pregnancy.

OBJECTIVES

- To identify the knowledge on aspects of safe motherhood among primi mothers.
- To evaluate the effectiveness of video assisted teaching on aspects of safe motherhood among primi mothers.
- To find the association between effectiveness of video assisted teaching on safe motherhood with selected demographic variables of primi mothers.

HYPOTHESES:

RESEARCH HYPOTHESIS:

- H_1 : The mean post test knowledge of primi mothers regarding the safe motherhood will be statistically significantly differ from the pre test knowledge after administration of video assisted teaching programme.
- H_2 : There will be statistically significant association between post test knowledge score with selected demographic variables of primi mothers.

NULL HYPOTHESIS:

- **Ho₁:** The mean post test knowledge of primi mothers regarding the safe motherhood will not be statistically significantly differ from the pre test knowledge after administration of video assisted teaching programme.
- **Ho₂:** There will be statistically no significant association between post test knowledge score with selected demographic variables of primi mothers.

METHODOLOGY: A quantitative research approach was utilized to assess the knowledge on safe motherhood. The research design adopted for this study was Quasi experimental research design. After obtaining formal written permission from concerned authority, data collection was started according the given time in Obstetrics and gynecological OPD & IPD at Narayana Medical College & hospital. 60 participants were selected by using Simple random sampling technique. 30 participants allowed to experimental group and 30 participants allowed to control group. Pre test was conducted , then administered video assisted teaching to experimental group and routine care was given to control group. After 7 days post test was conducted with same structured questionnaire. Data was analyzed and tabulated according to the objectives and hypothesis of the study.

RESULTS:

In experimental group the pre test mean is 16.90 with SD 4.242 and the post test mean is 33.5 with SD 4.006 and The calculated value of paired 't' test is 15.488 and table value is 14.34, in the pretest $P < 0.05$ at the level of significance The calculated value is more than the table value; so the null hypothesis 1 is rejected and research hypothesis 1 is accepted.

In control group the pre test mean is 16.8 with SD 3.259. The post test mean is 23.3 with SD 7.585. The calculated value of paired' test is 3.853 and table value is 7.82 at the $p < 0.05$ level of significance. The calculated value is less than the table value; so the null hypothesis 1 is accepted and research hypothesis 1 is rejected.

Association of Post test values of Experimental group and control group

- Pertaining to age in experimental group, 12 (40%) are between 20 – 25 years, where as in control group, 12 (40%) are between 20 – 25 years.
- Regard to education in experimental group, 11(37%) have secondary education, In control group, 11 (37%) have no formal education.
- With context to occupation, in experimental group, 09 (30%) were home makers, In control group 11(37%) were home makers.

- ▶ Related to monthly family income in experimental group 12(40%) was earning income Rs.5,001 – 10,000/-. In control group 14(46%) was earning income Rs. 10,001 – 15,000/-.
- ▶ With context to experimental group 17(57%) lives in rural area. In control group 18(60%) lives in rural area.
- ▶ Related to family type in experimental group 08(27%) lives in joint family, In control group 18(60%) lives in nuclear family,
- ▶ With context to dietary pattern in experimental group, 16(53%) were non-vegetarian,. In control group, 18(60%) were non-vegetarian,
- ▶ Concern to source of information in experimental group 15(50%) get information from health professionals. In control group. 10(33%) get information from health professionals.

CONCLUSION: The findings of the study shows that post test level of knowledge in experimental group 10(33%) had A+ grade (Excellent) knowledge and in control group 11(36%) had D grade (poor) knowledge. In experimental group the post test mean is 33.5 with SD 4.006. In control group the post test mean is 23.3 with SD 7.585. The calculated value of unpaired 't' test is 6.491 and table value is 0.250- $P < 0.05$ at the level of significance. Hence the study concluded that video assisted teaching was effective in improving the knowledge level of safe motherhood among primi mothers.

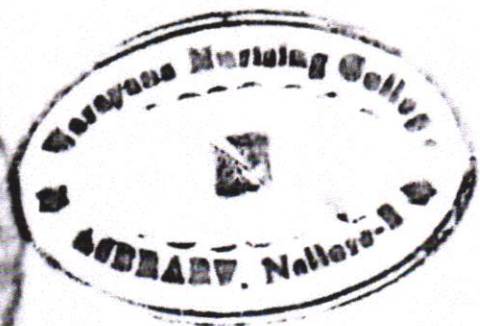
"A STUDY TO ANALYZE THE EFFECT OF BREASTFEED VS NON BREASTFEED ON GROWTH AND DEVELOPMENT AMONG LOW BIRTH WEIGHT BABIES AT NMCH, NELLORE".



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This is to certify that the dissertation entitled "A STUDY TO ANALYZE THE EFFECT OF BREASTFEED VS NON BREASTFEED ON GROWTH AND DEVELOPMENT AMONG LOW BIRTH WEIGHT BABIES AT NMCH, NELLORE" is a bonafied research work done by Ms. Dokku. Swarupa rani, of M.Sc(N) Iyear Narayana college of nursing, Chinthareddypalem, nelooore-524002 and is submitted to Dr. NTR University of Health Sciences in partial fulfilment for the requirement of the M.Sc (N) degree in Nursing (Child Health Nursing).

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Place: Nellore

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ACKNOWLEDGEMENT

I wish to acknowledge my heart full gratitude, to the lord almighty who has given the wisdom. Almighty has given strength, guidance, direction, shield and support throughout the endeavour of the study.

I am thankful and grateful to Government of Andhra Pradesh, for providing an opportunity for further academic qualification.

I offer note of thanks to Dr P. Narayana, Founder, Narayana Educational Society who gave opportunity this to finish my Master Degree in Nursing successfully with his blossoms of blessings.

I express my sincere thanks to Mr. K. Puneeth, Chairman and Dr. P. Sindhu, Executive Director and Narayana Educational Society, for providing opportunity to conduct the study successfully.

I express my deep sense of heart full gratitude to Dr. Indira. S, M. Sc (N) PhD Principal, Narayana College of Nursing, Nellore, who has helped me with her expert guidance, encouragement and support and was greatly instrumental in completing the present study.

I wish to express my sincere thanks to my beloved Guru and guide Dr. Rajeswari. H, MSc(N), PhD, Vice Principal, HOD Of Mental Health Nursing who helped me with deep insight, guided me at every step and was source of constant encouragement and support.

I would like to express my sincere thanks to my beloved Guru and guide Prof .MISS Ramya. K, HOD Child Health Nursing Narayana

College of Nursing, Nellore, who guided me with professional competence and deep insight me at every step and was a source of constant encouragement and support.

I would like to express my deep sincere thanks to **Mrs. Samhitha., Department of child health nursing**, who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I would like to express my deep sincere thanks to **Mrs. K. Kantha.HOD, Department of Nursing Research**, who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I would like to express my sincere thanks to **Mrs.Vanjakumari.B, Narayana College of Nursing** who helped me with deep insight, guided me at every step and was a source of constant encouragement and support.

I extend my sincere thanks to **health care personnel** for their participation support and cooperation to complete this study in successful manner.

The statistical guidance always remains at the peak in any project. When it comes to the quantum of help extended by

Dr. Merwyn Jasper D Ruben, statistician. I have abundant gratitude for providing extensive statistical assistance to me in this research project

I express my gratitude to **Mrs. Ujvala, Librarian** and faculty of library, Narayana College of Nursing, Nellore, for their co-operation in enabling me to collect literature of the research study.

My sincere thanks to **Mr. P. Nagendra Babu**, who helped me in binding the research study.

My whole hearted gratitude to my father **Mr. Subbaraoyadav**, mother **Mrs. Vijayanirmal yadav** and my beloved brother **Nagamalleswaraoyadav** &, my friends for their constant love, motivation, emotional support throughout the study.

Last but not least my sincere gratitude and thankfulness to well wishers, friends, and relatives for their help and best wishes which helped me to carry out my study.

(D. SWARUPA RANI)

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ABSTRACT

"A STUDY TO ANALYZE THE EFFECT OF BREASTFEED VS NON BREASTFEED ON GROWTH AND DEVELOPMENT AMONG LOW BIRTH WEIGHT BABIES AT NMCH, NELLORE"

INTRODUCTION:

Breast milk has been traditional food for new- born babies for centuries. It fulfils not only the physical need for optimum growth but also enhances emotional and intellectual development. It protects the baby from infections from infancy and from other disease in adulthood. Breast milk contains an ideal balance of nutrients for the complete growth of body and brain, more than a food it is a multipurpose medicine, rich in anti-infective factors which protect the baby.

Growth in the first year of life crucial not just for the time being but it has a lifelong implication for low birth weight infant because it gets an opportunity to recover it is growth deficit of intrauterine life in this period and to catch up with its normal birth weight siblings

NEED FOR THE STUDY

A study conducted on breast-fed children score higher on tests of cognitive function than do formula-fed children, some investigators have suggested that these differences are related to confounding covariables such as socioeconomic status or maternal education. This adjusted

difference was significant and homogeneous. Significantly higher levels of cognitive function were seen in breast-fed than in formula-fed children at 6-23 months of age and these differences were stable across successive ages. Low-birth-weight infants showed larger differences than did normal-birth-weight infants suggesting that premature infants derive more benefits in cognitive development from breast milk than do full-term infants. Finally, the cognitive developmental benefits of breastfeeding increased with duration.

OBJECTIVES:

1. To assess the growth and development of breastfeed and non-breast feed low birth weight babies.
2. To correlate the breast feed and non-breast feed babies on growth and development among low birth weight babies.
3. To find out the association between the effect of breast feed babies vs non-breast feed babies on growth and development among low birth weight babies.

METHODOLOGY:

A Quantitative Research approach, descriptive research design was used. After obtaining formal written permission from concerned authority, data collection was started from 13-2-20 to 17-3-20 in NICU at Narayana Medical College & Hospital, Nellore. The purpose and nature of the study was explain to mothers of low birth weight babies. 60 neonate was

selected by using purposive sampling technique. Neonates were divided into two groups on the basis of the type of feeding 30 were belongs to breast feed low birth weight babies and 30 were belongs to non-breastfeed low birth weight babies. Weight of the neonate was measured by digital weighing scale and length is measured by infantometer, head circumference and chest circumference was measured by using inch tape. Development was assessed by using Brazalton neurobehavioral development scale. Data was analysed and tabulated according to the objectives and hypothesis of the study.

RESULT:

The study results shows that effect of breast feed than the non-breast feed babies on growth and development. In regard to weight in breastfed babies, 7(23.3%) were had poor growth, 9(30%) were had average growth, 9(30%) were had above average growth, 5(16.7%) were had adequate growth where as in non-breast feed babies 13(43.3%) were had poor growth, 9(30%) were had average growth, 6(20%) were above average growth and 2(6.7%) were adequate growth.

Related to neurobehavioural development among low birth weight babies of breastfeed babies is 17(56.7%) 13(43%) had some response and 13(43%) had delayed response. Where as in non-breast feed babies 21(70%) had some response and 9(30%) had delayed response.

The results shows that the mean and standard deviation of growth of breast feed and non-breast feed low birth weight babies is mean and SD is significant than the non-breast feed babies. The breast feed babies mean score is 32452.1 with SD is 3861.9. The non-breast feed babies mean is 29932.3 with SD is 5374.5 the non-breast feed low birth weight babies.

The results shows that the mean and standard deviation effect of growth of breast feed and non-breastfeed scores among low birth weight babies. The breast feed growth mean score is 32452.1 with SD 3861.9. The non-breastfeed mean score is 29932.3 with SD 5374.5. The calculated value of paired 't' test is 77.6. Where as in breast feed development mean score is 23.2 with SD 4.1. The non-breastfeed mean score is 20.0 with SD 3.8. The calculated paired 't' test value is 65.5 and table value is 0.05. so the breast feed babies are more effective in growth and development than the non-breastfeed babies of low birth weight babies.

Correlation between the effect of breast versus non breast feed babies on growth and development .The values of correlation coefficient on growth is 0.1401 and table value is 0.349 and non-breast feed correlation coefficient is 0.0356 and table value is 0.349. The value of correlation coefficient on development for breast feed is 0.1401 and table value is 0.349 and non-breast feed correlation coefficient is -

0.178 and table value is 0.349. So there is moderately positive correlation between the growth and development of breast feed vs non-breast feed babies. Hence breast feed is effective than non-breastfeed. Association between the effect of breastfeed and non-breast feed on growth and development among low birth weight babies with selected socio demographic variables such as age, gender, weight, height, gestational weeks, birth order, APGAR score, head circumference, and chest circumference statistically significant at the level of <0.05

CONCLUSION

The conclusion drawn from the study was that there was a statistically significant improvement on growth and development on breastfeed low birth weight babies than the non-breastfeed low birth weight babies. Due to presence of breast milk contents, feeding patterns, amount of feed, latching of the baby, the fulfilments of hunger of the baby will affect the growth and development on the breast feed and non-breast feed babies of low birth weight babies. The neuro behavioural development is statistically significant improvement of reflex, social interaction and motor system development seen on breast feed babies than the non-breast feed babies among low birth weight babies.

RESULT:

The calculated value of independent 't' test was 1.998 and table value was 1.699. The study shows that there is statistically significant reduction of symptoms among adolescents in oral ginger powder group compared to progressive muscle relaxation group.

CONCLUSION:

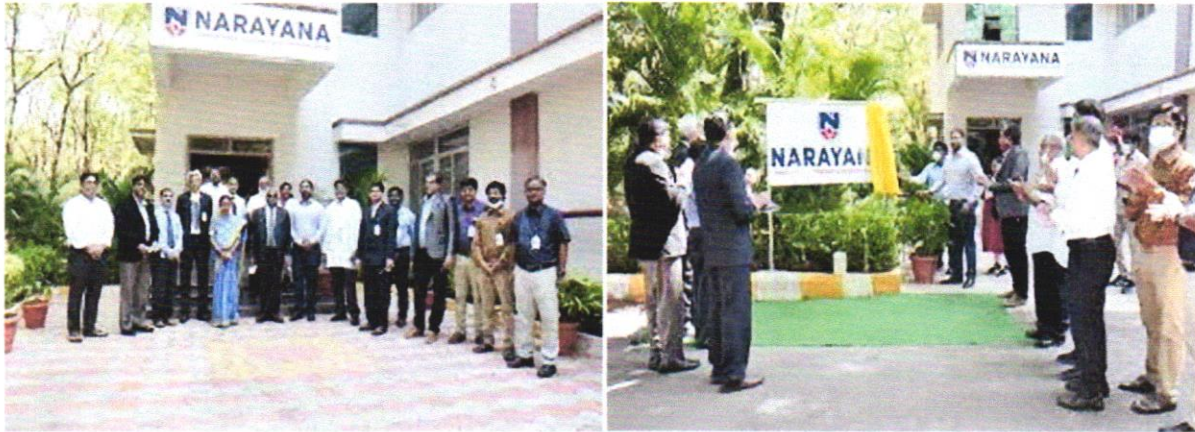
The conclusion drawn from the study was that there was significant reduction on dysmenorrhoea symptoms with the intake of oral ginger powder compared to progressive muscle relaxation technique. This shows administration of ginger powder is more effective than progressive muscle relaxation technique for managing the symptoms of dysmenorrhoea. Thus educating adolescent girls and providing them proper information on advantages of oral intake of ginger powder and progressive muscle relaxation can help them to be relieved of pain and discomfort at the time of menstruation.

Dr. Babu
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3.2.1 Activity center of IIC in the Campus

Under the guidelines and guidance of MHRD (The Ministry of Higher Education) Government of India, The Institution's Innovation Council was formed in Narayana College of Nursing, Nellore District, Andhra Pradesh with the ID-

Incubation centre Inauguration was on 6 March 2021 by Chief Guest Dr Aditya Chowdary, Surgical Gasstroenrologist, Global Hospital Hyderabad and representative of Barath Biotech international Ltd., India.



Inauguration of Incubation centre

Incubator Management Team

1. Dr. S. Viyay Kumar, Academic Coordinator, Narayana medical College
2. Dr. S.P Rao, Dean, Narayana Medical College
3. Dr. Y.V. Prabakar, Medical Administrator, Narayana medical College
4. Mr. Suresh, Chief Finance Officer, Narayana Medical College.
5. Dr. Sivakumar Vijayaraghavalu, HOD, NTRIC
6. Mr. Vasanth Kumar, Assistant Prof., NTRIC.
7. Dr. Kannan, Prof. & Head, Dept. of Oral Medicine & Radiology, Narayana Dental College.

8. Dr Indira.A, Principal Narayana College of Nursing, Innovation Incharge

9. Dr. Harinadh Baba, Principal, Narayana College of Pharmacy.

10. Mrs. K. Kantha, Head, Dept. of Nursing Research, Narayana College of Nursing.

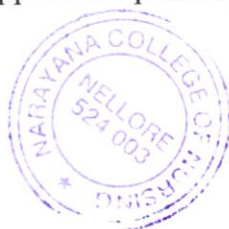
11. Dr. K. Suneel Kumar, Professor, Narayana College of Physiotherapy

VISION

- To evolve as an International Centre of Excellence to Promote Invention, Innovation and Entrepreneurship.

MISSION

- To Train, counsel, guide and mentor the students and faculties in performing innovative translational research and setting up of the enterprise.
- To facilitate the scientific interactions between different Departments of Medicine and its allied faculties to generate novel ideas.
- To provide infrastructure and state-of-art technology to test the hypothesis that could result in an invention.
- To encourage innovative collaborative basic research to benefit the community and enabling the industry to produce cost effective equipment and drugs.
- To be a center of excellence that fosters synergy between the academia and the industry that fuels entrepreneurial spirit and inculcates research bent of mind among students to help them to be self reliant and contribute to the nation building.
- To nurture technology and knowledge based ventures through their start-up phase by providing the necessary support and promote entrepreneurship.



B. Anuj
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- To help medical researchers to obtain intra- and extra-mural research grants to carry out their research and publish the outcome in high impact scientific journals and patent their findings.

Institution Innovation Center Photos



Incubation Innovation Inauguration



Incubation Management Team



R. Raju
Principal
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003



Incubation Team members

Dr. S. Vijayakumar, Academic Co-ordinator, Narayana Medical College (NMC)

Dr. S. P. Rao, Dean, NMC

Dr. Y. V. Prabakar, Medical Administrator, NMC

Mr. Suresh, Chief Finance Officer, NMC

Dr. Sivakumar Vijayaraghavalu, HOD, NTIC

Mr. Vasanth Kumar, Assistant Prof., NTIC


Dr. Kannan, Prof. & Head, Dept. of Oral Medicine & Radiology,
Narayana Dental College

Dr. Harinadh Babu, Prinipal, Narayana College of Pharmacy

Mrs. K. Kantha, Head, Dept. of Nursing Research, Narayana Nursing College

Dr. K. Suneel Kumar, Professor, Narayana College of Physiotherapy




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Incubation innovation Mentors

Dr. SP Rao, Dean, Narayana Medical College

Dr. Sivakumar Vijayaraghavalu, HOD, NTIC

Dr. Kannan, Prof. & Head, Dept. of Oral Medicine & Radiology,
Narayana Dental College

Dr. Ramalingam K, Narayana Medical College

Dr. Ajay, Principal, Narayana Dental College

Dr. Tirupati, Principal, Narayana College of Physiotherapy

Dr. Indira, Dean, Narayana Nursing College

Resources Available for Incubatees

- Office space
- IT Infrastructure and Support – Desktop computers, operating-software, LAN, wi-fi, printer, scanner, copier, Access control system.
- Archival storage space for Clinical Research Organizations and other incubatees
- Well equipped research laboratory
- Data storage in the incubation center server
- Refrigerators and deep freezers (-20 deg C and -80 deg C) for sample storage
- Internet, telephone, electricity
- Services – general maintenance includes electricity and plumbing; parking and security.
- Furnishing – chairs, tables, cubicles
- Others – board rooms, meeting rooms and co-working space.



B. Srinivas
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Chinthareddypalem,
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Table 1 - IIC staff members list – Narayana College of Physiotherapy – 2 in number

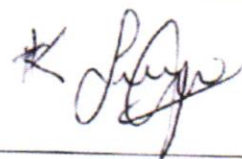
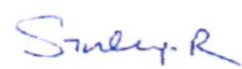
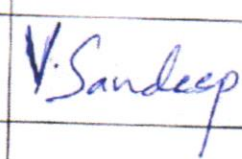
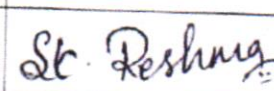
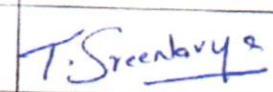
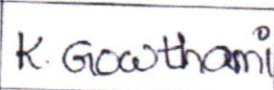
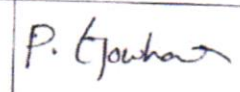

S.No.	IIC – designation	Name	Address	Signature
1	Internship coordinator	Dr. K.Suneel Kumar	suneelmp@gmail.com; 9533301123; Narayana College of Physiotherapy (NCP)	
2	Members	Dr. R. Sreekar Kumar Reddy	sreekarpt@yahoo.co.in; 9441957700; NCP	

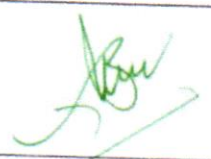
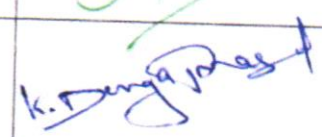
Table 2 - IIC student members list – Narayana College of Physiotherapy – 12 in numbers

S.No	IIC – designation	Name	Contact Details	Signature
1	Innovation coordinators	Mr. Likith Raj	3rd yr. Bachelor of Physiotherapy (BPT); Klikhithraj12@gmail.com; 8374879770; NPC	-
		Miss. Lakshmi Sravanthi	3rd yr. BPT; Lakshmisravanthi672@gmail.com; 7893206864; NPC	-
2	Startup coordinators	Miss. K.V. Swetha Chowdary	3rd yr. BPT,swethachowdarykamineni17@gmail.com; 9550659928	-
		Miss. Arza Krishna Sri Lahari	3rd yr. BPT, srilaharink6@gmail.com; 7093438678	-
3	Internship coordinators	Miss. Polipaka Bhanu	3rd yr. BPT, bhanupolipaka@gmail.com; 9948348056	-
		Mr. Harish Polisetty	4th yr. BPT, Pharish45@gmail.com; 8179396981	-
4	IPR coordinator	Mr. Vayalapati Sandeep	4th yr. BPT, Vayalapatiasandeep2016@gmail.com; 9494303032	
		Miss. Aadimulam NikhilaKumari	4th yr. BPT, Nikhila:umari2859@gmail.com; 7780468489	-
5	Social Media coordinators	Miss. S.K. Reshma	4th yr. BPT, Shaikreshma741@gmail.com; 9676878432	
		Miss. Thotapalli Sree Navya	4th yr. BPT, Sreenavya21798@gmail.com; 9182287648	
6	Members	Miss. KarraGowthami	4th yr. BPT, Gowthamikarra106@gmail.com; 6302225368	
		Miss. P. GowharSulthanfathima	4th yr. BPT, gowharsulthanfathima@gmail.com; 8985230052	



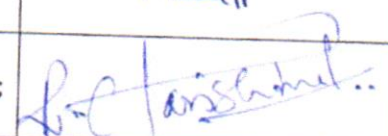
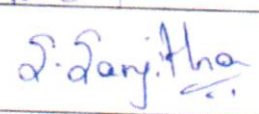
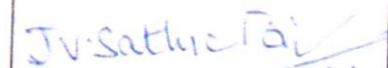
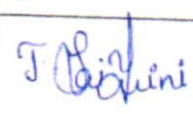

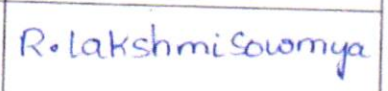
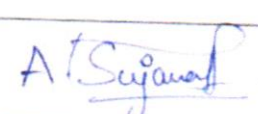



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NELLORE - 524 003

IIC Staff members list – Narayana Pharmacy College – 2 in number

S.No.	IIC – designation	Name	Address	Signature
1	Start-up activity coordinator	Dr. K. Harinadh Baba	Principal, Narayana Pharmacy College (NPC)	
2	Social Media coordinator	Mr. Durga Prasad	Assistant Professor, NPC, durgaprasad.kondeti@gmail.com	

IIC student members list – Narayana Pharmacy College – 9 in number

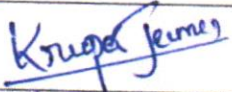
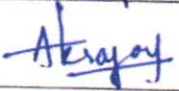


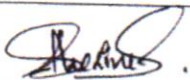







S. No	IIC designation	Name	Contact Details	Signature
1	Innovation coordinator	RamaneniVengamma	4th yr. B. Pharmacy, NPC; vengammajnv@gmail.com ; 7075694445	
		T Indrawati	4th yr. B. Pharmacy, NPC; indrawati.t1997@gmail.com ; 9679535314	
2	Startup coordinator	Ravi Charishma	3rd yr. B. Pharmacy, NPC; charishmachowdary79@gmail.com ; 9989052990	
		Sadhu Sanjitha	3rd yr. B. Pharmacy, NPC; sadhusanjitha2000@gmail.com ; 9440707810	
3	Internship coordinator	Jonnalagadda Vijay SathyaTheja	3rd yr. B. Pharmacy, NPC; vijayateja2000@gmail.com ; 7731959628	
		Jamalla Sai Yamini	3rd yr. B. Pharmacy, NPC; yaminichikki7777@gmail.com ; 9849456277	
4	IPR coordinator	Gopireddy Mahitha	3rd yr. B. Pharmacy, NPC; mahithamahitha74@gmail.com ; 9573538686	
		Ravuru Lakshmi Sowmya	3rd yr. B. Pharmacy, NPC; lakshmisowmyaravuru@gmail.com ; 9490126090	
5	Member	Adigopula Sujana	3rd yr. B. Pharmacy, NPC; adigopulasujana@gmail.com ; 9948617022	

Total staff + students – 11




NARAYANA COLLEGE OF NURSING
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Table 2 - IIC staff members list – Narayana Nursing College – 12 in number

S.No	IIC- Designation	Name	Address	Signature
1	Innovation Coordinators	Krupa James	3 rd yr. B.Sc (N), SNNC, krupajames2000@gmail.com;8606406580	
		Aksa Joy	3 rd yr. B.Sc (N), SNNC,sasiniamma143@gmail.com; 7025643126	
2	Start-up coordinators	Rinta Sebastian	3 rd yr. B.Sc (N),NCN, rintasebastian2000@gmail.com;9747668354	
		Sainu Susary Sunny	3 rd yr. B.Sc (N),NCN,sainusunny27@gmail.com; 7034340614	
3	Internship coordinators	Sherin.S	3 rd yr. B.Sc (N),NCN, sherinthomas2017@gmail.com;9072066882	
		Neethu babu	3 rd yr. B.Sc (N),NCN,neethubabu02018@gmail.com;7736054374	
4	IPR coordinator	Devika Madhusoodhanan	3 rd yr. B.Sc (N), SNNC,devika0070035@gmail.com; 6238899077	
		K.Kavitha	3 rd yr. B.Sc (N), SNNC,kavitharavikumar370@gmail.com; 9502640020	
5	Social Media coordinators	Jini Mathew	3 rd yr. B.Sc (N), SNNC,jinimathew12318@gmail.com	
		Ashili Sunny	3 rd yr. B.Sc (N), SNNC,ashilisunny2019@gmail.com; 9061379201	
6	Members	Sneha Babu	3 rd yr. B.Sc (N),NCN,snehababu152000@gmail.com; 8078892232	
		Divya Babu	3 rd yr. B.Sc (N),NCN,babudivya156@gmail.com; 9645646738	

Total 9 staff + 12 students - 21




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Table 1 - IIC staff members list – Narayana Nursing College – 9 in number

S.No.	IIC – designation	Name	Address	Signature
1	Innovation activity coordinator	Mrs. K. Kantha	HOD, Dept of Nursing Research, Narayana College of Nursing (NCN), kanthanaren@gmail.com; 9441633279	<i>K. Kantha</i> 05/08/2021
2	Start-up activity coordinator	Mrs.N. Anjani Devi	Associate Professor, HOD, Examination Cell,NCN, ajnelavalaanjani@gmail.com; 7093655848	<i>NAJ - L.</i>
3	IPR activity coordinator	Mrs. B. Kalpana	Associate Professor, HOD, Dept of Community Health Nursing,NCN, kalapanamscb@gmail.com; 9381655179	<i>B. Kalpana</i>
4	Social Media coordinator	Mrs. Ushakiran. T	Associate Professor, Dept of OBG, NCN, ushakiranmsc13@gmail.com; 7097350029	<i>T. Ushakiran</i>
5	ARIIA coordinator	Mrs. VanajaKumari. B	HOD, Dept of CET, NNI. bnreddy290@gmail.com; 9490894253	<i>B. Vanaja</i>
6	Members	Mrs.Smitha.P.M	Associate Professor, Dept of MHN, NCN, devuharish@gmail.com; 8095363543	-
		Mrs.Vijji.A	HOD, Dept of OBG,NCN, chennai_vijji@gmail.com; 7010931969	<i>Vijji</i>
		Mrs.Girijarani.R.T.	Assistant Professor, Dept of CHN,NCN, ranigirija1821@gmail.com; 9553244795	<i>Girijarani R.T.</i>
		Ms.Navya.N	Assistant Professor, Dept of MHN,NCN, navyapandu93@gmail.com; 8639151611	-

A. Lakshmi

*professor / HOD
Medical surgical
Nsg, NCN*

Lakshmi

G. Thejovathi

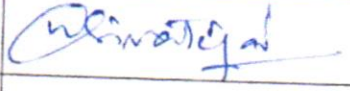
*Associate. professor
Dept of Nursing Research*

Thejovathi



B. Vanaja
NARAYANA COLLEGE OF NURSING
Chinthareddypalem,
NELLORE - 524 003

Table 1 - IIC student members list – Narayana Dental College – 6



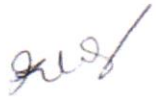



S. No	IIC – designation	Name	Contact Details	Signature
1	Innovation coordinator	U. Siva Teja SIVA	4th year, NDCH, 9989596429, sivateja61@gmail.com	
2	Startup coordinator	Shahk Mohammed Teja Feuzana Nowsheen	NDCH, nowreen888@gmail.com nawsheenmohammed@gmail.com	M.A. Nowsheen
3	Internship coordinator	B. Gnaneswar	coolgnane@gmail.com, 8142977409, NDCH gnaneswarbellabds@gmail.com	B. Gnaneswar
4	IPR coordinator	Eduuru Niharika	niharika.chinni55@gmail.com, NDCH	-
5	Social media coordinator	P. Sathwik P. Sathvik	sathvikpasala@gmail.com; 8466090521, NDCH	P. Sathwik
6	Member	B. Hemalatha	hemalatha.bobbepalli@gmail.com, NDCH	B. Hemalatha

Total members – 6 staff + 6 students – 12




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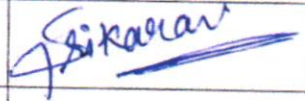
Table 1 - IIC staff members list – Narayana Dental College – 6 in number

S. No.	IIC – designation	Name	Address	Signature
1	Innovation activity coordinator	Dr. Kannan	Professor and Head, Dept. of Oral Medicine & Radiology, Narayana Dental College and Hospital (NDCH); dentkan1@gmail.com ; 9490471078	
2	Start-up activity coordinator	Dr. Rakesh	rmannae@rediffmail.com , 9704014747, NDCH	
3	IPR activity coordinator	Dr. K.V. Suneel	Reader, Dept of Oral Medicine & Radiology, NDCH; suneelkv@narayanagroup.com ; 9347100413	
4	Members	Dr. C.H. Sunil	Professor, Dept. of Conservative Dentistry & Endodontics NDCH, chinnisk@yahoo.com ; 9966313666	
		Dr. Rajasekar G	Professor, Oral & Maxillofacial Surgery, NDCH, rajmaxfac@gmail.com ; 9490142971	
		Dr. N. Sreenivas	Professor, Dept. of Periodontics, NDCH, sreenivasnagarakanti@gmail.com ; 9985664566	



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Table 2 - IIC Student members list – Narayana Medical College – 5 students


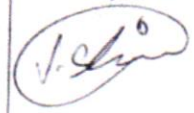


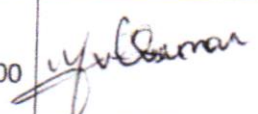
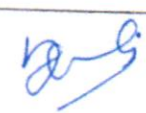
S. No	IIC designation	Name	Contact Details	Signature
1	Innovation coordinator	Dr. Ch. Srikarani	1st Year Postgraduate, Dept. of OBGY, NMCH srikaranireddy@gmail.com; 9490166200.	
2	IPR Coordinator	Dr. Yendeti Bharath Vyas	1st year Postgraduate, Dept. of pediatrics, bharath.vyas@gmail.com; 9603916951. NMCH	-
3	Social Media Coordinator	Dr. Galeti Ayesha	1st Year Postgraduate, Dept of Pathology,ayeshagaleti36@gmail.com; NMCH 9177885555	-
4	Members	Miss. Saginela Jayathi	1stYear.MBBS; sreeramalahari@gmail.com. NMC; 8309999399	-
		Miss. Sreeram Lahari	1stYear.MBBS; sasisatish@gmail.com. NMC;9052055755	-

Total staff and student – 15




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Table 1 - IIC Staff members list – Narayana Medical College – 10 in number

S. No.	IIC – designation	Name	Address	Signature
1	President	Dr. S. P. Rao	Dean, Narayana Medical College and Hospital (NMCH) dean@narayanamedicalcollege.com ; 9422193852	
2	Convenor	Dr. Sivakumar Vijayaraghavulu	Professor and Head, Narayana Translational Research and Incubation Centre (NTIC); drvshiva@narayanamedicalcollege.com ; 8925744196	
3	Innovation activity coordinator	Dr. Sai kiran	Professor , Dept of Neurosurgery, NMCH; +918904779819	N. A. Sairam
4	Start-up activity coordinator	Dr. Y. V. Prabhakar	Medical Administrator, NMCH, dryvprabhakar@narayanamedicalcollege.com ; 9343702453.	-
5	Internship coordinator	Dr. Kumar	Professor, +919849106923; Department SPM, chintakumar1974@gmail.com , NMCH	
6	Social Media coordinator	Dr. Bhaskar Reddy	+919703088899; NMCH 9494222555	
7	ARIIA coordinator	M.Vasanth Kumar	Assistant Professor, NTIC, mvasanth@narayanamedicalcollege.com ;+917550021600	
8	NIRF coordinator	Mr. Suresh	NMCH, casureshkumarg@narayanagroup.com ; +91 8121888555;	-
9	Members	Dr. Lavanya	Professor and Head, Obstetrics, NMCH, email and phone	
		Dr. S. Sujatha	Neurosurgery, NMCH, designation, and contact details	-




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NTRC – Clinical Research Division



Bio-safety Level II Clean Room Facility



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NTRC – Basic Research Division



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A. Indira

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NARAYANA COLLEGE OF NURSING

Chinthareddypalem, Nellore.



Institute Innovation Council - IIC & Best out of Waste Competition on Entrepreneurs



World Entrepreneurship Day

Date: 22.08.2022 || Time: 02:00 Pm - 05:00 Pm || Venue: II Floor, Smart Class Room, NCON.



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CIRCULAR

Ref No: NCON/IIC/2022/01

Date: 6/8/22

This is to inform all the students of III & IV B.Sc.(N), I & II P.B.B.Sc.(N) and I & II M.Sc.(N) of Narayana College of Nursing planned to conduct a regular event "Best out of waste on Entrepreneurship" competition on 22-08 2022 (Monday) at 2pm to 5pm on the occasion of World Entrepreneurship to showcase and preserve best Innovative entrepreneur thoughts among students. All faculty and mentioned batch students should attend the event.

The details of the event are as follows:

Event: Best out of waste on Entrepreneurship

Student Participants: III & IV B.Sc.(N), I & II P.B.B.Sc.(N) and I & II M.Sc.(N)

Venue: Ground Floor to display

For queries contact IIC coordinator

A. S. S. S.

IQAC Coordinator

B. S. S.
Principal

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Copy to:

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Notice Boards





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**Narayana College of Nursing
Institute Innovation Council-IIC
World Entrepreneurs Day Event
Competition on Best out of waste on Entrepreneurship in the Campus**

Programme Schedule

Venue: NCON, Auditorium

Time: 2:00pm-5:00pm

Date: 22/8/2022

S.No	Time	Event	Speaker
1	2:00 - 2:05	Gathering of delegates	
2.	2:05 - 2:15	Prayer song and welcome song	By III A Students
3.	2:15 - 2:25	Welcome address	Prof Smitha.P.M, Dept of Mental Health Nursing
4.	2: 25 - 2:30	Lamp Lighting	By Dignitaries
5.	2: 30 - 3:30	Talk on Innovative Entrepreneurs Ideas	Dr.Indira. A, Principal Prof Latha.A, IQAC and HOD of MSN
6.	3: 35 - 4:00	Students talk on Entrepreneurs Ideas	III & IV yr students
7.	4:00 - 4:20	Judgment of Poster making competition	By Chief guest
8.	4:20 - 4:30	Prize distribution	
8.	4:35 - 4:40	Vote of Thanks	Prof .Vijji, HOD of Obstetrics & Gynecological Nursing
9.	4:45 - 4:50	National Anthem	

A. Indira

B. Vijji
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Report on World Entrepreneurship Day event

Narayana College of Nursing organized the World Entrepreneurship Day event on August 21st, 2022 in auditorium III floor at 2pm, The event aimed to celebrate the spirit of entrepreneurship and foster a culture of innovation among students. Entrepreneurs play a major role in the economic growth of any country by bringing new ideas and innovation to the market. The activity was assigned as MIC driven activity and IIC council of the GIBS conducted it as a fun learning event for the students.



Fig: Lamp lighting by dignitaries

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Fig: Group photo of dignitaries

The event began with Prayer song followed by Inauguration by dignitaries, the event session with an engaging talk by Dr Indira.A, principal Narayana College of Nursing and IQAC Coordinator Prof Latha.A, They shared their entrepreneurial Innovative Ideas and expressed the challenges commonly what entrepreneurs faced, and they explained the lessons they learned from best entrepreneurs and also they shared regarding Janessa Rauch, who is the best entrepreneur and famous now a days she is currently working toward her master's in nursing at UCalgary, exploring the self-care practices of pediatric oncology nurses. She is running a nurse coaching business called The Nurse Coach, which is geared toward health-care providers and professionals or educators and teachers also. The talk session was followed by a Q&A session where the students had the opportunity to interact with the guests and learn from their experiences.

The highlight of the event was Dona Thomas IV yr B.Sc.(N) and Shalu mary III yr B.Sc.(N) students presented their business ideas

The event provided a platform to students to present out of waste competition showcase their entrepreneurial skills and receive valuable feedback from Judges the faculty of





Narayana College of Nursing. It also provided an opportunity for students to network with like-minded individuals and gain insights into the world of entrepreneurship.



Fig:3 Students and faculty actively involved in WED Event

This activity gave boost to the creative thoughts to the students. Overall, the event was learning in a fun way and also celebration of the spirit of Entrepreneurship

At 4:30 pm Prof Vanaja Kumari.B relived the winners in Best out of waste Competition.

The 1st place was Ms.Himaja, M.Sc.(N) II year

2nd place was Aleena Mathew , B.Sc.(N) IV year

3rd Place Ms. Rajya lakshmi, M.Sc.(N) I Year

At 5pm the Event was end with vote of thanks and National Anthem.



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Photo gallery of WED Event



Fig:4 Display of Best out of waste crafts



Fig:5 Display of Best out of waste crafts by students



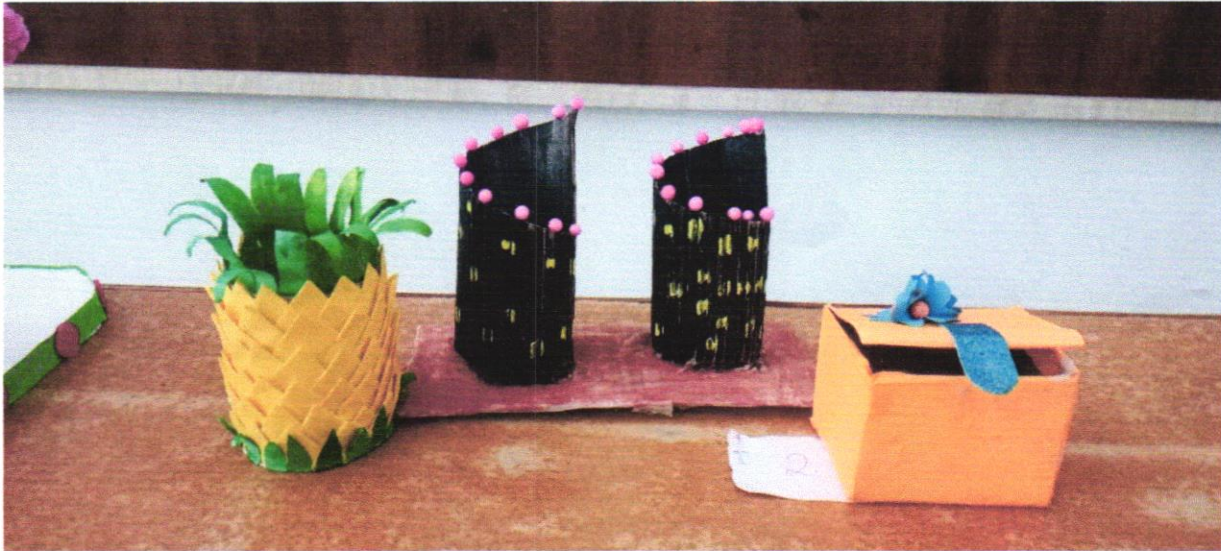


Fig:6 Pens stand, Container and paperweight



Fig:6 Pens stand, Container and paperweight



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Fig:8 Display of Items by students



Fig: 9 Distributing Prizes and Certificates to winners



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A. J. S. Srinivas
Principal
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Chinthareddypalem,
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3.2.1 WORLD ENTREPRENEURSHIP DAY EVENT

S.No	Name Of The Faculty	Signature
1.	Dr. Indira. A	Indira
2.	Dr. V. Kumari	Kumari
3.	Mrs. A. Latha	Latha
4.	Mrs. B. Vanajakumari	Van
5.	Mrs. E. Kannagi	Kann
6.	Mrs. P. Shanmugavadivu	Shanm
7.	Mrs. Viji. A	Viji
8.	Mrs. K. Kantha	Kantha
9.	Mrs. Smitha. P.M	Smitha
10.	Mrs. Merlingolda. V	Merli
11.	Mrs. C. Megilin Bose	Megilin
12.	Dr. S. Elizabeth Jasmine	Elizabeth
13.	Mrs. Sujatha. A	Sujatha
14.	Mrs. Gomathi. M	Gomathi
15.	Mrs. Anjani-devi	Anjani
16.	Mrs. Subashini. N	Subashini
17.	Mrs. G. Thejovathi	Thejovathi
18.	Mrs. Rajani. P	Rajani
19.	Mrs. Nathiya. K	Nathiya
20.	Mrs. T. Ushakiran	Ushakiran
21.	Mrs. J. Anusha	Anusha
22.	Ms. N. Navya	Navya
23.	Ms. R T Girija Rani	Girija
24.	Ms . Kanimela Deepa	Deepa
25.	Ms .CH.Radhika	Radhika
26.	Ms .K.Pushpa	Pushpa
27.	Ms .K.Revathi	Revathi
28.	Ms .Y. Prabhavathi	Prabhavathi
29.	Ms .H. Kollamma	Kollamma
30.	Ms .Nandeeswari. B	Nandeeswari
31.	Ms .T. Sahithi	Sahithi
32.	Ms .Sulochana. P	Sulochana
33.	Ms .T. Bhargavi	Bhargavi
34.	Ms .M. Vasavi	Vasavi



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35.	Ms .V. Srujana	Srujan
36.	Ms .K. Hemalatha	Hem
37.	Ms .M. Jyothi	Jyothi
38.	Ms .V. Pallavi	Pallavi
39.	Ms .K. Sneha	Sneha
40.	Ms .A. Chandana	Chandana
41.	Ms .N. Anusha	Anusha
42.	Ms .D. Dineesha	
43.	Ms .G. Varalakshmi	
44.	Ms .Y. Lakshmi	Lakshmi
45.	Ms .B. Jyothsnarani	Jyothsnarani
46.	Ms .CH. Reddikomala	Reddikomala
47.	Ms .K. Lavanya	Lavanya
48.	Ms .Lavanya K K	Lavanya
49.	Ms .Lintumol Joseph	Lintumol Joseph
50.	Ms .P. Saritha	Saritha
51.	Ms .Rincy Francis	Rincy Francis
52.	Ms .Sabitha Varghese	Sabitha Varghese
53.	Ms .Siddy Supraja	Siddy Supraja
54.	Ms .T. Srilakshmi	Srilakshmi
55.	Ms .K Reena Grace	Reena Grace
56.	Ms .CH. Yashoda	Yashoda
57.	Ms .P. Prameela	Prameela
58.	Ms .G. Sravanthi Lahari	Sravanthi Lahari
59.	Ms .S Ramanjinamma	Ramanjinamma
60.	Ms .Arva Nirosha	Nirosha
61.	Ms .Mounika. Thatithoti	Thatithoti
62.	Ms .Komari Rameena	Rameena
63.	Ms .Gownolla Govindamma	Govindamma
64.	Ms .Kuppampati Hasmitha	Hasmitha
65.	Ms .Pynam Esther Joel	Esther Joel



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III year B.Sc.(N) Students

S.NO	NAME OF THE STUDENT	SIGNATURE
1.	ABHIRAMI R	Abhirami
2.	AISWARYA VINOD	Aishwarya
3.	AKHILA BABY	Akhila
4.	ALEENA JOSEPH	Aleena
5.	ALEENA SHAJI	Aleena
6.	ALFA MATHEW	Alfa
7.	ANCY MOL WILSON	Ancy
8.	ANJU ANTONY	Anju
9.	ANJU P	Anju
10.	ANN MARIA ROY	Ann
11.	ANNA VARGHESE	Anna
12.	ANNU ELSA THOMAS	Annu
13.	ANUVINDA T N	Anuvinda
14.	APARNA BIJU	Aparna
15.	ASHLY SANTY	Ashly
16.	ASHLY TREESA PAUL	Ashly
17.	ATHULYA R	Athulya
18.	CHELCYMOL BENNY	Chelcymol
19.	CHINNU VARGHESE	Chinnu
20.	CHRISTEENA ELIZABETH THOMAS	Christeena
21.	DEVIKA ANIL	Devika
22.	DONA THOMAS	Dona
23.	FATHIMA HUSSAIN	Fathima
24.	HELAN ROSE BENNY	Helan
25.	INDLA VYSHNAVI	Indla
26.	JOBINA ANTONY	Jobina
27.	JOSHMI RAJ	Joshmi



B. Shreejith
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28.	JOSMY JOY	- A -
29.	JOSNA GEORGE	A
30.	LITTY V JOSEPH	Litty
31.	MELBIN MARY MANI	Melbin
32.	NIMMY THAMPY	Nimmy
33.	PIA MATHEW	Pia
34.	RADHIKA J	Radhi
35.	RESMI RAJENDRAN	Resmi
36.	RINTU RAJU	Rintu
37.	RIYA MARIA RAJU	A
38.	RUBY ALEXANDER	A
39.	SETHULAKSHMI ANILKUMAR	Ani
40.	SIYONA MARIAM VARGHESE	Varghe
41.	SNEHA SAJU	Sneha
42.	SONA ANNA VARGHESE	Sona
43.	SONA CHACKO	Chacko
44.	SREELAKSHMI S	Sreelax
45.	SREELEKSHMI VIJAYAN	Vijay
46.	SRUDHI O S	A
47.	TINA K TOMYCHAN	A
48.	VEENA SURESH	
49.	VRINDA VINOD	Vinod
50.	D.HARITHA	Haritha
51.	ABHIRAMI K S	Abhirami
52.	AIWARYA M S	Aishwarya
53.	AIWARYA SURESH	Suresh
54.	AKSA M PAUL	Paul
55.	ALEENA RAJU	Aleena
56.	ALKA AJITH	Ajith



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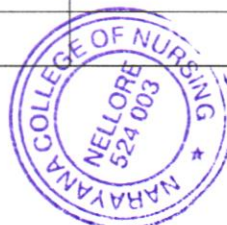


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58.	AMALA THOMAS	<i>Amala</i>
59.	ANAMIKA K SHAJI	<i>Anamika</i>
60.	ANINA SAHADEVAN	<i>Anina</i>
61.	ANITTA BIJU	<i>Anitta</i>
62.	ANITTA JOJAN	<i>Anitta</i>
63.	ANJIMA P S	<i>Anjima</i>
64.	ANNA MATHEN ULAHANNAN	<i>Anna</i>
65.	ANSA MERIN LUKE	<i>Ansa</i>
66.	ANSU JIJI	<i>Ansu</i>
67.	ARCHANA S SABU	<i>Archana</i>
68.	ARSHA RAJU	<i>Arsha</i>
69.	ARYA JAYAPRAKASH	<i>Arya</i>
70.	ASHLY ABRAHAM	<i>Ashly</i>
71.	ASHLY MARY THOMAS	<i>Ashly</i>
72.	ASWATHY K S	<i>Aswathy</i>
73.	ASWINI SIVA	<i>Aswini</i>
74.	CHINCHILU P S	<i>Chinchilu</i>
75.	CHRISTY SAJI	<i>Christy</i>
76.	CLAIR SEBASTIAN	<i>Clair</i>
77.	DIVYA VIJAYAN	<i>Divya</i>
78.	ELIZABETH GEORGE	
79.	GRACY JOSEPH	
80.	IRINE SUSAN JOSEPH	
81.	JISNA BABY	
82.	JOMOL A K	
83.	JOSNA JOSE	
84.	LINI LUKOSE	
85.	MANEESHA MANOJ	



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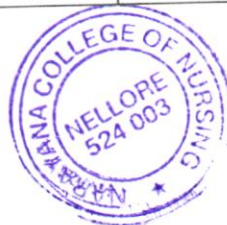
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87.	MEGHA MATHAI	Megha
88.	NANDANA RENCHI	Nandu
89.	PARVATHY R NAIR	Parv
90.	PRABITHA PRIJU	Prabi
91.	RIYA CYRIAC	Riya
92.	SENU THOMAS	Seni
93.	SONA KURIAN	A
94.	SONA P CHACKO	A
95.	SONIYA K J	Soniya
96.	SREDHA MARIA SIBY	Sredha
97.	TEENA RENNY	Teena
98.	TIYA ABRAHAM	Tiya
99.	VARSHA THOMAS	Varsha
100.	VINITHA BIJU	Biju

IV YEAR B.Sc(N)

S.NO	NAME OF THE STUDENT	SIGNATURE
1.	ADITHYALAKSHMI T A	Adh
2.	AISWARYA D	Aisw
3.	AKSA MARIAM JOHNSON	Aksa
4.	AKSA REJIMON	Aksa
5.	ALEENA JOBY	Aleena
6.	ALEENA SABU	Aleena
7.	ANEENA GEORGE	Aneena
8.	ANITHAMOL JOY	Anitha
9.	ANJAL ANIL	Anjali
10.	ANJALY MARTIN	Anjali
11.	ANNA MARIA SOY	Anna
12.	ANNU THOMAS	Annu



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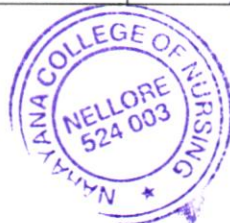
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14.	ASHILY ROSE BABY	Ashly
15.	ASHLY BIJU	Ashly
16.	BIJITHA BIJU	Bi ju
17.	BLESSY BENNY	Blessy
18.	BLESSY MARIYA MATHEW	Blessy
19.	DARSHANA JOSEPH	Darshana
20.	DAYANA ANNA ABRAHAM	Dayana
21.	DEVIKA BINU	Devika
22.	DEVIKA SANTHOSH	Devika
23.	DIVYA BABU	D
24.	DONA SUNIL	D
25.	JANCY JEMINI	D
26.	JOICE GEORGE	A
27.	JUBY JOSE	Juby
28.	KRIPA SREEKUMAR	A
29.	LISBET JOSHY	A
30.	MARIYA ABY	Mariya
31.	MARIYA FRANCIS	A
32.	MARIYA MATHEW	Mariya
33.	MIBILA BABY	Mibila
34.	PRIYANKA JOHNY	Priyanka
35.	REMYA GEORGE	Remya
36.	RINTA SEBASTIAN	Rinta
37.	SAINU SUSAN SUNNY	Sunny
38.	SANJANA SABU	Sanjana
39.	SANNU SAJI	Sanni
40.	SEEBA BIJU	Seeba
41.	SELIN SUSAN CHACKO	Selin



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42.	SHINTU ANNA KURIAKOSE	Kanna
43.	SIMI SABU	Sm
44.	SINJUMOL SABU	Sahr
45.	SNEHA BABU	Sneha
46.	SNEHA JOMON	Somon
47.	SREEKUTTY K S	Sreekutty
48.	SURYALAKSHMY S	Surya
49.	TINTUMOL JOSEPH	Tintumol
50.	VINAYA THILAK	Thilak
51.	AKSHA THERESA KURIAN	Keshan
52.	AKZA VARGHESE	Akza
53.	ANAGHA ANILKUMAR	Anagha
54.	ANI ELIZABATH ANTONY	Anagha
55.	ANNE SUSMITHA	Susmitha
56.	ANNU ABRAHAM	Abraham
57.	ANSU SAJI	Saji
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59.	ASWATHY K A	A
60.	BESNA BABU	A
61.	BINCY P BENSON	A
62.	BONCEY B KOTTOOR	Bencey
63.	DIVYA BABU	Divya
64.	DONA MARIA TOMY	A
65.	ELSA K ABUGY	A
66.	GANGA S	Ganga
67.	GOPIKA M G	A
68.	GOWRI JAYAPRAKASH	Gowri
69.	GRACE MARY P M	Grace
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73.	JISINI ANNIE JOHN	Annie
74.	KOCHURANY VARGHESE	Varghese
75.	LINTU V JOSEPH	Joseph
76.	MARIYA SKARIA	Skaria
77.	NAYANA RAJEEV	Rajeev
78.	NEENU SABU	Sabu
79.	NEETHU SABU	Sabu
80.	NITHY K TOMY	Tomy
81.	RANI RAJ B R	Raj
82.	SHALU MARY SHAJI	Shalu
83.	SHERINE S THOMAS	Thomas
84.	SNEHA KUNJUMON	Sneha
85.	SONA K	Sona
86.	SOPHY ROSE DEVASIA	Devasia
87.	SRUTHI L	Sruthi
88.	STEPHY JACOB	Stephy
89.	SURYA SURESH	Suresh
90.	VINAYA ANNA VINOD	Vinod
91.	YEMEMMA JOSE	Jose
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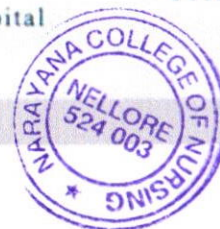
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