



# KMCT AYURVEDA MEDICAL COLLEGE

Approved by NCISM and Affiliated to Kerala University of Health Sciences.

## TO WHOM SO EVERIT MAY CONCERN

This is to certify that the information in the attached documents is verified by me and is true to the best of my knowledge.

*Ambrina*

PRINCIPAL  
K.M.C.T. AYURVEDA  
MEDICAL COLLEGE



Manassery PO, Mukkam, 673602, Kozhikode, Kerala  
☎ 0495-229 4664 ✉ ayurveda@kmct.edu.in  
🌐 www.kmctayurvedacollege.org



INNOVATION AND  
ENTREPRENEURSHIP  
DEVELOPMENT CENTRE





**KMCT**  
**AYURVEDA MEDICAL COLLEGE**

Approved by NCISM and Affiliated to Kerala University of Health Sciences.

**8.1.3**

**PROMOTION OF SEASONAL PANCHAKARMA AND  
IMPLEMENTATION OF LIFESTYLE MODIFICATIONS INCLUDING  
KAUMARAPANCHAKARMA**



*Arob m*

**PRINCIPAL**

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MEDICAL COLLEGE

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# KMCT AYURVEDA MEDICAL COLLEGE

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## ACTIVITIES TOWARDS IMPROVEMENT OF CLINICAL DOCUMENTATION



*Wardham*

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## AYURVEDA MEDICAL COLLEGE

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### CONSENT FORM FOR BAHU PARMARJANA CHIKITSA

OP NO:

I ..... Age: ..... Sex: ..... asking for Medical care and Ayurveda treatment at KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL, agree to accept 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 BAHU PARMARJANA CHIKITSA treatment and that it includes,

TREATMENT		
ABHYANGAM	THALA DEHALA	JAMBHELA PINDA SWEDA
TAKRA DHARA	PODKIZHI	KIKKUTANDA PINDA SWEDA
PIZHICHI	ELAKIZHI	CHURNA PINDA SWEDA
SIRO DHARA	PATRA PINDA SWEDA	SHASTIKA SHALI PINDA SWEDA
UDHWARTHANAM	OTHERS:	

For duration prescribed by concerned doctor.

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

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## 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 accept 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:**

<ul style="list-style-type: none"> <li>Hyper acidity may be noted on the day after Vamana Karma</li> <li>Patient may feel weak and lethargic</li> <li>Nausea &amp; Vomiting may be felt up to 24 hours</li> <li>Loose motion and tiredness on last of Vamana treatments</li> </ul>	<ul style="list-style-type: none"> <li>Pt may show symptoms of dehydration on the day of Vamana Karma</li> <li>Headache, Abdominal Colic &amp; Loose Stools may be noted on the day of Vamana Karma</li> <li>Abdominal pain and discomfort during the treatments</li> </ul>
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**The expected benefits:**

<ul style="list-style-type: none"> <li>Vitiated Kapha docha is expelled out of the body</li> <li>Treats gastric problems</li> <li>Cleanses stomach</li> </ul>	<ul style="list-style-type: none"> <li>Enhances digestion and metabolism</li> <li>Immunity boosting</li> <li>Slows down ageing</li> <li>Manage Asthma and Cough</li> </ul>
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**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: \_\_\_\_\_



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

OP NO:

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

I, \_\_\_\_\_ asking for medical care and ayurvedic treatment at KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL, agree to accept these 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 (Virechana Karma/Koshita Shodhanam) 1 day of purgation (induced loose motion) using Ayurved Medicines

### The expected complications:

<ul style="list-style-type: none"> <li>Hyper acidity may be noted on the day after Virechana Karma/Koshita Shodhanam</li> <li>Patient may feel weak and lethargic</li> <li>Nausea &amp; Vomiting may be felt up to 24 hours</li> <li>It may show symptoms of dehydration on the day of Virechana Karma/Koshita Shodhanam</li> </ul>	<ul style="list-style-type: none"> <li>Headache, Abdominal Crk &amp; Loose Stools may be noted on the day of Virechana Karma/Koshita Shodhanam</li> <li>Abdominal pain and discomfort during the treatment</li> <li>Loose motion and Irritoma on last of Virechana Karma/Koshita Shodhanam</li> </ul>
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### The expected benefits:

<ul style="list-style-type: none"> <li>Improves digestion</li> <li>Relief in many gastrointestinal disorders</li> <li>Relieves from headache, anaemia, pain in the large intestine</li> </ul>	<ul style="list-style-type: none"> <li>Manages diabetes and heart diseases</li> <li>Reduces gynaecological disorders</li> <li>Improves the condition of skin disorders like rashes and allergy</li> </ul>
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### 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 the treatment.

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

Name of the Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Patient: \_\_\_\_\_ Time: \_\_\_\_\_



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## 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.....				
<b>Fall Risk Assessment:</b>				
Sensory Deficit	:	Visual/Symmetry/Hearing		
Disorientation	:	Yes/No		
Self-Care Deficit	:	Yes/No		
Mobility Problem	:	Yes/No		
History of fall	:	Yes/No		
Impaired Judgment	:	Yes/No		
<b>Psychological Status:</b>				
Calm	Agitated	Anxious	Depressed	Sleep Disorder
Remarks:				
Nursing intervention specific to Vulnerability:				
<b>Assessment Done By:</b>			<b>Verified By:</b>	
Name	:		Name	:
Signature	:		Signature	:
Date	:		Date	:
Time	:		Time	:

KMCT/FORM/06

REV:00

01/05/2023





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### KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

SEDATION MONITORING FORM					
Name:				MRD No:	
Age:		Sex:			
Name of Doctor:					
Name of procedure:					
<b>PROCEDURAL SEDATION MONITORING:</b>					
Time:		Medication:			
Route:		Given by:			
Dosage:		Initial:			
Time:	B.P:	H.R:	R, R	SPO2:	
Level of consciousness:					
<b>POST PROCEDURAL MONITORING:</b>					
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





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## TRAINING REGISTER

TRAINING TOPIC: *Procedure for Incident reporting*

TRAINER NAME AND DESIGNATION: *T. P. S. Omesh Kumar* DATE: *19/1/23* TIME: *3.45 PM*

TRAINER SIGN: *[Signature]* TRAINING DURATION: *1 hour*

Sl No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	<i>Dr. Parimja</i>	<i>5117</i>	<i>Nurse</i>	<i>[Signature]</i>
2	<i>Dr. Chinnu</i>	<i>3000</i>	<i>Nurse</i>	<i>[Signature]</i>
3	<i>Miss. Manu K.</i>	<i>3017</i>	<i>Nurse</i>	<i>[Signature]</i>
4	<i>Miss. Prasanna</i>	<i>3027</i>	<i>Nurse</i>	<i>[Signature]</i>
5	<i>Miss. S. S.</i>	<i>3028</i>	<i>Nurse</i>	<i>[Signature]</i>
6	<i>Suganya K.</i>	<i>3003</i>	<i>Pharmacist</i>	<i>[Signature]</i>
7	<i>Archie P. Jose</i>	<i>3013</i>	<i>Pharmacist</i>	<i>[Signature]</i>
8	<i>Miss. A.</i>	<i>3018</i>	<i>Pharmacist</i>	<i>[Signature]</i>
9	<i>Neelha V.</i>	<i>1014</i>	<i>Laboratory</i>	<i>[Signature]</i>
10	<i>Sarany</i>	<i>4003</i>	<i>Pharmacist</i>	<i>[Signature]</i>
11	<i>Manu K.</i>	<i>1001</i>	<i>Pharmacist</i>	<i>[Signature]</i>
12	<i>Raja Krishna K.</i>	<i>5118</i>	<i>Therapist</i>	<i>[Signature]</i>
13	<i>D. S. S. T. M.</i>	<i>6001</i>	<i>Pharmacist</i>	<i>[Signature]</i>
14	<i>Sudha</i>	<i>3008</i>	<i>Pharmacist</i>	<i>[Signature]</i>
15	<i>Aranya</i>	<i>3000</i>	<i>Pharmacist</i>	<i>[Signature]</i>

*[Signature]*  
APPROVED BY/REVIEWED BY

KMCT/REG/03



DATE: 01-05-2023



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AYURVEDA MEDICAL COLLEGE HOSPITAL

### TRAINING REGISTER

TRAINING TOPIC: Pharmacology for laboratory of microbiology

TRAINER NAME AND DESIGNATION: Dr. Suresh Pulayil DATE: 24/12/23 TIME: 3 PM

TRAINER SIGN: [Signature] TRAINING DURATION: 1 hour

Sl. No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1.	Dr. Anjali	7007	Phn	[Signature]
2.	Dr. Anjali	7004	Phn	[Signature]
3.	Dr. Anjali	7010	Phn	[Signature]
4.	Shy - a	8020	Phn	[Signature]
5.	Nisha P J	8011	Pharmacist	[Signature]
6.	Shy - a	8010	Pharmacist	[Signature]
7.	Shy - a	8011	Pharmacist	[Signature]
8.	Shy - a	8010	Pharmacist	[Signature]
9.	Shy - a	8010	Pharmacist	[Signature]
10.	Shy - a	8010	Pharmacist	[Signature]

APPROVED BY/REVIEWED BY: [Signature]



KMCT/REG/13

DATE: 01-05-2023



# KMCT AYURVEDA MEDICAL COLLEGE

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## KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

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

KMCT/ICM/INT-43

Venue: Conference Room

NAME	DESIGNATION	SIGNATURE
DR. SHAMNA MOHAN	IIC COMMITTEE CHAIRPERSON	
DR. DINESH KUNJASURY	ACCREDITATION COORDINATOR PROFESSOR, DEPARTMENT OF DRAVYAGUNA & COMMITTEE MEMBER	
MRS. SHEE	NURSE INFECTION CONTROL NURSE	
MRS. NEETHU	LAB TECHNICIAN, COMMITTEE MEMBER	
MISS. AYANA	X RAY, COMMITTEE MEMBER	
MRS. DEEPTI	RECEPTION IN CHARGE, COMMITTEE MEMBER	
MRS. SATHYA	HOUSE KEEPING, COMMITTEE MEMBER	
MRS. DEEPA	QUALITY COORDINATOR, COMMITTEE MEMBER	
MR. VINU KUMAR	THERAPIST, COMMITTEE MEMBER	
MRS. ANJU ERSHINA	THERAPIST, COMMITTEE MEMBER	

### Agenda

- To know up of last meeting
- To implement food handlers audit
- To implement Kitchen audit
- Temperature & humidity monitoring of Lab & OT

### Points Discussed

Following details presented by Secretary.

Sr no	Points discussed	Action taken/suggested	Responsible person	Time frame
1.	Water culture & swab cultures are in progress	Committee approved	Shr. ICM	Ongoing
2.	Swabby exposed points including under food handlers apron.	NA	Shr. ICM	From November onwards
3.	Quality Coordinator suggested kitchen audit should be done by ICM & ICH	NA	Dr. Shamna Mohan Shr. ICM	From this month onwards
4.	Temperature & humidity monitoring of Lab & OT submitted	Committee approved	Shr. ICM	From this month onwards

PREPARED BY  
SHEE  
ICM

REVIEWED BY   
DEEPA  
QUALITY COORDINATOR

APPROVED BY   
SHAMNA MOHAN  
ICM



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## KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

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

KMCT/IC/MNT-02

Year: Conference year

NAME	DESIGNATION	SIGNATURE
DR. SHAMNA MOHAN	IIC, COMMITTEE CHAIRPERSON	
DR. DINESH KUMAR PM	ACCREDITATION COORDINATOR PROFESSOR, DEPARTMENT OF DRUGYOGINA & COMMITTEE MEMBER	
MRS. SHIL	NURSE INFECTION CONTROL NURSE	
MRS. NEETHU	LAB TECHNICIAN, COMMITTEE MEMBER	
MISS. AYANA	X RAY, COMMITTEE MEMBER	
MRS. DEEPLY	RECEPTION IN CHARGE, COMMITTEE MEMBER	
MRS. SAITHA	HOUSE KEEPING, COMMITTEE MEMBER	
MRS. DEEPA	QUALITY COORDINATOR, COMMITTEE MEMBER	
MR. BINU KUMAR	THERAPIST, COMMITTEE MEMBER	
MRS. ANGI KISHORNA	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 work drills & its periodical evaluation.
5. To check vaccination status of staff.

### Points Discussed

Following details presented by Secretary

Sl no	Points discussed	Action taken/ requested	Responsible person	Time frame
1.	The following papers were submitted 1. Approved list of outside drains 2. Approved tank cleaning schedule 3. Blood spill and urinary spill kit 4. H50 Quality indicators	Committee approved	Shil, ICN	
2.	Discussed the necessity of hand hygiene steps of hand washing by committee secretary. Advised all departments to do so.	Committee Approved	Shil, ICN	From November onwards
3.	Needle stick protocol stickers given & explained.	Committee approved	Shil, ICN	From this month

PREPARED BY  
SHIL  
ICN

REVIEWED BY   
DEEPA P  
QUALITY COORDINATOR

APPROVED BY  
SHAMNA MOHAN  
ICN



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				awards
4.	Explained the mock drills & practical with committee members Advised all departments to do so under the supervision of ICN	Committee approved	Shiji, ICN	From the 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  
ICD





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## KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

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

KMCT/IC/MNT-01

Venue: Conference room

NAME	DESIGNATION	SIGNATURE
DR. SHAMNA MOHAN	ICD, COMMITTEE CHAIRPERSON	
DR. DINESH KUMAR, PM	ACCREDITATION COORDINATOR PROFESSOR, DEPARTMENT OF ORAVYAGUMI & COMMITTEE MEMBER	
MRS. SREE	NURSE INFECTION CONTROL NURSE	
MRS. NEETHU	LAB TECHNIQUE, COMMITTEE MEMBER	
MRS. AYANA	R.N.A.P, COMMITTEE MEMBER	
MRS. DEEPTI	RECEPTION IN CHARGE, COMMITTEE MEMBER	
MRS. SAITHA	HOUSE KEEPING, COMMITTEE MEMBER	
MRS. DEEPA	QUALITY COORDINATOR, COMMITTEE MEMBER	
MRS. BIRU KUMAR	THIAPAST, COMMITTEE MEMBER	
MRS. ANU KRISHNA	THIAPAST, COMMITTEE MEMBER	

### Agenda

- To give a brief to executive members about IBC committee policy and the role of members
- Approval of culture schedule
- Approval of cleaning schedule department wise

### Points Discussed

Following details presented by Secretary

Sr no	Points discussed	Action taken/ suggested	Responsible person	Time frame
1	Briefly explained the roles and responsibilities of members to committee secretary	Nil	Nil	Nil
2	Culture schedule submitted	Committee approved	SHS, ICD	From 15th each onwards
3	Cleaning schedule submitted	Committee approved	SHS, ICD	From 15th each onwards
4	Dr. Dinesh Kumar, PM suggested prepare the following and submit report in next meeting for approval	Responsibility given to Shs3	SHS, ICD	To submit it in next meeting

PREPARED BY  
SHS3  
ICD

REVIEWED BY  
DEEPA P  
QUALITY COORDINATOR

APPROVED BY  
SHAMNA MOHAN  
ICD



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

PREPARED BY  
SHIB  
ICN

REVIEWED BY  
DEEPA P  
QUALITY COORDINATOR

APPROVED BY  
SHAMINA MOHAN  
ICD





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## 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: *[Signature]*

TRAINING DURATION: 75 mins

Sl. No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Shiji		Nurse	<i>[Signature]</i>
2	Kamalambika		Nurse	<i>[Signature]</i>
3	Upasratha		"	<i>[Signature]</i>
4	Laxitha		"	<i>[Signature]</i>
5	Laxitha		"	<i>[Signature]</i>
6	Jalajai		"	<i>[Signature]</i>
7	Thankamani		"	<i>[Signature]</i>
8				

APPROVED BY/REVIEWED BY: *[Signature]*

KMCT/REG/03

REV:00

DATE:01-05-2023







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### TRAINING REGISTER

TRAINING TOPIC: Vulnerable patient policy

TRAINER NAME AND DESIGNATION:

Dr. Divyash  
Professor, Dept  
Ayurveda Education

DATE: 16/04/2023 TIME: 2 pm to 3 pm

TRAINER SIGN: [Signature]

TRAINING DURATION:

1 hour

Sl. No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Dr. Sharmila	7004	RN	[Signature]
2	Dr. Anitha	7007	RN	[Signature]
3	Dr. Parvathy T	7012	RN	[Signature]
4	Dr. Anitha M.	7010	RN	[Signature]
5	Neetha V	7005	Laboratory	[Signature]
6	Dr. Anitha T.	7009	Laboratory	[Signature]
7	Ana. N. S. P.	7020	Lab	[Signature]
8	Divyash	7026	Therapist	[Signature]
9	Shreeya P	7029	Therapist	[Signature]
10	Shreeya P	7011	Therapist	[Signature]
11	Shreeya P	7023	Therapist	[Signature]
12	Ayush K S	7028	Therapist	[Signature]

KMCT/MS/04



APPROVED BY / REVIEWED BY

[Signature]

DATE: 01-05-2023



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## KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

### TRAINING REGISTER

TRAINING TOPIC: *Yoga*

TRAINER NAME AND DESIGNATION: *J. S. Arjunan* DATE: *16/5/24* TIME: *2-3 PM*

TRAINER SIGN: *[Signature]* TRAINING DURATION: *1 hour*

Sl No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Nisha P Jose	8014	Pharmacist	<i>[Signature]</i>
2	Aranya P	8011	Therapist	<i>[Signature]</i>
3	Shree Man	8028	Therapist	<i>[Signature]</i>
A	Shyju M	7010	Pharmacy Student	<i>[Signature]</i>
B	Devi Var	7015	Receptionist	<i>[Signature]</i>
C	Disha V	7022	Therapist	<i>[Signature]</i>

*[Signature]*  
APPROVED BY/REVIEWED BY

KMCT/REG/01

REV:00

DATE: 01-05-2024



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## KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

### TRAINING REGISTER

TRAINING TOPIC: Scope of Services

TRAINER NAME AND DESIGNATION: Suryaj P HR Manager / DATE: 19-11-2023 / TIME: 11:30 AM

TRAINER SIGN:

TRAINING DURATION: 45 mins

Sl No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	ARUNABH P.R		PPD	
2	Deepa V		Quality controller	
3	Sonyy P		Therapist	
4	Sonyy P		Therapist	
5	Rishi K		Receptionist	
6	Neelam S		Receptionist	
7	Pranav B		Pharmacist	
8	Prithvi R		Pharmacist	
9	Abhinav B		Therapist	
10	Suryaj P		HR Staff	
11	Prithvi R		Cleaner Staff	
12	Prithvi R		Therapist	
13	Prithvi R		Lab technician	
14	Prithvi R		Lab technician	
15	Prithvi R		Cleaning staff	

ENCLOSURE



APPROVED BY/REVIEWED BY

DATE: 20-05-2023  
Dr. Suman Mohan



# KMCT AYURVEDA MEDICAL COLLEGE

Approved by NLEM and Affiliated to Kerala University of Health Sciences.



### KMCT AYURVEDA MEDICAL COLLEGE HOSPITAL

## TRAINING REGISTER

TRAINING TOPIC: Cole Red

TRAINER NAME AND DESIGNATION: Krishna Varthy DATE: 20-11-23 TIME: 1:00 PM

TRAINER SIGN: Reddy Reddy Binu TRAINING DURATION: 1:20 hours

Sl. No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	<u>Ashalya</u>		<u>Reception</u>	<u>[Signature]</u>
2	<u>Deepa</u>		<u>Reception</u>	<u>[Signature]</u>
3	<u>Ancitha</u>		<u>Lab</u>	<u>[Signature]</u>
4	<u>Rishika</u>		<u>Lab</u>	<u>[Signature]</u>
5	<u>Tharakanand</u>		<u>Subscoper</u>	<u>[Signature]</u>
6	<u>Riju</u>		<u>Pharmacist</u>	<u>[Signature]</u>
7	<u>Shiji</u>		<u>Nurse</u>	<u>[Signature]</u>
8	<u>Nisha</u>		<u>Pharmacist</u>	<u>[Signature]</u>
9	<u>Kanaka</u>		<u>Scoper</u>	<u>[Signature]</u>
10	<u>Garimatha</u>		<u>Scoper</u>	<u>[Signature]</u>
11	<u>Prasanna</u>		<u>Therapist</u>	<u>[Signature]</u>

APPROVED BY: [Signature]  
REVIEWED BY: [Signature]

DATE: 20-11-23

REV: 03

DATE: 20-11-2023





# KMCT

## AYURVEDA MEDICAL COLLEGE

Approved by NCBM and Affiliated to Kerala University of Health Sciences



**KMCT**  
AYURVEDA MEDICAL COLLEGE HOSPITAL

### TRAINING REGISTER

TRAINING TOPIC: Infection Control practice

TRAINER NAME AND DESIGNATION: Shiji Infection control nurse  
DATE: 26-11-22 TIME: 2:30 pm

TRAINER SIGN:

TRAINING DURATION: 55 mins

Sl No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Shreya		Therapist	
2	Shruti		Nurse	
3	Amya		Therapist	
4	Shreyas		Therapist	
5	muthukrishnakumar		House Keeping	
6	Dhanu		House Keeping	
7	Sanjay		House Keeping	
8	Cooper		House Keeping	
9	Thalassan		House Keeping	
10	Ravi Kumar		Therapist	
11	Deviya		Receptionist	

APPROVED BY/REVIEWED BY

KMCT/REG/01

REV:00

DATE: 01-05-2023



# KMCT

## AYURVEDA MEDICAL COLLEGE

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# KMCT

## AYURVEDA MEDICAL COLLEGE HOSPITAL

### TRAINING REGISTER

TRAINING TOPIC: Display policy and Cerebral malaria

TRAINER NAME AND DESIGNATION: Suresh P H A r v a y a DATE: 18-10-22 TIME: 10:30 Am

TRAINER SIGN:

TRAINING DURATION: 55 minutes

Sl No.	EMPLOYEE NAME	EMPLOYEE CODE	DESIGNATION	SIGN
1	Deepa		Receptionist	
2	Aswathi		Receptionist	
3	Rishika		Lab technician	
4	Arun		PRO	
5	Neethu		Lab technician	
6	Sanjay		Therapist	
7	Deepitha		"	
8	Parvathi		"	
9	Shreya		"	
10	Ajith		"	
11	Dr Anantha		ROD	
12	Ajith		Receptionist	
13	Alina		"	

APPROVED BY/REVIEWED BY

KMCT/REG/03

REV:03

DATE: 03-05-2023