

**Maharashtra University of Health Sciences, Nashik Inspection
Committee Report for Academic Year 2023 -2024
Attendance Details/ Research Details/ Welfare Scheme Details**

Faculty: Nursing

Name of College/Institute: **JIIU's, MOTHER HAWWA COLLEGE OF NURSING**
Warudi, Badnapur-Tq, Jalna-Dist.: 431202.

1	Attendance	} Month-wise Biometric attendance to be uploaded by the college on College Website (No hard copies of attendance to be submitted to the University)
	Teaching Staff	
	Non teaching staff	
	Hospital Staff	
	UG & PG Students	
2	Project	No
	Research Articles/Publications	Uploaded on College Website
	Research Award (Student/Teacher)	No
3	Utilization of Student Welfare Schemes :-	
	Earn and Learn Scheme	No
	Dhanwantri Vidyadhan Scheme	No
	Sanjivani Student Safety Scheme	No
	Student Safety Scheme	Adopted at college
	Book Bank Scheme	No
	Savitribai Phule Vidyadhan Scheme	No
	Bahishal Shikshan Mandal Scheme	No
4	Sport participants/Other Activities:	
	i) Information of Student(s) who Participated University level & State level Avishkar Competition.	NA
	ii) Information of Student(s) who participated in Regional Sport Competition & State level Sports Competition.	NA
	iii) Information of Student(s) who participated in Cultural Activities.	Annual cultural & sports conducted (Photos uploaded on college website)
	iv) Does the college have NSS Unit?	Not Yet
5	Whether "Swaccha Bharat Abhiyan" implemented in College.	Yes: Photos uploaded on College Website



Principal Stamp & Signature

PRINCIPAL

**JIIU'S MOTHER HAWWA B.S.C. COLLEGE OF NURSING
WARUDI TQ. BADNAPUR DIST. JALNA-431202**

Maharashtra University of Health Science Nashik
Inspection Committee Report for Academic Year 2023-24

Name of the College: **JIU's Mother Hawwa college of Nursing, Warudi, Jalna**

Research work/ Project Details conducted by Teachers and Students

Sr. No.	Research Project	Name of the teacher	Remark
1.	A Study to assess the effectiveness of structure teaching programme on knowledge regarding menstrual hygiene among adolescent girls at selected school of Badnapur.	Dr. Nagarajappa Dummali	Completed
2.	A Study to assess the knowledge and attitude on COVID-19 & its management among second year basic B.Sc. Nursing in selected nursing college Jalna with view to prepared self instructed module	Mrs. Saphabi Devi	Completed
3.	A Study to assess the effectiveness of structure teaching program on knowledge regarding awareness of road traffic accident among high school children at selected school of Badnapur	Mrs. Jyoti Bawaskar	Completed
4.	A Study to assess knowledge on bio medical waste among the staff nurses working in Noor Hospital	Mrs. Rashmi Patkar	Completed
5.	A Study to assess the level of stress among the nurses during COVID-19 pandemic at selected dedicated COVID health center(DCHC) Badnapur	Mr. Krishna Taddapalli	Completed
6.	A Study to assess the level of knowledge on anorexia nervosa among adolescent girls in selected high school.	Mr. Babasaheb Dange	Completed
7.	A study to assess the awareness of care giver regarding human right of mentally ill patients admitted in selected hospital at Badnapur, Jalna	Miss. Pournima Suryawanshi	Completed
8.	A Study to assess the effectiveness of structure teaching program regarding knowledge about health hazard of junk food among children at selected school, Badnapur	Mr. Ashish Dhilpe	Completed
9.	A Study to assess the effectiveness of structure reaching program on knowledge regarding learning disabilities among primary school teacher at selected school Badnapur	Mrs. Neha Gaikwad	Completed
10.	A study to assess the effectiveness of structure teaching program on family planning method among rural populating at Warudi.	Miss. Vipulata Sane	Completed



Monthly Status Report (Basic Work Duration)

Jul 01 2023 To Jul 31 2023

Printed On : Jul 31 2023 14:53

Company: Default

Days	1 S	2 S	3 M	4 T	5 W	6 Th	7 F	8 S	9 S	10 M	11 T	12 W	13 Th	14 F	15 S	16 S	17 M	18 T	19 W	20 Th	21 F	22 S	23 S	24 M	25 T	26 W	27 Th	28 F	29 S	30 S	31 M
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Department: mhcon

Emp. Code: 11	Emp. Name: Dr Nagraj																															
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	P	WO	P	P	P	P	P	A	WO	P
InTime	08:51		09:07	09:01	09:06	09:13	09:04	09:00		09:08	09:06	09:58	09:01	09:03	09:15		10:27	09:06	10:01	09:06	10:01	14:41		WO	09:51	09:57	09:56	09:41	09:47		9:15	
OutTime	16:35		16:53	16:07	17:29	16:59	18:32	16:47		16:55	16:51	16:51	16:55	14:00	16:54			16:51	16:02	16:54	16:00	16:58			16:05	16:02	16:09	16:13	16:08		16:54	
Total	7:06	00:00	7:23	6:38	8:00	7:30	7:03	7:18	00:00	7:26	7:22	6:53	7:26	4:31	7:25	00:00	8:03	7:22	6:01	7:25	5:59	2:17	00:00	16:14	6:05	6:13	6:32	6:21	00:00	00:00	7:25	

Emp. Code: 12	Emp. Name: Pranay Bahirwal																														
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	A	WO	P	P	P	P	P	P	P	P	WO	P	A	P	P	P	A	WO	P
InTime	09:01		09:16	09:17	09:20	09:20	09:26	08:18		09:15	08:19		09:24	09:28			09:20	09:22	09:37	09:30	09:32	14:30		08:48			09:20	09:25	09:31		09:18
OutTime	16:00		16:02	16:08	16:12	16:17	17:13	17:13		16:13	17:08		16:07	16:00				16:14	16:03	16:54	16:01	17:07			16:01			16:06	16:07		17:13
Total	6:31	00:00	6:33	6:39	6:43	6:48	7:44	7:44	00:00	6:44	7:39	00:00	6:38	6:31	00:00	00:00	9:01	6:45	6:29	7:24	6:29	2:37	00:00	6:13	00:00	9:01	6:37	6:36	00:00	00:00	7:44

Emp. Code: 13	Emp. Name: Shivdatta Dongre																															
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	A	P	P	P	WO	P	P	P	P	P	WO	P	
InTime	08:25		08:56	09:04	08:53	12:34	08:35	08:48		08:09	08:55	09:15	08:53	08:26	08:48		09:20	12:56		08:39	08:52	17:08			09:34	08:08	09:10	09:02	09:04		09:08	
OutTime	16:00			17:11	17:22	17:09	16:10	17:17		16:05	12:50	16:00	17:19	16:59	17:11			17:08		17:06	16:00				16:01	16:00	16:00	16:00	16:01	16:05		16:00
Total	6:31	00:00	9:01	7:42	7:53	4:55	6:41	7:48	00:00	6:32	3:27	6:31	7:50	6:29	7:42	00:00	9:01	4:12	00:00	7:37	6:31	1:22	00:00	6:27	6:31	6:31	6:31	6:32	6:36	00:00	6:31	

Emp. Code: 14	Emp. Name: Babasaheb																															
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	A	P	P	P	WO	P	P	P	P	P	A	WO	P
InTime	08:25		08:56	09:04	08:53	12:34	08:35	08:48		08:09	08:55	09:15	08:53	08:26	08:48		09:20	12:56		08:39	08:52	17:08			09:34	09:08	09:10	09:02	09:04		09:08	
OutTime	16:00			17:11	17:22	17:09	16:10	17:17		16:05	12:56	16:00	17:19	16:58	17:11			17:08		17:06	16:00				16:01	16:00	16:00	16:00	16:01	16:05		16:00
Total	6:31	00:00	9:01	7:42	7:53	4:35	6:41	7:48	00:00	6:32	3:27	6:31	7:50	6:29	7:42	00:00	9:01	4:12	00:00	7:37	6:31	1:22	00:00	6:27	6:31	6:31	6:31	6:32	00:00	00:00	6:31	

Emp. Code: 15	Emp. Name: Rashmi																															
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	P	WO	P	P	P	A	A	WO	A	A	P	P	A	A	WO	P		
InTime	09:15		09:30	09:27	09:07	09:16	09:14	09:02		13:25	09:27	09:25	09:31	09:16	09:09		09:27	09:18	09:24	09:18											09:29	
OutTime	17:18		17:25	17:16	17:19	16:05	17:11	17:14		17:09	16:00	17:07	16:24	15:58	17:16			17:10	16:01	17:16									16:00	16:16	17:17	
Total	7:49	00:00	7:56	7:49	7:46	6:36	7:42	7:45	00:00	3:43	6:31	7:38	6:52	6:29	7:47	00:00	9:01	7:41	6:31	7:47	00:00	00:00	00:00	00:00	00:00	00:00	00:00	2:01	6:47	00:00	00:00	9:01

Emp. Code: 21	Emp. Name: Jyoti Bavaskar																																
Status	P	WO	P	A	A	P	P	P	WO	P	P	P	P	P	P	WO	A	P	P	P	P	A	WO	A	A	P	P	P	A	WO	P		
InTime	09:09		09:16			09:22	09:22	09:25		09:23	09:26	09:20	09:20	09:28	09:27			09:18	09:23	09:21	14:05							10:11	09:19	09:15		09:29	
OutTime	16:00		16:02			16:59	16:10	17:17		16:12	16:00	17:01	17:10		17:15			16:07	16:04	16:01	16:04							16:01	16:14	16:05		17:17	
Total	6:31	00:00	6:33	00:00	00:00	7:30	6:41	7:48	00:00	6:43	6:31	7:32	7:39	9:01	7:49	00:00	00:00	6:38	6:35	6:32	1:58	00:00	00:00	00:00	00:00	00:00	00:00	5:50	6:44	6:36	00:00	00:00	7:46

Emp. Code: 22	Emp. Name: Saphali-Devi																															
Status	P	WO	P	P	P	P	P	A	WO	P	P	P	P	P	P	WO	A	A	A	A	A	WO	A	A	A	P	A	A	WO	P		
InTime	08:55		09:05	09:06	09:01	09:00	08:56			09:00	08:59	13:23	09:12	09:39	09:09																10:05	09:29
OutTime	17:19		17:30	17:30	17:23	17:28	17:12			17:06	17:15	16:59	17:16																	16:08	16:00	
Total	7:50	00:00	8:01	8:01	7:54	7:59	7:43	00:00	00:00	7:37	7:46	3:36	7:50	8:51	9:01	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	00:00	6:03	00:00	00:00	00:00	6:31

Monthly Status Report (Basic Work Duration)

Jul 01 2023 To Jul 31 2023

Printed On : Jul 31 2023 14:53

Company: Default

Emp. Code:	23																							Emp. Name:	Mariya-Lalzare																						
Status	P	WO	P	P	P	P	P	P	WO	P	P	A	P	P	P	P	P	P	WO	P	A	P	P	P	A	WO	P																				
InTime	09:01		09:16	09:17	09:20	09:20	09:26	09:18		09:15	09:19		09:24	09:28					09:20	09:37	09:30	09:32	14:30		09:48		09:20	09:25	09:31			09:18															
OutTime	16:00		16:02	16:08	16:12	16:17	17:13	17:13		16:13	17:08		16:07	16:00						16:14	16:03	16:54	16:01	17:07		16:01		16:05	16:07			17:13															
Total	6:31	00:00	6:33	6:39	6:43	6:48	7:44	7:44	00:00	6:44	7:39	00:00	6:38	6:31	00:00	00:00	9:01	6:45	6:28	7:24	6:29	2:37	00:00	6:13	00:00	9:01	6:37	6:36	00:00	00:00	7:44																

Emp. Code:	24																							Emp. Name:	krishna																						
Status	P	WO	P	P	P	P	A	A	WO	P	P	P	P	P	A	WO	A	P	A	P	P	P	P	WO	A	P	P	P	P	A	WO	P															
InTime	09:04		09:05	09:06	09:04	09:00				09:00	17:14	13:35	09:12	09:08					09:18		09:21	09:16	14:08			09:29	09:24	09:22	09:13			09:29															
OutTime	17:21		17:28	17:29	17:23	16:59				16:51		17:03	17:08	13:45					16:43		16:54	15:58	17:09			16:00	16:07	16:15	16:04			16:00															
Total	7:52	00:00	17:59	8:00	7:50	7:30	00:00	00:00	00:00	7:22	1:16	3:26	7:37	4:16	00:00	00:00	00:00	7:14	00:00	7:25	6:29	3:01	00:00	00:00	6:31	6:38	6:45	6:35	00:00	00:00	6:31																

Emp. Code:	25																							Emp. Name:	Pratul galikwad																						
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	A	P	P	P	P	WO	P	P	P	P	P	A	WO	P																
InTime	08:25		08:56	09:04	08:53	12:34	08:35	08:48		08:09	08:55	09:15	08:53	08:26	08:49				09:20	12:56		08:30	08:52	17:08		09:34	09:08	09:10	09:02	09:04		09:08															
OutTime	16:00			17:11	17:22	17:09	16:10	17:17		16:05	12:56	16:00	17:19	15:58	17:11					17:08		17:06	16:00			16:01	16:00	16:00	16:00	16:01		16:00															
Total	6:31	00:00	9:01	7:42	7:53	4:35	6:41	7:48	00:00	6:32	3:27	6:31	7:50	6:29	7:42	00:00	9:01	4:12	00:00	7:37	6:31	1:22	00:00	6:27	6:31	6:31	6:31	6:32	00:00	00:00	6:31																

Emp. Code:	26																							Emp. Name:	Gejanan Anwane																						
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	A	P	P	P	P	WO	P	P	P	P	P	A	WO	P																
InTime	08:25		08:56	09:04	08:53	12:34	08:35	08:48		08:09	08:55	09:15	08:53	08:26	08:49				09:20	12:56		08:30	08:52	17:08		09:34	09:08	09:10	09:02	09:04		09:08															
OutTime	16:00			17:11	17:22	17:09	16:10	17:17		16:05	12:56	16:00	17:19	15:58	17:11					17:08		17:06	16:00			16:01	16:00	16:00	16:00	16:01		16:00															
Total	6:31	00:00	9:01	7:42	7:53	4:35	6:41	7:48	00:00	6:32	3:27	6:31	7:50	6:29	7:42	00:00	9:01	4:12	00:00	7:37	6:31	1:22	00:00	6:27	6:31	6:31	6:31	6:32	00:00	00:00	6:31																

Emp. Code:	27																							Emp. Name:	PRIYA SHELAR																						
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	A	P	P	P	P	WO	P	P	P	P	P	A	WO	P																
InTime	09:04		08:59	09:06	09:16	09:00	09:04	09:15		09:20	09:25	09:29	09:27						09:18	09:19	09:24	09:20	09:19			09:17	09:20	09:26	09:19	09:23		09:20															
OutTime	17:09		16:02	12:56	16:02	16:00	16:32	17:08		16:51	16:00	16:00	17:11						16:07	16:00	16:00	16:00				16:00	16:00	16:00	16:00	16:00		16:00															
Total	7:40	00:00	6:33	5:36	6:33	6:31	7:03	7:39	00:00	7:22	6:31	6:31	7:42	00:00	00:00	00:00	9:01	6:38	6:31	6:31	6:31	00:00	00:00	00:00	6:31	6:31	6:31	6:31	6:31	00:00	00:00	6:31															

Emp. Code:	28																							Emp. Name:	Yogesh Kadam																						
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	A	P	P	P	P	WO	P	P	P	P	P	A	WO	P																
InTime	08:25		08:56	09:04	08:53	12:34	08:35	08:48		08:09	08:55	09:15	08:53	08:26	08:49				09:20	12:56		08:30	08:52	17:08		09:34	09:08	09:10	09:02	09:04		09:08															
OutTime	16:00			17:11	17:22	17:09	16:10	17:17		16:05	12:56	16:00	17:19	15:58	17:11					17:08		17:06	16:00			16:01	16:00	16:00	16:00	16:01		16:00															
Total	6:31	00:00	9:01	7:42	7:53	4:35	6:41	7:48	00:00	6:32	3:27	6:31	7:50	6:29	7:42	00:00	9:01	4:12	00:00	7:37	6:31	1:22	00:00	6:27	6:31	6:31	6:31	6:32	00:00	00:00	6:31																

Emp. Code:	29																							Emp. Name:	Pratibha Bewane																						
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	A	P	P	P	P	WO	P	P	P	P	P	A	WO	P																
InTime	09:04		08:59	09:06	09:16	09:00	09:04	09:15		09:20	09:25	09:29	09:27						09:18	09:19	09:24	09:20	09:19			09:17	09:20	09:26	09:19	09:23		09:20															
OutTime	17:09		16:02	12:56	16:02	16:00	16:32	17:08		16:51	16:00	16:00	17:11						16:07	16:00	16:00	16:00				16:00	16:00	16:00	16:00	16:00		16:00															
Total	7:40	00:00	6:33	5:36	6:33	6:31	7:03	7:39	00:00	7:22	6:31	6:31	7:42	00:00	00:00	00:00	9:01	6:38	6:31	6:31	6:31	00:00	00:00	00:00	6:31	6:31	6:31	6:31	6:31	00:00	00:00	6:31															

Emp. Code:	30																							Emp. Name:	Rahul Khadagale																						
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	P	WO	P	P	A	P	P	P	P	WO	P	P	P	P	P	A	WO	P																
InTime	08:25		08:56	09:04	08:53	12:34	08:35	08:48		08:09	08:55	09:15	08:53	08:26	08:49				09:20	12:56		08:30	08:52	17:08		09:34	09:08	09:10	09:02	09:04		09:08															
OutTime	16:00			17:11	17:22	17:09	16:10	17:17		16:05	12:56	16:00	17:19	15:58	17:11					17:08		17:06	16:00			16:01	16:00	16:00	16:00	16:01		16:00															
Total	6:31	00:00	9:01	7:42	7:53	4:35	6:41	7:48	00:00	6:32	3:27	6:31	7:50	6:29	7:42	00:00	9:01	4:12	00:00	7:37	6:31	1:22	00:00	6:27	6:31	6:31	6:31	6:32	00:00	00:00	6:31																

Monthly Status Report (Basic Work Duration)

Jul 01 2023 To Jul 31 2023

Printed On : Jul 31 2023 14:53

Company: Default

Emp. Code:	31																												Emp. Name:	Sagar Hangarge																											
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	A	A	WO	P	P	P	P	P	A	WO	P	P	P	P	A	WO	P																											
InTime	09:04		08:59	09:06	09:16	09:00	09:04	09:15		09:20	09:25	09:26	09:27					09:18	09:19	09:24	09:20	09:19			09:17	09:20	09:26	09:19	09:23			09:20																									
OutTime	17:09		16:02	12:59	16:02	16:00	16:32	17:08		16:51	16:00	16:00	17:11						16:07	16:00	16:00	16:00			15:00	16:00	16:00	16:00	16:00			16:00																									
Total	7:40	00:00	6:33	5:30	6:33	6:31	7:03	7:39	00:00	7:22	6:31	6:31	7:42	00:00	00:00	00:00	9:01	6:38	6:31	6:31	6:31	6:31	00:00	00:00	6:31	6:31	6:31	6:31	6:31	00:00	00:00	6:31																									

Emp. Code:	32																												Emp. Name:	Ormkar Pawar																											
Status	P	WO	P	P	P	P	P	P	WO	P	P	P	P	A	A	WO	P	P	P	P	P	A	WO	P	P	P	P	A	WO	P																											
InTime	08:25		08:56	09:04	08:53	12:34	08:35	08:46		08:09	08:55	09:15	08:53	08:26	08:49			09:20	12:56		08:39	08:52	17:08		09:34	09:08	09:10	09:02	09:04			08:48																									
OutTime	16:00		17:11	17:22	17:09	16:10	17:17		16:05	12:56	16:00	17:19	15:58	17:11				17:08			17:06	16:00			16:01	16:00	16:00	16:01	16:01			17:17																									
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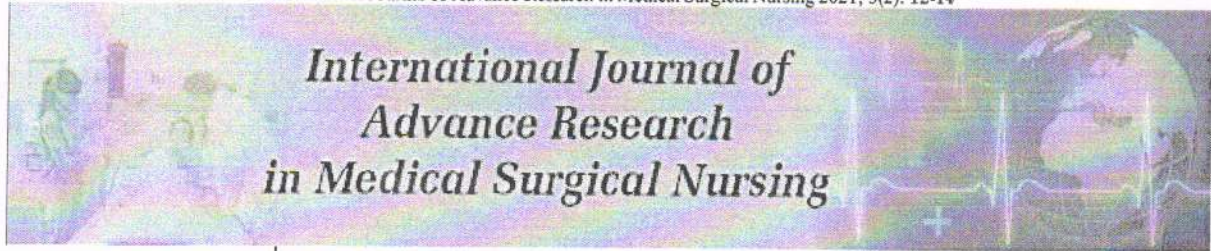
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Poems syndrome: A review

Rashmi B Patkar

Abstract

The purpose of this review is to provide the latest information on POEMS syndrome. The authors conducted a literature search of available sources describing the issue of POEMS syndrome with special focus on syndrome and made a comparison and evaluation of relevant findings. The results of this review indicate that POEMS syndrome is associated with a group of disorders known as monoclonal gammopathies or plasma cell dyscrasias. These disorders are characterized the uncontrolled growth of a single clone (monoclonal) of plasma cells, which results in the abnormal accumulation of M-proteins (also known as immunoglobulin) in the blood which has a significant impact on the quality of life of both the patients and his/her family. Therefore, early and proper diagnosis and treatment are necessary in order to reduce or even eliminate both symptoms and social burden of the patient.

Keywords: POEMS syndrome, plasma dyscrasias, immunoglobulin

Introduction

POEMS syndrome is associated with a group of disorders known as monoclonal gammopathies or plasma cell dyscrasias. These disorders are characterized the uncontrolled growth of a single clone (monoclonal) of plasma cells, which results in the abnormal accumulation of M-proteins (also known as immunoglobulins) in the blood. Immunoglobulin in health fight infection. However, the specific role M-proteins play and the exact cause of POEMS syndrome is unknown. Research would suggest that a chemical called VEGF (vascular endothelial growth factor) plays an important role in this disease. The syndrome was also termed as crow Fukase Syndrome as it was described by Crow in 1956 and then Fukase in 1968. POEMS syndrome (also termed osteosclerotic myeloma, Crow-Fukase syndrome, Takatsuki disease,^o or PEP syndrome)

What is POEMS Syndrome?

POEMS syndrome is a rare multisystem disorder. POEMS stands for: Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal gammopathy and Skin changes.

POEMS syndrome is an extremely rare multisystem disorder. POEMS is an acronym that stands for polyneuropathy, disease affecting many nerves; organomegaly, abnormal enlargement of an organ; Endocrinology, disease affecting certain hormone -producing gland that help to regulate sexual function, and metabolic function, Monoclonal gammopathy or M protein; and skin abnormalities.

POEMS syndrome is paraneoplastic syndrome caused by plasma cell dyscrasia related to changes in the level of a cytokine or a growth factor.

Etiology

- The cause of POEMS syndrome is Unknown
- Genetics
- Environmental and developmental factors
- Race-no specific racial association has been identified, although a preponderance of cases have been reported in the Japanese literature.
- Sex- Slightly more prevalent among men than women, with a male-to-female ratio of 2.5:1.
- Age-The onset of POEMS syndrome occurs most frequently in the fifth or sixth decade of life, with a mean patient age at onset of 48 years for men and 59 years for women.

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Pathophysiology

The pathophysiology of POEMS syndrome is not clearly understood. A plasma cell disorder underlies the development of the syndrome; however, the mechanism by which this occurs is unknown. Elevations of cytokines, such as interleukin (IL)-1beta, IL-6, and tumor necrosis factor (TNF)-alpha, have all been noted. Most recently, significant elevations in vascular endothelial growth factor (VEGF) levels have been noted. Increases in VEGF levels have been postulated to lead to enhanced vascular permeability, leading to the associated edema, increased endoneurial pressure, and deposition of plasma cell-derived material. As myelin is exposed to serum cytokines and complement, demyelination can occur.

Clinical Manifestation

- 1. Polyneuropathy:** Numbness, tingling and weakness in your legs — and over time, maybe in your hands — and difficulty breathing. This is an essential feature in the diagnosis of POEMS syndrome.
- 2. Organomegaly:** Enlarged spleen, liver or lymph nodes.
- 3. Endocrinopathy/edema:** Abnormal hormone levels that can result in an underactive thyroid (hypothyroidism), diabetes, sexual problems, fatigue, swelling in your limbs, and problems with metabolism and other essential functions.

- 4. Monoclonal-protein:** Abnormal bone marrow cells (plasma cells) that produce a protein (monoclonal protein) that can be found in the bloodstream. This is an essential feature in the diagnosis of POEMS syndrome. Monoclonal-protein is often associated with unusual bone hardening or thickening.
- 5. Skin changes:** More colour than normal on your skin, red spots, possibly thicker skin, and increased facial or leg hair.

Other symptoms and signs

- Weight loss and fatigue
- Extravascular fluid overload with ascites, peripheral oedema and pleural effusion (accumulation of fluid in the abdominal cavity, limbs and lung lining respectively)
- Arterial and venous thromboses (blood clots)
- Pulmonary disease:
 - Restrictive lung disease
 - Pulmonary hypertension
 - Respiratory muscle weakness.

Diagnostic Evaluation: To diagnose POEMS, need:

- Both mandatory major criteria,
- At least 1 of the other major criteria,
- AND at least 1 of the minor criteria.

Mandatory criteria	Major criteria	Minor criteria
<ul style="list-style-type: none"> • Peripheral neuropathy • Monoclonal plasma cell disorder 	<ul style="list-style-type: none"> • Osteosclerotic bone lesions • Castleman disease (giant cell or Angio follicular lymph node hyperplasia) • Increased vascular endothelial growth factor (VEGF) 	<ul style="list-style-type: none"> • Organomegaly • Endocrinopathy (excluding diabetes or hypothyroidism) • Extravascular volume overload (most commonly peripheral oedema; also pleural effusion, ascites) <ul style="list-style-type: none"> • Skin changes • Papilloedema • Thrombocytosis/polycythaemia – arterial and venous thrombosis, strokes

Other diagnostic test

- Blood tests.
 - Full blood count: which may show thrombocytosis +/- polycythaemia
 - Endocrine panels may show abnormalities including deranged thyrotropin, glucose, and oestrogen
 - Serum or urine electrophoresis to test for the monoclonal immunoglobulin
- X-ray of bones in almost all patients show osteosclerotic lesions, which are often multiple
- Biopsy of an enlarged lymph node may show Castleman disease
- Lumbar puncture in those with neuropathy may show increased protein in the cerebrospinal fluid
- Nerve conduction studies may show changes of demyelination and axonal degeneration
- Bone marrow examination may show involvement with plasma cells
- Lymph node biopsy of enlarged nodes
- Skin biopsy results are usually nonspecific
 - Scleroderma-like lesions show nonspecific hyperpigmentation of the basal layer with inflammatory infiltrate or dermal fibrosis. Sweat glands and collagen are normal, which differentiates it from scleroderma.
 - Hyperpigmented lesions show nonspecific inflammatory infiltrate of lymphocytes and plasma cells

- Angiomas include strawberry naevus, lobular capillary angioma, and in around 3%, glomeruloid haemangioma (this is especially characteristic of POEMS syndrome and shows enlarged vascular spaces filled with coiled capillaries surrounded by pericytes, which look like kidney glomerulus).

Management

The treatment of POEMS syndrome depends on the treatment of the underlying plasma cell disorder. Most patients are treated with a combination of medical, surgical, and adjuvant therapies. The current mainstays of treatment for patients with diffuse disease include combinations of corticosteroids, low-dose alkylators, and peripheral blood stem cell transplantation following high-dose chemotherapy.

Prognosis

POEMS Syndrome is a chronic disease. The median survival is around a decade (8-14 years), which is three times longer than patients with multiple myeloma. However, many patients are bedridden due to neuropathy (50%).

Conclusion

POEMS Syndrome is a rare clinical entity caused due to plasma dyscrasia manifest a group of symptoms such as polyneuropathy, organomegaly, endocrinopathy/monogammopathy, and skin changes. Cause is remain unknown but family history is prevalent in this

disorder. Each patient is unique, the individual or family should work with a clinician to determine an appropriate treatment plan.

References

1. Dr. Tina Tian. Medical Oncology Registrar, Hawke's Bay Hospital, Hastings, New Zealand, 2013. <https://dermnetnz.org/topics/poems-syndrome/>
2. POEMS syndrome. *DermNet NZ*. September 13, 2014. <http://dermnetnz.org/systemic/poems.html>.
3. Chan JL. POEMS Syndrome. Medscape Reference. March 6, 2013. <http://emedicine.medscape.com/article/1097031-overview#a0199>.
4. Vincent Rajkumar S. POEMS syndrome. UpToDate. Waltham, MA: UpToDate; May 15, 2015.
5. Mundal YP, Sharma SK, et al. API Textbook of medicine, 9th edition, published by Jaypee Brothers 1, 982.
6. Jameson Fausi Kasper. Harrison's Textbook of principles of internal medicine, 20th edition 2, 346, 498, 802-803, 2167, 2759-2760, 3231.
7. Keddie S, D'Sa S, Foldes D, Carr AS, Reilly MM, Lunn MPT. POEMS neuropathy: optimising diagnosis and management. *Pract Neurol* 2018, 6. [Medline]
8. <https://rarediseases.org/rare-diseases/poems-syndrome/>
9. https://en.wikipedia.org/wiki/POEMS_syndrome
10. Angela Dispenzieri Hematology Am Soc Hematol Educ Program 2005;(1):360-367. <https://doi.org/10.1182/asheducation-2005.1.360>
<https://ashpublications.org/hematology/article/2005/1/360/19304/POEMS-Syndrome>.



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A review article: Tourette syndrome

Rohini B Pawar, Rashmi B Patkar, Babasaheb P Dange and Veerabhadrapa GM

Abstract

The purpose of this review is to provide the latest information on Tourette syndrome (TS). The authors conducted a literature search of available sources describing the issue of tic disorders with special focus on TS and made a comparison and evaluation of relevant findings. The results of this review indicate that TS is a complex disorder, which has a significant impact on the quality of life of both the patients and his/her family. Therefore, early and proper diagnosis and treatment are necessary in order to reduce or even eliminate both symptoms and social burden of the patient.

Keywords: Tourette syndrome, complex disorder, social burden

Introduction

Tourette Syndrome is one type of Tic Disorder. Tics are involuntary, repetitive movements and vocalizations. It is a disorder that involves repetitive movements or unwanted sounds (tics) that can't be easily controlled. The disorder is named for Dr. Georges Gilles de la Tourette, the pioneering French neurologist who in 1885 first described the condition in an 86-year-old French noblewoman.

Definition

Tourette syndrome (TS) is a neurological disorder characterized by repetitive, stereotyped, involuntary movements and vocalizations tics.

Tourette syndrome is defined as a physical disorder of the brain which causes involuntary movements (Motor Tics) and involuntary vocalization (verbal tics).

Tourette syndrome is a disorder that involves repetitive movements and unwanted sounds (tics) that can't be easily controlled. For instance, you might repeatedly blink your eye or shrug your shoulders.

Etiology

- The cause of tourette syndrome is Unknown
- Genetics
- Environmental and developmental factors
- Brain regions such as basal ganglia, frontal lobe and cortex abnormalities in brain.

Prevalence

TS and other tics disorder combined are estimated to occur in more than 1 in 100(1%) school age children in United States, although it is estimated that 50% will be undiagnosed. TS affect all races, ethnic group and ages but 3-4 times more common in boys than girls.

Course of TS

Tics come and go over time, varying in type, frequency, location, and severity. The first symptoms usually occur in the head and neck area and may progress to include muscles of the trunk and extremities. Motor tics generally precede the development of vocal tics and simple tics often precede complex tics. Most patients experience peak tic severity before the mid-teen years with improvement for the majority of patients in the late teen years and early adulthood. Approximately 10-15 percent of those affected have a progressive or disabling course that lasts into adulthood.

Symptoms & Behavior

Tics — sudden, brief, intermittent movements or sounds — are the hallmark sign of Tourette syndrome.

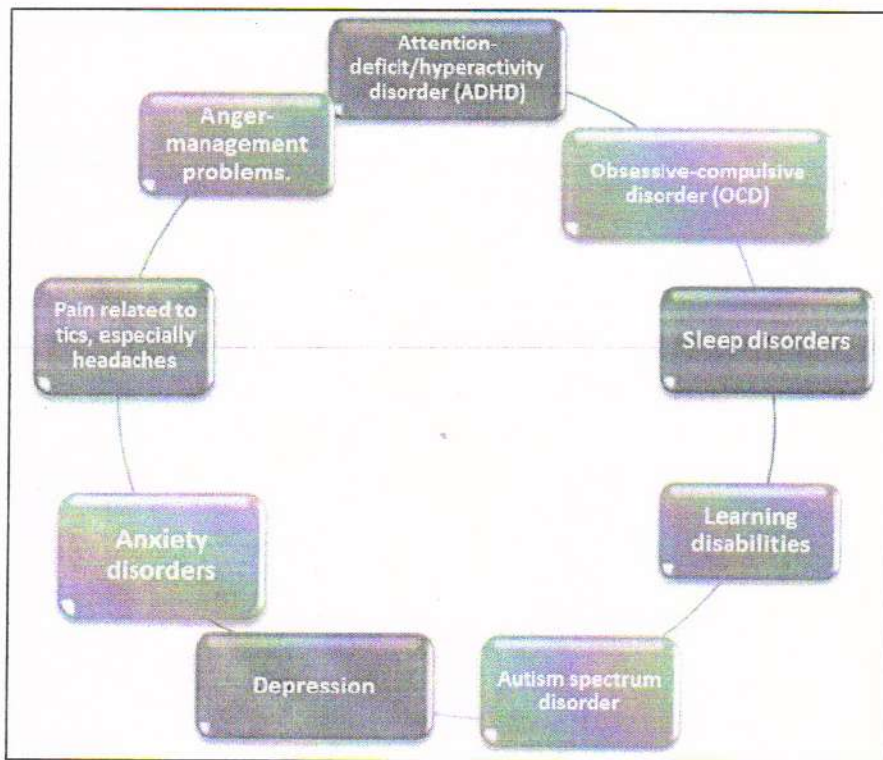
They can range from mild to severe. Severe symptoms might significantly interfere with communication, daily functioning and quality of life.

Tics are classified as:

Classification	Division	Description	Examples
Simple	Motor	Tic affects a single muscle or a group of muscles	Eye movements; nose, mouth, tongue movements, or facial grimacing; head jerks/movements; shoulder jerks/movements; arm or hand movements; leg, foot, or toe movements; abdominal/trunk/pelvis movements
	Phonic	Simple, incomplete sounds	Coughing, throat clearing, sniffing, whistling, animal or bird noises
Complex	Motor	Tic consists of a coordinated and progressive movement, which may in some cases be socially inappropriate	Touching, tapping, picking, evening-up, reckless behaviors, rude/obscene gestures, obscene finger/hand gestures, unusual postures, bending, or gyrating, such as bending over, rotating, or spinning on one foot, copying the action of another (echopraxia), tic-like behaviors that could injure, self-injurious tic-like behavior(s)
	Phonic	The patient pronounces words or sentences that make sense	Rude or obscene words or phrases (coprolalia), repeating what someone else said, either sounds, single words, or sentences. Perhaps repeating what's said on TV (echolalia), repeating something the patient said over and over again (palilalia)

Diagnosis

- At least 2 motor tics and at least 1 vocal (phonic) tics have been present, not necessary as the same time.
- Tics may wax and wane in frequency but have occurred for more than 1 year
- Tics started to appear before the age of 18yrs
- Tics are not caused by use of substance or other medical condition.



Conditions often associated with Tourette syndrome include:

Treatment

- Most often, tics are mild, and treatment is not required. In all cases, it is essential to educate the individual and others in his/her life about TS and to provide appropriate supports across all settings (school, work, home).
- When tics become problematic or interfere with daily functioning, behavioral treatment or medication may be considered.

Pharmacotherapy

Medications can be used to reduce severe or disruptive tics that might have led to problems in the past with family and friends, other students, or coworkers

- Atypical and Typical Antipsychotic agents:** Haloperidol (Haldol), pimozide (Orap), and aripiprazole (Abilify) are currently the only medications approved by the U.S. Food and Drug Administration (FDA) to treat tics.

- **Noradrenergic Agents:** Noradrenergic agents including clonidine and guanfacine, as well as atomoxetine, are frequently used in children as primary treatments or adjunctive treatment for comorbid

Psychosocial treatment

Habit Reversal therapy: The primary component of habit reversal are awareness training, in which the child uses self-monitoring to enhance awareness of tic behaviors and the premonitory urges or sensation indicating that a tic is about to occur. In competing response training, the patient is taught to voluntarily perform a behavior that is physically incompatible with the tic, contingent on the premonitory urge or the tic itself, blocking expression of the tic.

Prognosis

Although there is no cure for TS, the condition in many individuals improves in the late teens and early 20s. As a result, some may actually become symptom-free or no longer need medication for tic suppression. Although the disorder is generally lifelong and chronic, it is not a degenerative condition.

Conclusion

Tourette syndrome is one type of vocal and motor Tic Disorder. It's mostly seen in male than female. Cause is remain unknown but family history is prevalent in this disorder. Each patient is unique, the individual or family should work with a clinician to determine an appropriate treatment plan.

References

1. <https://tourette.org>
2. Novotny M, Valis M, Klimova B. Tourette Syndrome: A Mini-Review. *Frontiers in neurology*. 2018; 9:139. <https://doi.org/10.3389/fneur.2018.00139>
3. www.ninds.nih.gov(National Institute of neurological disorders and stroke)
4. Kaplan, sudock, textbook of comprehensive psychiatry, 9th edition published by Lippincott Williams and wilkins 2:3408-3414.
5. JN vyas, shree Ram Ghimire, textbook of postgraduate psychiatry, 3rd edition published by jaypee brothers medical publisher, page no 2022 to 2025.
6. Anthony S. David, Simon Fleminger *et al.* lishmans organic psychiatry a textbook of neuropsychiatry, 4th edition, published by palatino by topper best set premedia limited hongkong, 786-793.
7. David Myland Kaufman, Howard L Geyer *et al.* textbook of clinical nuerology for psychiatrics, 8th edition, published by Elsevier in. 417-418.
8. VMD Namboodiri, concise textbook of psychiatry 3rd edition published by elsiver India private limited, 413-415.
9. Anita Thapar, Daniel S Pine *et al.*, textbook of Rutters child and adolescent psychiatry, 6th edition published by jphn wiley and sons ltd, 757-769.
10. Benjamin James Sadock, MD Virginia Alcott sadock *et al.*, synopsis of psychiatry, 11th edition, published by wolters kluwer ltd Newyork, 1197-1205.
11. <https://indianexpress.com/article/lifestyle/health/what-is-tourette-syndrome-all-you-need-to-know-about-the-neurological-disorder-5104175>.



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OF APPRECIATION

THIS CERTIFICATE IS PRESENTED WITH HONOR TO,

Dr. Saphabi Devi Nongthombam

Vice Principal

JIIU's Motherhawwa College of Nursing, Jalna

For being an **Expert Member** in the

Scientific Paper Presentation in the

One Week National Faculty Development Program

On

Tools and Techniques of Evaluation in Nursing Education

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Godavari Foundation's, Godavari College of Nursing, Jalgaon, Maharashtra

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OF APPRECIATION

This is to certify that

Mr/Ms. Rashmi Balkrushna Patkar

has participated as a delegate in International E- conference
on the theme

Infertility: Every miracle takes time
OBGY & Community department
K.J Somaiya School/College of Nursing
on 21st March, 2023



Principal
K J Somaiya School & College Of
Nursing



Vice-Principal
K J Somaiya School & College Of
Nursing



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HOD CHN
K J Somaiya School & College Of
Nursing



E-CERTIFICATE

MPGN

CERTIFICATION OF PARTICIPATION

Miss. Rashmi Balkrushna Patkar

has attended one day International webinar on the occasion of World Tuberculosis Day on the Theme: End TB: Local to Global on 24 March 2023 organized by Madanbhou Patil College of Nursing, Sangli, Maharashtra, India

Smt. Jayashreetai Patil
Chairman

Dr. Monika Kadam
Director

Prof. Mrs. Suman Pawar
Principal

JIIU's Mother Hawwa College of Nursing

Sport & Cultural Activity on 21/02/2023 to 23/02/2023

SR. NO	ACTIVITY	DATE & TIME	NAME OF THE STUDENT	WINNER	NAME OF THE JUDGE
21/02/2023					
1.	100 meter Running Race (Boy's)	9 to 10am	Mr. Suraj Vairal Mr. Samson Gawle Mr. Shahbaj Shaikh Mr. Shaikh Faem Mr. Mohammad Faisal Mr. Rehan Shaha	Mr. Suraj Viral Mr. Shahbaj Shaikh Mr. Faisal	Mr. Babasaheb Dange
2.	100 meter Running Race (Girl's)		Ms. Prachi Tamgadge Ms. Chetna Ingle Ms. Rukhsar Mansuri Ms. Divya Jangle Ms. Sayyed Heena Ms. Shaikh Muskan	Ms. Prachi Tamgadge Ms. Rukhsar Mansrui Ms. Shaikh Muskan	
3.	Kabbadi	10 to 11am	Team-A-(First Year) Team-B-(Second Year)	Team-B-(Second Year)	Mr. Krishna Taddapalli
4.	Tug of War	12 to 1:30 pm	Team-A-(Third Year) Team-B-(Fourth Year)	Team-A-(Third Year)	Mrs. Rashmi Patkar




22/02/2023					
5.	Cricket	9 to 5 pm	Team-A-(First Year) Team-B-(Second Year) Team-C-(Third Year) Team-D-(Fourth Year)	Team-C-(Third)	Mr. Krishna Tadappali Mr. Babasaheb Dange Mr. Pranay Bahirwal
23/02/2023					
6.	Carrom	9 to 1pm	Mr. Rehan Shaha Mr. Kazi Yasinali Mr. Shaif Shaikh Mr. Inamdar Atharali	Mr. Kazi Yasinali	Ms. Vipulata Sane
7.	Rangoli Competition		Ms. Prachi Tangadge Ms. Koli Shital Ms. Chetna Ingle Ms. Divya Jangle Ms. Shiakh Rubiya Ms. Sayyad Muskan Ms. Shaikh Shabana Ms. Shaikh Ayesha	Ms. Divya Jangle	Mrs. Jyoti Bawaskar Mrs. Mariya Waghule



8.	Musical Chair	2 to 4 pm	Mr. Shaikh Shahcbaj Mr. Syed Mujtaheed Mr. Shah Razique Mr. Shaikh Tabrez Mr. Pathan Awez Mr. Shaikh Faizan Mr. Danish Ms. Shiakh Sana Ms. Wankhede Aradhna Mr. Pathan Moin Ms. Prachi tamgadde Mr. Rehan Shaha	Shaikh Tabrez Shaikh Sana	Mr. Krishna Taddapalli
9.	Lemon & Spoon		Ms. Vishakha Gawai Ms. Shaikh Anam Ms. Pathan Shabana Ms. Pooja Zine Ms. Shaikh Sana Ms. Chetna Ingle Ms. Divya Jangle Mr. Madhur Battise Mr. Valvi Ritik Mr. Shaikh Sohel	Shaikh Sana	Mrs. Rashmi Patkar




 PRINCIPAL
 JIU'S MOTHER HANPNA B.Sc. COLLEGE OF NURSING
 WARUD TO. BADNAPUR DIST., JALNHA-431101

Date: 11/03/2023

To,
The Secretary
Indian Nursing Council
New Delhi- 110020

Respected Sir/ Madam

Subject: Regarding the Constitution of Anti Ragging Cell, Anti Ragging Committee, Anti Ragging Squad as well as Anti Ragging Monitoring and Discipline committee.

Ref No: F.No.22-10/2015-INC (AR) dated: 29/05/2015.

With reference to the above cited subject, here by constituting the Anti Ragging Cell, Anti Ragging Committee, Anti Ragging Squad as well as Anti Ragging Monitoring and discipline committee as per UGC & INC guidelines.

ANTI RAGGING CELL:

As per directions of the Honorable Supreme court of India on ragging and the orders of various authorities, ragging in any form inside and outside the campus is strictly prohibited. The institute maintains a zero tolerance policy toward ragging. All issues in this regard will be dealt with utmost urgency and stringent action will be taken against those involved. An anti Ragging Committee consisting of the following members has been framed with effect from 11/03/2023.


PRINCIPAL

JTU'S MOTHER NAINA P.S.C. COLLEGE OF NURSING
WADUJI TO, RAIPUR, JALNA-431202

JIU's, Mother Hawwa College of Nursing
Warudi, Badnapur-Tq, Jalna-Dist, PIN: 431202.

**Regarding the Constitution of Anti Ragging Cell, Anti Ragging Committee,
Anti Ragging Squad as well as Anti Ragging Monitoring & Discipline committee.**

Anti Ragging Cell Members:

An Anti-ragging cell members, consisting of the following members has been framed with effect from 11/03/2023

Sr. No	Name & Designation	Position	Contact No./ Email
1.	Dr. Nagarajappa D. Principal	Chairman/ Nodal Officer	9481028189 nagarajd11@gmail.com
2.	Dr. Annasaheb Maskhe Advocate	Member	9096577537
3.	Police Sub Inspector Police Station , Badnapur, Jalna-Dist.	Member	02482261033
4.	Mr. Sathish Bale Journalist-Dainik Bhaskar	Member	9422712090
5.	Dr. Sathish Shedkhe NGO, Rotary club member, Jalna	Member	9622173945
6.	Dr. N.Saphabi Devi Vice Principal & Girls Hostel In-charge	Member	8794510532 nsaphabidevi@gmail.com
7.	Mrs. Uzma Afreen Warden, Girls Hostel	Member	9923424768 uzmaafreen@gmail.com
8.	Ms. Rashmi B. Patkar Class Coordinator Fourth year B.Sc Nursing	Member	9922973223 patkarrashmi30@gmail.com
9.	Ms. Vipulatha Sane Class Coordinator II-Sem B.Sc Nursing	Member	9049225907 svipulata@gmail.com
10.	Mrs. Jyoti Bawaskar Class Coordinator III-Sem B.Sc Nursing	Member	9665667225 jyotibawaskar143@gmail.com
11.	Mr. Pathan Faizankhan First year B.Sc Nursing	Student Representative	7350385463 faizzu1210@gmail.com
12.	Ms. Tamgadage Prachi Third year B.Sc Nursing	Student Representative	9604462738 prachitamgadage164@gmail.com
13.	Ms. Shaikh Sana I- Sem B.Sc Nursing	Student Representative	9112381765 Sksana003@gmail.com


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JIU's, Mother Hawwa College of Nursing

Warudi, Badnapur-Tq, Jalna-Dist., MS.

Anti-ragging Monitoring Committee:

An Anti-ragging monitoring committee, consisting of the following members has been framed with effect from 11/03/2023.

Sr. No	Name & Designation	Position	Contact No./ Email
1.	Dr. Nagarajappa D. Principal	Chairman/ Nodal Officer	9481028189 nagarajd11@gmail.com
2.	Dr. N Saphabidevi Vice Principal & Girls Hostel In-charge	Member	8794510532 nsaphabidevi@gmail.com
3.	Mrs. Uzma Afreen Warden, Girls Hostel	Member	9923424768 uzmaafreen@gmail.com
4.	Ms. Rashmi B. Patkar Class Coordinator Fourth year B.Sc Nursing	Member	9922973223 patkarrashmi30@gmail.com
5.	Ms. Vipulatha Sane Class Coordinator I-Sem B.Sc Nursing	Member	9049225907 motherhawwanursing@gmail.com
6.	Mr. Pathan Faizankhan First year B.Sc Nursing	Student Representative	7350385463 faizzu1210@gmail.com
7.	Ms. Tamgadage Prachi Second year B.Sc Nursing	Student Representative	9604462738 prachitamgadage164@gmail.com
8.	Ms. Shaikh Sana II-Sem B.Sc Nursing	Student Representative	9112381765 Sksana003@gmail.com



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Warudi, Badnapur-Tq, Jalna-Dist., MS.

Anti-ragging Squad

An Anti-ragging squad, consisting of the following members has been framed with effect from 11/03/2023.

Sr. No	Name & Designation	Position	Contact No./ Email
1	Dr. Nagarajappa D Principal	Chairman/ Nodal Officer	9481028189 nagarajd11@gmail.com
2	Ms. Rashmi B. Patkar Girls Hostel Incharge	Member	9922973223 patkarrashmi30@gmail.com
3	Mrs. Uzma Afreen Warden, Girls Hostel	Member	9923424768 uzmaafreen@gmail.com
4	Ms. Vipulatha Sane Class Coordinator I-Sem B.Sc Nursing	Member	9049225907 motherhawwanursing@gmail.com
5	Mr. Dange Babasaheb Class Coordinator Third year B. B.Sc Nursing	Member	9404539699 babasahebdange777@gmail.com


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Warudi, Badnapur-Tq, Jalna-Dist., MS.

Discipline Committee:

Discipline Committee, consisting of the following members has been framed with effect from 11/03/2023.

Sr. No	Name & Designation	Position	Contact No./ Email
1	Dr. Nagarajappa D. Principal	Chairman/ Nodal Officer	9481028189 nagarajd11@gmail.com
2	Dr. N Saphabidevi Vice Principal & Girls Hostel Incharge	Member	8794510532 nsaphabidevi@gmail.com
3	Mrs. Uzma Afreen Warden, Girls Hostel	Member	9923424768
4	Ms. Rashmi B. Patkar Class Coordinator Fourth year B.B.Sc Nursing	Member	9922973223 patkarrashmi30@gmail.com
5	Ms. Vipulatha Sane Class Coordinator I-Sem B.Sc Nursing	Member	9049225907 motherhawwanursing@gmail.com
7	Mr. Pathan Faizankhan First year B.Sc Nursing	Student Representative	7350385463 faizzu1210@gmail.com
8	Ms. Tamgadage Prachi Second year B.Sc Nursing	Student Representative	9604462738 prachitamgadage164@gmail.com
9	Ms. Shaikh Sana III- Sem B.Sc Nursing	Student Representative	9112381765 Sksana003@gmail.com


National Anti-ragging helpline & National online Anti-ragging helpline

1 National Anti-ragging helpline: 1800-1805522 (Toll free)

2 Email: helpline@antiragging.in

3 Amanmovement.org, email: kachrooraj@gmail.com

4 UGC website (ugc.ac.in) Email: raggingcell@yahoo.co.in


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JIIU'S MOTHER HAWWA B.S.C. COLLEGE OF NURSING
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