KMCT
AYURVEDA MEDICAL COLLEGE

CONSENT FORM FOR BAHI PARMARJANA CHIKITSA

OP NO:	

I ..... Age:..... Sex: ..... asking for Medical care and Ayurveda treatment at **KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL,** agree to access services and therapies to treat my condition. I understand that these services will be performed or prescribed to me by my attending physician during the period.

I understand that my consent to accept these services is termed as Consent for **BAHI PARMARJANA CHIKITSA** treatment and that it includes.

TREATMENT		
ABHYANGAM	THAILA DHARA	JAMBEERA PINDA SWEDA
TAKRA DHARA	PODIKIZHI	KIZHKUTANDA PINDA SWEDA
PIZHICHIL	ELAKIZHI	CHURNA PINDA SWEDA
SHIRO DHARA	PATRA PINDA SWEDA	SHASTIKA SHALI PINDA SWEDA
UDHWARTHANAM	OTHERS.	

For duration prescribed by concerned doctors.

I understand that there is very small possibilities of risk or complications and might cause following complications.

The expected **complications are**

• Skin Rashes during the treatment period	• Increase of present symptoms
• Increase of pain during treatments	• Temporary allergy during therapies.

The expected benefits:

• Reduction in pain and stiffness	• Improved peripheral circulation
• Softness of skin	

Alternatives of the treatment are:

• Application of oil and warm water bath at home	• Internal medication

Name of Patient/ Relative/Guardian .....

Signature ..... Date ..... Time .....

If Guardian/Relative, state relationship .....

Name of Witness .....

Signature: ..... Date: ..... Time: .....

Name and Signature of the treating Doctor

Date and time:

I understand that I have right to withdraw my consent for the treatment at any time before or in between the treatment.
At this time, I do not want to continue the treatment.

Name of the Patient:
Signature of the Patient:

Date:
Time:

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

CONSENT FORM FOR PANCHAKARMA (VAMANA KARMA) TREATMENT

OP NO:

I,_____ Age:_____ Sex:_____
asking for medical care and Ayurvedic treatment at **KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL**, agree to access services which may diagnose a medical condition, procedure to treat my condition and routine care. I understand that these services will be performed or prescribed to me by my attending physician during the period.
I understand that my consent to accept these services is termed as Consent for Panchakarma treatment (Vamana Karma) and that it includes 1 day of induced vomiting procedure with Cow's Milk and other Ayurvedic medicines.

The expected complications are:

• Hyper acidity may be noted on the day after Vamana Karma • Patient may feel weak and lethargic • Nausea & Vomiting may be felt up to 24 Hours • Loose motion and tiredness on last of Vamana treatments	• Pt may show symptoms of dehydration on the day of Vamana Karma • Headache, Abdominal Colic & Loose Stools may be noted on the day of Vamana Karma • Abdominal pain and discomfort during the treatments

The expected benefits:

• Vitiated Kapha dosha is expelled out of the body • Treats gastric problems • Cleanses stomach	• Enhances digestion and metabolism • Immunity boosting • Slows down ageing • Manage Asthma and Cough

Alternatives of the treatment:

- Virechana

Name of Patient/ Relative/Guardian:_____
Signature:_____ Date:_____ Time:_____
If Guardian/Relative, state relationship:_____
Name of Witness:_____
Signature:_____ Date:_____ Time :_____
I understand that I have right to withdraw my consent for the treatment at any time before or in between the treatment.

At this time, I do not want to continue the treatment.

Name of the Patient: Date:

Signature of the Patient: Time:

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

CONSENT FORM FOR ANTAH PARIMARJANA CHIKITSA (VIRECHANA KARMA/ Koshta Shodhana) TREATMENT

OP NO:

I, _____ Age: _____ Sex: _____

asking for medical care and ayurvedic treatment at KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL, agree t
access services which may diagnose a medical condition, procedure to treat my condition and routine car
I understand that these services will be performed or prescribed to me by my attending physician during th
period.

I understand that my consent to accept these services is termed as Consent for Panchakarma treatmen
(Virechana Karmam/Koshta Shodhanam) 1 day of purgation (induced loose motion) using Ayurved
Medicines

The expected complications:

• Hyper acidity may be noted on the day after Virechana Karmam/Koshta Shodhanam • Patient may feel weak and lethargic • Nausea & Vomiting may be felt up to 24 hours • Pt may show symptoms of dehydration on the day of Virechana Karmam/Koshta Shodhanam	• Headache, Abdominal Colic & Loose Stools may be noted on the day of Virechana Karmam/Koshta Shodhanam • Abdominal pain and discomfort during the treatment • Loose motion and tiredness on last of Virechana Karmam/Koshta Shodhanam

The expected benefits:

• Improves digestion • Relief in many gastrointestinal disorders • Relieves from headache, anaemia, pain in the large intestine	• Manage diabetes and heart diseases • Reduces gynaecological disorders • Improves the condition of skin disorders like rashe and allergy

Alternatives of the treatment:

- Vasthi

Name of Patient/ Relative/Guardian: _____

Signature: _____ Date: _____ Time: _____

If Guardian/Relative, state relationship: _____

Name of Witness: _____

Signature: _____ Date: _____ Time: _____

I understand that I have right to withdraw my consent for the treatment at any time before or in between th
treatment.

At this time, I do not want to continue the treatment.

Name of the Patient: Date:

Signature of the Patient: Time:

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

VULNERABILITY ASSESSMENT

NAME:		IP NO:	OP NO:
AGE:	SEX:	WARD:	ROOM/BED NO:

Category-Geriatric/Pediatric/Mentally Challenged/Physically Challenged/Other.....

Fall Risk Assessment:

Sensory Deficit : Visual/Speech/Hearing
Disorientation : Yes/No
Self-Care Deficit : Yes/No
Mobility Problem : Yes/No
History of fall : Yes/No
Impaired Judgment : Yes/No

Psychological Status:

Calm	Agitated	Anxious	Depressed	Sleep Disorder

Remarks:

Nursing intervention specific to Vulnerability:

Assessment Done By:
Name :
Signature :
Date :
Time :

Verified By:
Name :
Signature :
Date :
Time :

Manassery PO, Mukkam, 673602,Kozhikode,Kerala

KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

SEDATION MONITORING FORM

Name:		MRD No:
Age:	Sex:	
Name of Doctor:		
Name of procedure:		

PROCEDURAL SEDATION MONITORING:

Time:		Medication:		
Route:		Given by:		
Dosage:		Initial:		

Time:	B.P:	H.R:	R. R	SPO2:

Level of consciousness:

POST PROCEDURAL MONITORING:

Time:	B.P:	H.R:	R. R	SPO2:

REMARK:

NAME AND SIGN OF NURSE	NAME AND SIGN OF DOCTOR / ANAESTHETIST

KMCT/FORM/20 REV:00 01/05/2023

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Procedure for [illegible]

TRAINER NAME AND DESIGNATION: [illegible] DATE: [illegible] TIME: [illegible]

TRAINER SIGN: TRAINING DURATION: [illegible]

Sl. No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	[illegible]	[illegible]	[illegible]	[illegible]
2	[illegible]	[illegible]	[illegible]	[illegible]
3	[illegible]	[illegible]	[illegible]	[illegible]
4	[illegible]	[illegible]	[illegible]	[illegible]
5	[illegible]	[illegible]	[illegible]	[illegible]
6	[illegible]	[illegible]	[illegible]	[illegible]
7	[illegible]	[illegible]	[illegible]	[illegible]
8	[illegible]	[illegible]	[illegible]	[illegible]
9	[illegible]	[illegible]	[illegible]	[illegible]
10	[illegible]	[illegible]	[illegible]	[illegible]
11	[illegible]	[illegible]	[illegible]	[illegible]
12	[illegible]	[illegible]	[illegible]	[illegible]
13	[illegible]	[illegible]	[illegible]	[illegible]
14	[illegible]	[illegible]	[illegible]	[illegible]
15	[illegible]	[illegible]	[illegible]	[illegible]

APPROVED BY/REVIEWED BY

KMCT/REG/03

REV 01

DATE 01-05-2023

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Procedure for labelling of medication.

TRAINER NAME AND DESIGNATION: Dr [illegible] DATE: [illegible] TIME: [illegible]
Medical Supdt [illegible]

TRAINER SIGN: [signature] TRAINING DURATION: 1 hour

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1.	Dr. [illegible]	[illegible]	RMO	[signature]
2.	Dr. [illegible]	[illegible]	RMO	[signature]
3.	Dr. [illegible]	[illegible]	RMO	[signature]
4.	[illegible]	[illegible]	Nurse	[signature]
5.	[illegible]	2011	Pharmacist	[signature]
6.	[illegible]	2012	Pharmacist	[signature]
7.	[illegible]	[illegible]	Therapist	[signature]
8.	[illegible]	[illegible]	Housekeeping	[signature]
9.	[illegible]	[illegible]	Therapist	[signature]
10.	[illegible]	[illegible]	Therapist	[signature]

APPROVED BY/REVIEWED BY

KMCT/REG/03 REV 00 DATE:01-05-2023

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of IHC Committee conducted on 07/02/2024

KMCT/IHC/MNT-03 Venue: Conference room

NAME	DESIGNATION	SIGNATURE
DR. SHAMNA MOHAN	ICD, COMMITTEE CHAIRPERSON	
DR DINESH KUMAR.PM	ACCREDIATATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER	
MRS. SHIJI	NURSE INFECTION CONTROL NURSE	
MRS.NEETHU	LAB TECHNICIAN, COMMITTEE MEMBER	
MISS. AYANA	X RAY, COMMITTEE MEMBER	
MRS. DEBLY	RECEPTION IN CHARGE, COMMITTEE MEMBER	
MRS. SABITHA	HOUSE KEEPING, COMMITTEE MEMBER	
MRS. DEEPA	QUALITY COORDINATOR, COMMITTEE MEMBER	
MR. BINU KUMAR	THERAPIST, COMMITTEE MEMBER	
MRS. ANJU KRISHNA	THERAPIST, COMMITTEE MEMBER	

Agenda

1. Follow up of last meeting
2. To implement food handlers audit
3. To implement Kitchen rounds.
4. Temperature & humidity monitoring of Lab & OT

Points Discussed

Following details presented by Secretary.

Sl no	Points discussed	Actions taken/ suggested	Responsible person	Time frame
1.	Water culture & swab cultures are in progress	Committee approved	IHR, ICN	On going
2.	Briefly explained points including under food handlers audit.	NA	SNE, ICN	From November onwards
3	Quality Coordinator suggested Kitchen rounds should be done by ICD & ICN	NA	Dr. Shamna Mohan SNE, ICN	From this month onwards
4	Temperature & humidity monitoring of Lab & OT submitted.	Committee approved	SNE, ICN	From this month onwards

PREPARED BY
SHIJI
ICN

REVIEWED BY
DEEPA P
QUALITY COORDINATOR

APPROVED BY
SHAMNA MOHAN
ICD

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of IHC Committee conducted on 05/01/2024

KMCT/IHCM/NT-02 Venue: Conference room

NAME	DESIGNATION	SIGNATURE
DR. SHAMNA MOHAN	ICD, COMMITTEE CHAIRPERSON	
DR DINESH KUMAR.PM	ACCREDIATATION COORDINATOR PROFESSOR, DEPARTMENT OF PRAVYNGUNA & COMMITTEE MEMBER	
MRS. SHIJI	NURSE INFECTION CONTROL NURSE	
MRS.NEETHU	LAB TECHNICIAN, COMMITTEE MEMBER	
MISS. AYANA	X RAY, COMMITTEE MEMBER	
MRS. DEFLY	RECEPTION IN CHARGE, COMMITTEE MEMBER	
MRS. SAJITHA	HOUSE KEEPING, COMMITTEE MEMBER	
MRS. DEEPA	QUALITY COORDINATOR, COMMITTEE MEMBER	
MR. BINU KUMAR	THERAPIST, COMMITTEE MEMBER	
MRS. ANJU KRISHNNA	THERAPIST, COMMITTEE MEMBER	

Agenda

1. Follow up of last meeting.
2. To implement hand hygiene audit.
3. To implement needle stick protocol stickers.
4. To start mock drills & its periodical evaluation.
5. To check vaccination status of staffs.

Points Discussed

Following details presented by Secretary.

Sl no	Points discussed	Actions taken/ suggested	Responsible person	Time frame
1.	The following papers were submitted 1. Approved list of notifiable disease 2. Approved tank cleaning schedule 3. Blood spill and mercury spill kit 4. Hic Quality indicators	Committee approved	Shiji, ICN	
2.	Briefly explained the moments of hand hygiene& steps of hand washing by committee secretary. Advised all departments to do so	Committee Approved	Shiji, ICN	From November onwards
3.	Needle stick protocol stickers given& explained.	Committee approved	Shiji, ICN	From this month

PREPARED BY
SHIJI
ICN

REVIEWED BY
DEEPA P
QUALITY COORDINATOR

APPROVED BY
SHAMNA MOHAN
ICD

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

				onwards
4.	Explained the mock drills &practiced with committee members Advised all departments to do so under the supervision of ICN	Committee approved	Shiji, ICN	From this month onwards
5.	Vaccination status of staffs submitted.	Committee approved	Shiji, ICN	

PREPARED BY
SHIJI
ICN

REVIEWED BY
DEEPA P
QUALITY COORDINATOR

APPROVED BY
SHAMNA MOHAN
ICO

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

Minutes of the meeting of IHC Committee conducted on 04/12/2023

KMCT/IHC/MNT-01 Venue: Conference room

NAME	DESIGNATION	SIGNATURE
DR. SHAMNA MOHAN	ICO, COMMITTEE CHAIRPERSON	
DR DINESH KUMAR.PM	ACCREDIATATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER	
MRS. SREE	NURSE INFECTION CONTROL NURSE	
MRS.NEETHU	LAB TECHNICIAN, COMMITTEE MEMBER	
MISS. AVANA	X RAY, COMMITTEE MEMBER	
MRS. DOLLY	RECEPTION IN CHARGE, COMMITTEE MEMBER	
MRS. SAJITHA	HOUSE KEEPING, COMMITTEE MEMBER	
MRS. DEEPA	QUALITY COORDINATOR, COMMITTEE MEMBER	
MR. BIBU KUMAR	THERAPIST, COMMITTEE MEMBER	
MRS. ANJU KRISHNA	THERAPIST, COMMITTEE MEMBER	

Agenda

1. To give a brief to committee members about IHC committee policy and the role of members
2. Approval of culture schedule
3. Approval of cleaning schedule department wise

Points Discussed

Following details presented by Secretary

Sl no	Points discussed	Actions taken/ suggested	Responsible person	Time frame
1.	Briefly explained the roles and responsibilities of members by committee secretary	Nil	Nil	Nil
2.	Culture schedule submitted	Committee approved	Shiji, ICN	From this month onwards
3.	Cleaning schedule submitted	Committee approved	Shiji, ICN	From this month onwards
4.	DR Dinesh Kumar.PM suggested prepare the following and submit report in next meeting for approval.	Responsibility given to Shiji	Shiji, ICN	To submit it in next meeting

PREPARED BY
SHIJI
ICN

REVIEWED BY
DEEPA P
QUALITY COORDINATOR

APPROVED BY
SHAMNA MOHAN
ICO

	1. Approved list of notifiable disease 2. Approved tank cleaning schedule 3. Blood spill and mercury spill kit 4. Pest control MoU 5. Hic Quality indictors			

PREPARED BY
SHIBI
ICN

REVIEWED BY
DEEPA P
QUALITY COORDINATOR

APPROVED BY
SHAMNA MOHAN
ICO

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Spill management

TRAINER NAME AND DESIGNATION: Shiji ICN DATE: 10-12-22 TIME: 12.35 pm

TRAINER SIGN: TRAINING DURATION: 15 mins

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Shiji		Nurse	
2	Kamalam		Nurse Incharge	
3	Unnimol C.		"	
4	Sagitha.		"	
5	Gopika		"	
6	Sreejini		"	
7	Thankamani.		"	
8				

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KMCT/REG/09 REV:00 DATE:01-05-2023

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Safe Practices in Laboratory 2-3 PM

TRAINER NAME AND DESIGNATION: Dr. Nithya V, Assistant Professor, Pharmacy DATE: 15/3/24 TIME: 1 hour

TRAINER SIGN: TRAINING DURATION: One hour

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Rajesh V	[illegible]	Lab Technician	
2	Divya V P	[illegible]	Lab Technician	
3	Shiju K V	8020	Ayurveda Med.	

APPROVED BY/REVIEWED BY

KMCT/REC/03

DATE: 01-05-2019

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Vulnerable patient policy

TRAINER NAME AND DESIGNATION: Dr. Dinesh, Professor, KMCT Ayurveda college

DATE: 16/3/24 TIME: 2 pm to 3 pm

TRAINER SIGN: [illegible]

TRAINING DURATION: 1 hours

Sl. No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1.	Dr. [illegible]	7004	RMO	
2.	Dr. [illegible]	7007	RMO	
3.	Dr. [illegible] T	7012	RMO	
4.	Dr. [illegible] M	7010	RMO	
5.	Neetha [illegible]	[illegible]	Lab technician	
6.	[illegible] T.E	8007	Lab technician	
7.	[illegible]	7020	Therapist	
8.	Dinesh	7022	Therapist	
9.	[illegible]	7023	Therapist	
10.	[illegible]	7011	Pharmacist	
11.	[illegible] Bini	7023	Therapist	
12.	Ayisha E K	7026	X-Ray technician	

APPROVED BY/REVIEWED BY

KMCT AYURVEDA MEDICAL COLLEGE, MANASSERY P.O., MUKKAM, KOZHIKODE

KMCT/REG/03

DATE 01-05-2023

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: [illegible]

TRAINER NAME AND DESIGNATION: [illegible] DATE: [illegible]/3/24 TIME: 2-3 PM

TRAINER SIGN: [signature] TRAINING DURATION: 1 hour

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Nisha P [illegible]	8017	Pharmacist	[signature]
2	[illegible] P	8011	Pharmacist	[signature]
3	[illegible]	[illegible]	Pharmacist	[signature]
4	[illegible]	[illegible]	Ayurveda Pharmacist	[signature]
5	[illegible]	7015	Receptionist	[signature]
6	[illegible]	[illegible]	Therapist	[signature]

[signature]
APPROVED BY/REVIEWED BY

KMCT/TRNG/03 REV:00 DATE:01-05-2023

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Scope of Services

TRAINER NAME AND DESIGNATION: Saroj P. HR Manager DATE: 16-11-23 TIME: 11:30 AM

TRAINER SIGN:

TRAINING DURATION: 45 mts.

Sl. No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	ARUNIBA A.K		PPB	
2	Deepa V.		Quality specialist	
3	Sanoop V		Therapist	
4	Sanaj P		Therapist	
5	Dhanya K.		Receptionist	
6	[illegible]		Receptionist	
7	[illegible]		Pharmacist	
8	[illegible] P. Jose		Pharmacist	
9	[illegible]		Therapist	
10	Saraswathi		Cleaning Staff	
11	[illegible]		Cleaning Staff	
12	[illegible]		Therapist	
13	Divya [illegible]		Lab Technician	
14	[illegible]		Lab Technician	
15	Unnimaya		Cleaning Staff	

KMCT/REG/03

APPROVED BY/REVIEWED BY

DATE 01-05-2023

Dr. Sarin Mohan

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Code Red

TRAINER NAME AND DESIGNATION: Kishan Vaidhy, Safety Officer DATE: 20-1-23 TIME: 1:00 pm

TRAINER SIGN: TRAINING DURATION: 1:20 hrs

Sl. No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Aswathy		Reception	
2	Renju		Reception	
3	Nidheesh		Lab	
4	Dhanya		Lab	
5	Thankamani		Housekeeping	
6	Biju		Maintenance	
7	Shiji		Nurse	
8	Nisha		Pharmacist	
9	Remadevi		Security	
10	Sasikala		Security	
11	Prasitha		Therapist	

APPROVED/REVIEWED BY

KMCT/HOSP/03 REV/03 DATE:01-09-2023

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Hand washing technique

TRAINER NAME AND DESIGNATION: Shiji ICN DATE: 1-12-21 TIME: 12 P pm

TRAINER SIGN: TRAINING DURATION: 30 minutes

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Sreejesh V		Therapist	
2	Sheeja Bava		HK staff	
3	Devayani TP		Lab Technician	
4	Aleesha V		Lab Technician	
5	Sobha P		Therapist	
6	Anjitha		Therapist Trainee	
7	Nidha PM		Lab Technician	
8	Devithya			

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KMCT/REG/03 REV:00 DATE:01-05-2023

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Disciplinary policy and Grievance [illegible]

TRAINER NAME AND DESIGNATION: [illegible] HR [illegible] DATE: 18-11-23 TIME: 10:30 AM

TRAINER SIGN: [signature]

TRAINING DURATION: 45 mints

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	[illegible]		Receptionist	
2	[illegible]		Receptionist	
3	Rishya		Lab technician	
4	Arun		PRO	
5	Neethu		Lab technician	
6	Sanjay		Therapist	Sanjay
7	Deepesh		"	
8	Prasanth		"	
9	Sheeja		"	
10	Anju			
11	[illegible]		RMO	
12	Biju K		Therapist	
13	Nisha		"	

APPROVED BY/REVIEWED BY

KMCU/REG/03 REV:00 DATE:01-05-2023

KMCT
AYURVEDA MEDICAL COLLEGE HOSPITAL

TRAINING REGISTER

TRAINING TOPIC: Infection Control practice

TRAINER NAME AND DESIGNATION: Shiji Infection control nurse DATE: 06-11-23 TIME: 2:30 pm

TRAINER SIGN: [signature] TRAINING DURATION: 65 mins

SL No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Sheeja		Therapist	[signature]
2	Shiji T		Nurse	[signature]
3	Anju		Therapist	[signature]
4	Shijesh		Therapist	[signature]
5	Muthulakshmi		House keeping	[signature]
6	Aamina		House keeping	[signature]
7	Saneesh		House keeping	[signature]
8	Deepika		House keeping	[signature]
9	Thilagamani		House keeping	[signature]
10	Bina kumar		Therapist	[signature]
11	Deily vai		Receptionist	[signature]

[signature]
APPROVED BY/REVIEWED BY

KMCT/HRD/03 REV-00 DATE-01-05-2023