CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Criteria 3

Research, Innovations and Extension

Metric 3.6.3	Number of extension and outreach programs conducted by the institution including those through NSS/NCC/Red cross/YRC during the last five years (including Government initiated programs such as Swachh Bharat, Aids Awareness, Gender Issue, etc. and those organised in collaboration with industry, community and NGOs).

Supporting Documents

1	Reports of the Event Organised **(Year : 2016-17)**

Charusat Rural Education Development Program (CREDP)

CHARUSAT NSS UNIT

- Faculty of Technology and Engineering
- Faculty of Pharmacy
- Faculty of Computer Science and Applications
- Faculty of Management Studies
- Faculty of Sciences
- Faculty of Medical Sciences

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

Report on Distribution of Nests for Birds and Water bowls

CHARUSAT NSS Unit initiated distribution of nests for bird and water bowls in various rural schools of nearby villages of CHARUSAT on 02-07-2016. NSS Volunteers and Program officers distributed around 60 bird nests and water bowls and installed them at school campuses and public places nearby CHARUSAT.

This initiative was taken up with a view to spread awareness about life around us.

NSS Volunteers prepared the nests on their own waste items available at campus and installed them at various places. They also spread awareness about the same in schools. They demonstrated making of nests out of various waste items that may be available at homes. School students prepared one nest as per the direction and help from the volunteers. The students promised to prepare one nest each and install at their homes and feed birds around their locality.

Nests and water bowls were also installed at public places like shops, temples, hospitals. People were motivated to take responsibility of the nests and water bowls installed near their locality. The response from the people was very motivating.

12 students with 3 teaching & non-teaching staff were participated in this event.

Photos





CHARUSAT NSS UNIT

A Report on Tree plantation at Valetava

CHARUSAT NSS Unit organised a Tree plantation programme under National Mission to Clean India at nearby village with a view to spread awareness about environment among people. The details of the same are as follows:

Date: **August 6, 2016**

Time: **10:00 am to 4 pm**

Venue: **Mankameshwar Temple and nearby area, Valetava**

Tree plantation was organised at Mankameshwar Temple and nearby area at Valetava village. Tree plantation was initiated by one of the Sages of the temple. At the beginning, the sage delivered inspiring speech and shared essential details about Ayurveda, use of natural items and role of trees and vegetation in human life, especially health.

NSS Volunteers and program officers from various constituent institutes of CHARUSAT participated in the tree plantation. Around 80 saplings were planted with all the appropriate procedure necessary for plantation. Saplings were chosen on the basis of the types, land and climate for appropriate upbringing. Saplings of fruit trees, flowers and vegetables were selected and planted at suitable places.

Along with temple premises, saplings were planted at places like Primary School, public road, panchayat office. People of the village took responsibility to grow and take care of the plants and water them regularly. Volunteers took responsibility to regularly examine the progress of the plants. The initiative was well appreciated by the villagers and were motivated to serve and save Mother Nature. 30 students with 8 staff members participated in this event. 22 peoples and places were benefited by this event.

Photos





Premission Letter

Robert Parmar
Coordinator, NSS
CHARUSAT, Changa

August 12, 2016

To,
Dr. A D Patel,
In charge Professor, NSS
CHARUSAT

Subject: **Permission to organise visit to Shri Sardar Patel's Birth place for NSS Volunteers**

Respected Sir,
With reference to Government circular ૫૨૫/૧૩૨૦૧૬/૧૬૦૨/ ધ ૨.dated 6/8/2016 regarding celebration of 70th Independence Day during August 9 to 23, 2016 by organizing various activities, we hereby request you to permit CHARUSAT NSS Unit organise visit to Sardar Patel's Birth place for NSS Volunteers on August 13, 2016 (Saturday).

The objective of the visit is to make student-volunteers aware about the life, deeds and thoughts of great son of Charotar and Gujarat, Shri Sardar Patel. We intend to take the volunteers to the home of Shri Sardar Patel and Sardar Memorial.

Around 55 NSS Volunteers from constituent institutes of CHARUSAT will participate in the awareness visit. The details of the program are as following:

Date: **August 13, 2016, Saturday**
Time: **10:00 am to 01:30 pm**
Venue: **Sardar Memorial, Karamsad**

The participants will be provided with refreshment. Estimated budget for the camp is rupees **4500/- .**

Sr. No.	Particular	Total amount
1.	Refreshment for participants	**1500/-**
2.	Transportation	**2000/-**
3.	Miscellaneous	**1000/-**
Total		**4500/-**

Your kind permission is requested for the same.

Thank you
Yours faithfully,

(Robert Parmar)

CHARUSAT

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

A Report on Visit to Sardar Memorial, Karamsad

NSS Unit organised visit to Sardar Memorial, Karamsad for the NSS Volunteers and Program Officers of different constituent institutes of CHARUSAT. Following are the details of the same:

Date: **August 13, 2016**

Day: **Saturday**

Time: **10:00 am to 3:00 pm**

The visit was organised as a part of 70th Independence Day celebration week. Sardar Memorial is situates at Karamsad, Gujarat, the Birth place of the great Son of India and Charotar region of Gujarat Shri Sardar Vallabhbhai Patel.

The objective of the visit is to make student-volunteers aware about the life, deeds and thoughts of great son of Charotar and Gujarat, Shri Sardar Patel. The volunteers visited the home of Shri Sardar Patel at Karamsad first. They had an opportunity to see place where Shri Sardar Patel spent his childhood and see different memories of him.

NSS Volunteers then visited Sardar Memorial where they saw exhibition of monuments, photographs, clothes, household items of Sardar. An exhibition on documents related to life of Sardar like letters, News Papers, Sessions on Parliaments, his speeches, visits to various places, his time at jails etc were part of the exhibition.

Various books written on and About Sardar were also exhibited at the memorial. A documentary movie on Sardar's life was played for the students at the auditorium. Students were given useful literature having insightful overview of life and philosophy of Sardar.

Total 55 volunteers with 150 students and 8 staff members from different constituent institutes of CHARUSAT participated in the visit. A group discussion and feedback session on the visit was organised after the visit at the premises of the Memorial.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

A Report on Independence Day Celebration

CHARUSAT NSS Unit organised celebration of 70th Independence Day at CHARUSAT. The celebration was organised with a view to pay tribute to freedom fighters and foster spirit of patriotism in the students and all citizens of the nation. The details of the same are as follows:

Date: **August 15, 2016**
Time: **9:00 am to 10:00 am**
Venue: **Central Lawn, CHARUSAT Campus, Changa**

As a part of the celebration, Flag hoisting ceremony was organised at central lawn, CHARUSAT Campus. Provost, Dr. B G Patel hoisted the national flag and delivered inspiring speech. Registrar, Mr. Devang Joshi, Hon. Director, Manikaka Topawala Institute of Nursing Dr. Vimalben Patel, Advisors Dr. Jani, Dy. Registrar Dr. Harish Desai, Deans of Faculties, Principals of constituent Institutes of CHARUSAT, Heads of various Departments and Centres, Faculty members, Administrative staff, students as well as students and teachers of nearby rural schools attended the ceremony.

Students of rural schools of nearby villages studying in standard 1 to 5 were gifted educational kits to support their teaching- learning by CREDP Cell. The educational kits included books and other essential stationeries along with a bag. Charusat Rural

Education Development Program (CREDP) is one of the Education Support initiatives of CHARUSAT that strives for the amelioration of school education in rural areas of Charotar region of the state of Gujarat through strengthening of school infrastructure facilities through guidance in: lab development, library and other knowledge resource development and deployment of technology and other tools in pedagogy through training and awareness programs for students, Teachers, Parents and School Managements.

As a part of guest Lecture series regularly organised for the students of constituent Institutes of CHARUSAT, an expert from Turkey, Dr. Mary Pallan Doc visited CHARUSAT. He was so happy to learn about various activities carried out under CREDP Cell for the upliftment of students of rural schools that he donated 30% of the remuneration he received from CHARUSAT for the educational awareness activities by the Cell as his contribution.

2000 students with 15 teaching & 20 non-teaching staff participated and 60 students around nearby schools students benefited by this event.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

Report on awareness rally on organ donation

Date: 8.9.2016

Day: Thursday

Timings: 10.00 am-12.30 pm

Organizers : NSS unit, MTIN
Venue : Surroundings of MTIN building

I. Introduction:

Organ donation is when a person allows an organ of theirs to be removed, legally, either by consent while the donor is alive or after death with the assent of the next of kin. Donation may be for research, or, more commonly healthy transplantable organs and tissues may be donated to be transplanted into another person.

Common transplantations include: kidneys, heart, liver, pancreas, intestines, lungs, bones, bone marrow, skin, and corneas. Some organs and tissues can be donated by living donors, such as a kidney or part of the liver, part of the pancreas, part of the lungs or part of the intestines, but most donations occur after the donor has died

In order to create awareness among people CHARUSAT NSS Unit with the collaboration of MTIN organized an Awareness Rally on Organ Donation on September 8, 2016. The awareness rally was organized from S P University Circle, V V Nagar to Town Hall, Anand. Total 150 NSS Volunteers / students along with NSS Program Coordinator and Program Officers from constituent institutes of CHARUSAT enthusiastically participated

in the rally. In charge Professor, NSS, Dr. A D Patel lead the rally along with Dr. Anil Sharma Sir, Principal, MTIN.

II. Objectives:

- To spread the awareness about organ donation among public.
- To aware public about importance of organ donation.
- To motivate public for organ donation so that the life of mankind can be saved.

III. Participants/Beneficiaries: NSS volunteers of MTIN and CHARUSAT. 150 students with 35 staff members and 46 beneficiaries were present in this event.

IV. In detail explanation of the event with colored print of photographs

CHARUSAT NSS Unit organised an Awareness Rally on Organ Donation on September 8, 2016 with a view to spread awareness in people about Organ Donation. The awareness rally was organised from S P University Circle, V V Nagar to Town Hall, Anand. Total 150 NSS Volunteers / students along with NSS Program Coordinator and Program Officers from constituent institutes of CHARUSAT enthusiastically participated in the rally. In charge Professor, NSS, Dr. A D Patel lead the rally along with Dr. Anil Sharma Sir, Principal, MTIN. The rally was started at 10.00 am from University circle, VV Nagar. Then All the students spoke different slogan and created awareness among people. The rally completed at Town hall, Anand at 12.00 pm. The students were provided refreshment there. The students spoke following slogans to create awareness among people about organ donation.

- Organ donation is where the person donates their organ or issue for transplant.
- Giving the gift of life at the end of life.
- People of any age wishing to become organ and tissue donors should inform their families they wish to donate.
- Don’t take your organ haven; haven knows we need them here.
- Do you want to give life to others? Donating organ is a great thing as donating life.
- 1 organ donor can save up to 8 lives.
- Globally around 500000 people are waiting for organ transplant.
- Organ donation is allowed by all religion.
- Be a organ donor save a life.

- You can save a life.
- Give someone a second chance. Be a donor, be a hero

Following students and faculties participated in rally.

Conclusion:

The rally was very successful in creating awareness among the people related to organ donation. The faculties and students were thankful to CHARUSAT for organizing such a noble task.

Photos


WITHOUT THE ORGAN DONOR, THERE IS NO STORY, NO HOPE, NOTRANSPLANT. BUT WHEN THERE IS AN ORGAN DONOR, LIFE SPRINGS FROM DEATH, SORROW TURNS TO HOPE AND A TERRIBLR LOSS BECOME A GIFT.
-UNOS
Call to Action to Improve Organ Donation and Transplantation across the EU
LEAVE A LEGACY OF LIFE BE AN ORGAN DONOR
1 ORGAN DONOR CAN SAVE UP TO 8 LIVES. SUPPORT THE CAUSE.


ORGAN DONOR AWARENESS SAVE LIVES! I AM PROUD TO SHARE MY STORY!
ORGAN DONATION IS WHERE A PERSON DONATES THEIR ORGANS AND TISSUES FOR TRANSPLANT.
ORGAN DONATION

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Charusat Rural Education Development Program

Report on Bags and Folder distribution at Language Building Workshop (LBW) at Napa School

Charusat Rural Education Development Program (CREDP) organised a Seven –Day Language Building Workshop (LBW) under National Literacy Mission Program at Ekta Nagar Primary School that has joined hands with CHARUSAT through MOU.

Date: **September 15 to 25, 2016**
Time: **7:30 am to 11:30**
Venue: **Ekta Nagar Primary School, Napa**

With a view to motivate students to use English language, those students who performed well during workshop were felicitated with certificates and prizes. CREDP Cell provided students with Carry Bags and folders to keep reference materials.

The workshop was organized for students of standard 6, 7 and 8 of Ekta Nagar Primary School, Napa. Total 70 students with 2 teaching staff participated and 20 students of school were benefited in the workshop. Various activities were organized from 7:30 am to 11:30 am for all the days.

Volunteers and faculty members from CHARUSAT carried out various activities to help students train in language development process. Students were involved in activities like poetry recitation, story-telling, quiz, drama, vocabulary antakshari, picture descriptions and role plays in English language.

Major attractions/activities were workshop on Story making by Dr. Mahendra Chotaliya Sir. CREDP Cell facilitated innovative activity like Workshop on drama techniques wherein students prepared, practiced and performed small dramas on day today events in English language. Students learnt small conversations / dialogues in English and started using them in routine. On the last day students presented report of the workshop in English.

Photos


CHARUSAT
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
Accredited Grade "A" by NAAC, GoI
Accredited Grade "A" by KCG, GoG
Charusat Campus, Changa - 388421
www.charusat.ac.in
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Charotar University of Science and Technology
Charusat Campus, Changa - 388421
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CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Charusat Rural Education Development Program

Report on Language Building Workshop (LBW) at Napa School

Charusat Rural Education Development Program (CREDP) organised a Seven –Day Language Building Workshop (LBW) under National Literacy Mission at Ekta Nagar Primary School that has joined hands with CHARUSAT through MOU.

Date: **September 15 to 21, 2016**
Time: **7:30 am to 11:30**
Venue: **Ekta Nagar Primary School, Napa**

The workshop was organized for students of standard 6, 7 and 8 of Ekta Nagar Primary School, Napa. Total 70 students with 2 teaching staff members participated and 30 students of the school were benefited in the workshop. Various activities were organized from 7:30 am to 11:30 am for all the days.

Volunteers and faculty members from CHARUSAT carried out various activities to help students train in language development process. Students were involved in activities like poetry recitation, story-telling, quiz, drama, vocabulary antakshari, picture descriptions and role plays in English language.

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With a view to motivate students to use English language, those students who performed well during workshop were felicitated with certificates and prizes. CREDP Cell provided students with Carry Bags and folders to keep reference materials.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

A Report on Blind Flag Week Celebration at CHARUSAT

CHARUSAT NSS Unit collected 81,000/ rs for Blind people: CHARUSAT NSS Unit organized Blind Flag Day Celebration at CHARUSAT Campus, Changa in collaboration with National Association of Blind, Anand District on September 21, 2016, with a view to contribute to Educational, Social and Economic growth of Visually challenged people of Anand District through donation collection from CHARUSAT Family. Program Officers of each NSS Unit coordinated the process of donation collection at their respective Institutes with the help of NSS Volunteers as per the convenience. Various teams of NSS Volunteers approached students, Faculty members, Non – Teaching staff at their respective Institutes, Admin building, Canteen etc. with Awareness Banner Donation collection kit was provided by National Blind Association, Anand.

The collected donation / amount was counted in the presence of NSS Program officers and was submitted to the University at 3 PM. Total amount of the donation collected was 81,207/- rupees. Total amount of the donation was offered to Mrs. Sudhaben Patel, National Blind Association, Anand District.

60 students with 14 teaching and 2 non-teaching staff participated in this event.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

A Report on NSS Day Celebration

State Level Celebration of NSS Day was organised at Vallabh Vidya Nagar. CHARUSAT NSS Unit participated in the celebration. As a part of the Three- Day celebration, various sessions, events as well as competitions were organised. A team of 10 Volunteers and NSS Coordinator took part in various activities and competitions. The details of the same are as follows:

Date: **22 to 24, September, 2016**
Time: **9:00 am to 10:00 pm**
Venue: **Sardar Patel University, V V Nagar**

A team of CHARUSAT NSS Unit participated in the activities like awareness Rally, Exhibition, Movie screening, Group discussion as well as cultural activities. Members of the team participated in various competitions like Skit, Debate, Mono Acting, Short Film making. It was for the first time that team of CHARUSAT NSS Unit participated in the state level events. Although participating for the first time, the team secured Two prizes out of 7 different competitions it took part in.

We secured First Rank in Short Film Making at State level. The short film was on the theme – Prayas, that talks about the contribution of youth in the educational upliftment of the rural school students.

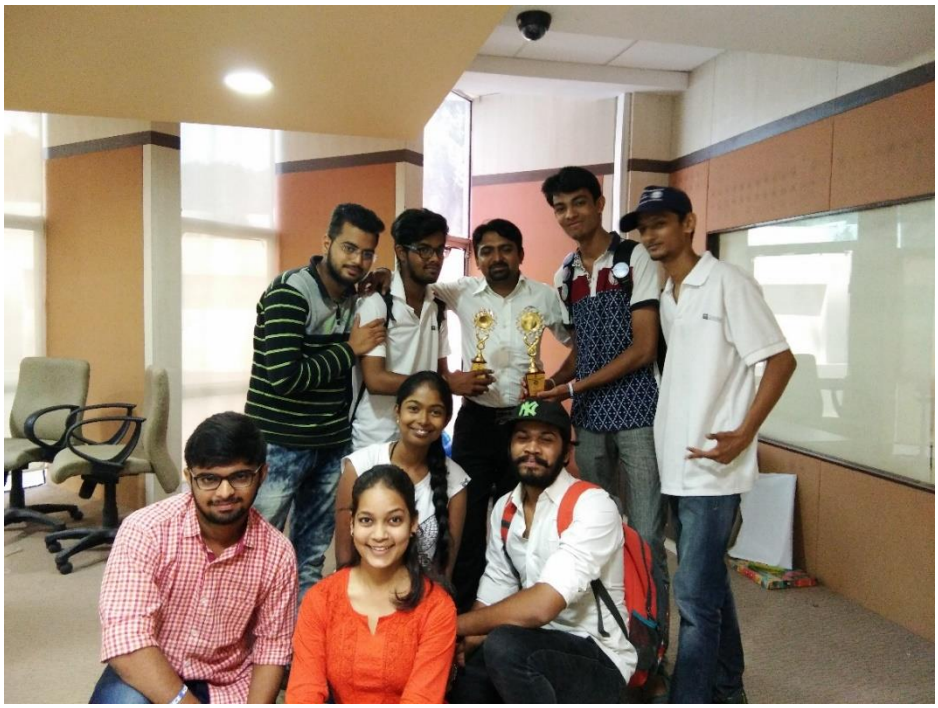
The secured Second rank in Skit at State Level that was based on the theme of family relations. Specifically it talked about neutral family and joint family where the poor, unable parents are sent to Old – Age homes and face ill- treatment at homes.

It is notable that total 24 Universities from Gujarat and Union Territories participated in the celebration. Provost, Dr. B G Patel and Registrar, Mr. Devang Joshi, congratulated the team and motivated them with their inspiring words.

10 students with 2 staff members participated in this event.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

Report on Clean India Campaign at CHARUSAT Campus under Swatchh Bharat Abhiyaan

CHARUSAT NSS Unit organised Cleanliness drive under Swatchh Bharat Abhiyan at CHARUSAT Campus with a view to develop a sense of civic and social responsibility among volunteers and members of CHARUSAT Family by emphasizing dignity of labour and self-help. The details of the same are following:

Date: **October 10, 2016**

Time: 9:30 am to 1:00 pm

Venue: CHARUSAT Campus and nearby area

Teams of Program officers and Volunteers cleaned various places across CHARUSAT Campus and places around the campus. Volunteers were divided into small groups and were allotted different places in and around CHARUSAT Campus. They were provided with required equipment. Volunteers were guided for cleanliness and were provided with sanitary items like gloves, masks etc. Hand gloves and dustbins were also distributed to vendors and shop keepers and were requested to keep using them and keep the surrounding clean. They appreciatively agreed to follow the suggestions by volunteers.

Total 50 volunteers and Program Officers from different constituent Institutes of CHARUSAT participated the camp. Along with cleanliness, some trees and saplings were trimmed and safety fence were created to protect them from animals and others.

Volunteers took lunch together and shared their ideas and experience with each other. Provost, Registrar and Heads of various Institutes appreciated the initiative.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
CHARUSAT NSS UNIT
A One Day Camp on

CLEAN INDIA CAMPAIGN

October 10, 2016

LIST OF VOLUNTEERS

Sr. No.	VOLUNTEER NAME	ID No.	Branch
Arvind and Rita Patel Institute of Physiotherapy (ARIP)			
1.	PRIYAL ZAVERI	14BPT138	BPT
2.	HARSHITA SOLANKI	14BPT077	BPT
3.	AAHUTI PANJABI	14BPT029	BPT
4.	VISHVA PUJARA	14BPT063	BPT
5.	SHREYA PATEL	14BPT055	BPT
6.	DISHA KAPOOR	14BPT015	BPT
7.	PRAPTI PANDYA	14BPT028	BPT
8.	HETA PARIKH	14BPT030	BPT
9.	ANJALI PATEL	14BPT031	BPT
10.	DAMINI PATEL	14BPT033	BPT
11.	DEEP PATEL	14BPT034	BPT
12.	SHUBHAM PATEL	14BPT058	BPT
13.	SAMARTH SHAH	14BPT073	BPT
14.	MIRAL PATEL	14BPT045	BPT
15.	RUCHITA KUKADIA	14BPT019	BPT
16.	RIDDHI PATEL	14BPT050	BPT
ManikakaTopawala Institute of Nursing			
17.	SHIVANGEE N PATEL	15GNM023	GNM
18.	RAGI H PUROHIT	15GNM025	GNM
19.	KHUSHBOO B PATEL	15GNM014	GNM
20.	PALAK N PATEL	14GNM	GNM
21.	SAPNA K PATEL	14GNM	GNM
22.	SHEETAL R BALEVA	14GNM	GNM
Chandubhai S Patel Institute of Technology (CSPIT)			
23.	RUSHABH C ADHVARYA	16EC002	CSPIT
24.	AVANTIKA V GUPTA	16EC030	CSPIT
25.	SOBHA S KUDCHIMATH	16EC046	CSPIT
26.	DHANISH KRISHNAN	15EC001	CSPIT
27.	VYAS SHIVANI KRUSHANGKUMAR	D15EC108	CSPIT
28.	DABHI PRIYA BHUPENDRABHAI	D15EC109	CSPIT
29.	PATEL MEET RAKESHBHAI	15EC058	CSPIT
30.	AMRELIYA DEVANG K	D15EC113	CSPIT
31.	GAUSWAMI JAYDEEPPURI D	D15EC118	CSPIT
32.	MAKWANA HIT NANALAL	15EC026	CSPIT
33.	CHANIYARA DARSHANA J	13CE014	CSPIT
34.	PRAJAPATI REENA C	15IT113	CSPIT

35.	DAVE HARSH D	D14ME153	CSPIT
36.	JAIN HIMANSHU	14CL030	CSPIT
37.	PATEL ANANT	14CL060	CSPIT
38.	PATEL DHRUV	14CL063	CSPIT
39.	PATEL JAIMIN	14CL068	CSPIT
40.	PATEL JEET	14CL069	CSPIT
41.	BHAGYESH RANPARA	14CL093	CSPIT
42.	NEHA RAJPUT	14CL089	CSPIT
43.	JATIN BATHANI	14CL003	CSPIT
44.	BRIJESH DADHREJIYE	13CL025	CSPIT
45.	HARSHIL PANDYA	15CL058	CSPIT
46.	AJAY AGRAWAL	D15CL150	CSPIT
Smt. Chandaben Mohanbhai Patel Institute of Computer Applications (CMPICA)			
47.	RONESHKUMAR N. GANGAVANI	15BCA018	CMPICA
48.	HARSE ANILKUMAR PATEL	15BCA045	CMPICA
49.	RAHUL SATHE	14MCA030	CMPICA
50.	SHARUKH PATHAN	16MCA014	CMPICA

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

Report on One- Day Camp on Cleanliness at CHARUSAT Campus

CHARUSAT NSS Unit organised One- Day Camp on Cleanliness at CHARUSAT Campus under Clean India Campaign with a view to develop a sense of civic and social responsibility among volunteers and members of CHARUSAT Family by emphasizing dignity of labour and self-help. The details of the same are following:

Date: **October 10, 2016**

Time: **9:30 am to 1:00 pm**

Venue: **CHARUSAT Campus and nearby area**

Teams of Program officers and Volunteers cleaned various places across CHARUSAT Campus and places around the campus. Volunteers were divided into small groups and were allotted different places in and around CHARUSAT Campus. They were provided with required equipment. Volunteers were guided for cleanliness and were provided with sanitary items like gloves, masks etc. Hand gloves and dustbins were also distributed to vendors and shop keepers and were requested to keep using them and keep the surrounding clean. They appreciatively agreed to follow the suggestions by volunteers.

Total 150 participants with 70 volunteers and 12 teaching staff as Program Officers and 5 non-teaching staff from different constituent Institutes of CHARUSAT participated the camp. Along with cleanliness, some trees and saplings were trimmed and safety fence were created to protect them from animals and others.

Volunteers took lunch together and shared their ideas and experience with each other. Provost, Registrar and Heads of various Institutes appreciated the initiative.

120 nos, of peoples from different occupation and household were benefited through this camp event.

Photos


CHARUSAT
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
CHARUSAT NATIONAL SERVICE SCHEME UNIT
One Day Camp



CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

A Report on Blood Donation Camp

A Blood Donation Camp was jointly organised by CHARUSAT NSS Unit, Charusat Hospital and Red Cross Society- Anand. Details of the same are as following:

Day & Date: **19th October 2016**

Venue: **Physiotherapy Clinic, CHARUSAT Hospital**

Time : **9.30 A.M to 3:30 P.M**

An official announcement was made through Email, NEWSPAPER advertisement and other means to promote and motivate people to donate blood. NSS Volunteers motivated the students and staff of CHARUSAT for Blood Donation to promote maximum number of participation. Total 250 students donated blood for a noble cause.

This camp was organised in collaboration with CHARUSAT Hospital. To serve the society and community in a better way, CHARUSAT Healthcare and Research Foundation (CHRF) a not-for-profit organization has established a world-class multispecialty CHARUSAT hospital, holding motto of 'Care with Compassion'.

CHARUSAT hospital has been conducting various activities in the areas of Child Care, Woman Care, Healthcare related to lifestyle diseases and more. It also undertakes awareness programs and conducting camps in nearby villages for providing effective & timely healthcare facilities to the community.

CHARUSAT Hospital is also providing clinical training and quality healthcare education to the students in the area of Physiotherapy, Nursing, Pharmacy, and Paramedical sciences. It is functional since 2015, with 100 bed capacity with a team of doctors and supporting staff. Presently, it is treatment with 100 bed capacity with a vision to expand upto 450 beds.

250 students with 12 faculty members and 8 non-teaching staff members were participated in this event.

Photos


INDIAN RED CROSS SOCIETY
ANAND DISTRICT BRANCH
VOLUNTARY BLOOD DONATION CAMP
Wel-comes You



सूचना का अधिकार

भारत सरकार
मानव संसाधन विकास मंत्रालय
उच्चतर शिक्षा विभाग
शास्त्री भवन
नई दिल्ली - 110 115
GOVERNMENT OF INDIA
MINISTRY OF HUMAN RESOURCE DEVELOPMENT
DEPARTMENT OF HIGHER EDUCATION
SHASTRI BHAWAN
NEW DELHI-110 115

R. SUBRAHMANYAM, IAS
Additional Secretary

Tel: 23383202
Fax: 23387797
E-mail: subrahyd@gmail.com

D.O. No C.30021/09/2016-CDN
Date: 14.10.2016

Dear Secretary,

Subject: " Nation Salutes Sardar Vallabhbhai Patel , the Unifier of India" - nation-wide campaign of " Rashtriya Ekta Saptah" from October 31 - November 6, 2016 - reg:

It has been decided to hold a nation-wide campaign, "Nation Salutes Sardar Vallabhbhai Patel on 'Rashtriya Ekta Saptah' on 31st October, 2016 and subsequently upto 6th November, 2016, to honour the memory of Sardar Patel by conducting programmes & events which reflect his decisive efforts in unifying a diverse country like India, so as to create a single political, socio-economic and administrative entity for governance under Independent India. The activities/events which are to be conducted by Higher Educational Institutions and Schools in the country need to be built around the theme of unification, strengthening and bonding of the nation. The following is a list of events that can be carried in memory of the great 'Unifier' that was Sardar Patel, by **Higher Educational Institutions** in the country :

i. **Unity Runs - in cities, towns and rural areas by students with the message of a unified Bharat**
ii. **Institutions to bring out creative short clips on Unification - the best three would be selected for presenting to PMO**
iii. **Inter-Department competitions within every institution in the area of unity.**
iv. **Dramas, Songs and Plays on the theme of unity with an award for most creative theme**
v. **Historical essays on the character and contribution of Sardar Patel with prizes**
vi. **Essay writing and elocution on "Relevance & Importance of Sardar Patel in today's India"**
vii. **Competition of designing T-shirts and caps on the theme of Unification**
viii. **Most creative slogan contest on the Unity theme**
ix. **Competition for writing/composing/singing original songs on the unity theme**
x. **Mobilisation and felicitation of former freedom fighters in the region by students - recording of their stories/recollections of Sardar Patel and views on current issues of unity.**

.....2

शिक्षा का अधिकार
सर्व शिक्षा अभियान
सब पढ़ें सब बढ़ें

2. Photographs of activities undertaken on 31st October and beyond may be sent through whatsapp and email in order to display to Honourable Minister immediately after 6th November, 2016. The email id operational for the campaign is sardarpatelanniv2016@gmail.com. Pictures with identity of the state/institution can also be sent by whatsapp to +91-9910063701.

3. In connection with this important activity the Honourable Minister for Human Resource Development, Shri Prakash Javadekar would be taking a Video Conference on Monday, 17th October, 2016, from 10 am to 11 am with the all Principal Secretaries, School and Higher Education of all States to brief them about the conduct of this campaign and ensure its successful implementation. I request you to participate in the video conference along with your officials and subsequently take the necessary steps that follow from the conference.

With regards,

Yours sincerely,

(R. SUBRAHMANYAM)

To

All Principal Secretaries
Higher Education

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

A Report on National Unity Day Celebration

October 31, 2016

CHARUSAT NSS Unit at CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY, Changa, Gujarat, organised various activities as a part of celebration of National Unity Day from October 31, 2016 to November 6, 2016. Total 2000 participants with 60 faculties and 12 non-teaching staff members were present in this event under different activities held.

Here is a brief of activities carried out by CHARUSAT NSS Unit:

- **Run for Unity** - CHARUSAT NSS Unit organized Celebration of National Unity Day on Birth Anniversary of Sardar Patel. **Run for Unity** was organized from Valetava to CHARUSAT as a part of the Celebration on October 31, 2016. Executives, teachers, students of CHARUSAT as well as around 70 students of 7 rural schools participated in the Run for Unity covering 3 kilometre distance from Valetava to CHARUSAT, Changa.

- **Pledge Taking Ceremony -** Executives, teachers, students of CHARUSAT as well as around students of rural schools participated in the Pledge Taking Ceremony organised CHARUSAT after the Run for Unity.

NSS Volunteer led the participants to take the pledge in Hindi language. A student elaborated and shared her views on the pledge and appealed the youth to be active for preserving the Unity, Integrity and security of our nation.

- **Essay Writing Competition** – Essay writing Competition was organised at CHARUSAT for Students of CHARUSAT as well as rural schools of Charotar region. The Essay Competition aimed at facilitating students with a platform to think creatively and share their views on the topic 'Relevance and Importance of Sardar Patel in today's India.' various issues. Total 200 students from rural Schools participated in the Essay Writing Competition.

Photos





CHARUSAT NSS UNIT

A Report on Distribution of Warm Clothes to Needy People

Volunteers of CHARUSAT NSS Unit distributed warm clothes to needy people as an act of kindness. The volunteers distributed warm clothes like sweaters, shawls and clothes to poor and needy people at various places like Bus- stop, Railway station as well as various public places around Anand.

The students had collected clothes and other things from their homes and relatives. Students had spread a message to offer a hand of help to those who do not have needed clothes and are facing difficulty in the winter. Many students donated new and old as well as usable clothes for the needy ones. More than 60 pairs of clothes, sweaters, shawls and other warm clothes were collected from different students. The clothes were divided among different teams of volunteers and all the teams were allotted different areas to distribute the clothes. Late night around 10 pm all the teams of volunteers took the task of searching the needy people on the road and give them the clothes. The teams also took food packets for any needy one who may not had food. There were 12 students as volunteers leading each team. They were joined by 10 staff members. Approx 30 needy people were benefited under this activity.

This was well appreciated by local people and many of the passers-by agreed to join hands with CHARUSAT NSS Unit to donate clothes and other essentials to the unprivileged class of the society.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

Self -Defence / Karate training at S B Patel High School, Padgol

CHARUSAT NSS Unit organised Self -Defence / Karate training for the students of S B Patel High School, Padgol situated near CHARUSAT under The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls Sabla. The details are as follows:

Date: **29-12-2016**
Time: **8: 30 am to 10:00 am**
Venue: **S B Patel High School, Padgol**

As a part of the training program volunteers of NSS Unit from constituent institutes of CHARUSAT, trained the students of standard 9 and 10 of the schools. The school students were trained to tackle various situation and protect themselves in cautious situations. Volunteers explained the tricks to students by performing different tricks.

After the session, around 46 girl students showed their readiness to practice the tricks to protect themselves and other children in need. CHARUSAT NSS Unit planned similar activities for the students of different schools near CHARUSAT.

Volunteers were well trained and having Black Belt certification in karate and Yoga. The Principal and teachers of the School appreciated the initiative by CHARUSAT NSS Unit and requested them to organise regular sessions on the same in future too. 5 volunteers with 1 faculty participated and delivered benefit to 70 girls students.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

A Report on Bird Rescue Campaign at CHARUSAT

CHARUSAT NSS Unit initiated BIRD- RESCUE Campaign at CHARUSAT Campus during Uttarayana Week. It has been observed that many birds get injured during Uttarayana season and meet an end to their lives. Usage of fatal threads (especially Chinese threads) during Uttarayana days prove to be very harmful for thousands of innocent birds causing mutilation, blindness and death.

With a view to save and protect birds from all such dangers, a Bird -Rescue Camp is established near CHARUSAT Campus.The details of the same are as following:

Time: **9:00 am to 6:00pm**

Dates: **January 13 to 16, 2017**

Venue: **Charusat Bus- Stop, opposite Nisarg Hostel, Changa road side**

Supporting NGO: **MAA Animal Foundation, Nadiad**

10 NSS Volunteers and 2 Program Officers with 1 non-teaching staff living nearby CHARUSAT coordinated the campaign during the mentioned period. Pamphlets and leaflets were distributed in nearby villages and public places to spread awareness about the campaign. Helpline Numbers were also shared for immediate / emergency support to the injured birds.

The campaign was initiated in collaboration with Maa Animal Foundation. Maa Animal Foundation is a non-government animal welfare organization that provides medical care and Food to un-owned domestic animals. Our objective is to help animals in pain and suffering, and we try our best to nurture them back to a healthy and happy life.

Their Mission to help all kind of un-owned domestic Animals. Our Foundation is Giving 24/7 help to Animals. We Give Free Treatment, Medicine, and Food to domestic Animals.

Around 12 injured birds were rescued and treated. A team of veterinarian or veterinary surgeon and volunteers of MAA Foundation treated the injured birds.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

Report on Celebration of Republic Day

CHARUSAT NSS Unit observed Republic Day to celebrate the spirit of patriotism and democracy on the Republic Day at CHARUSAT Campus. The details of the same are as follows:

Date: **January 26, 2017**
Time: **8:00 am onwards**
Venue: **Central Lawn**, **CHARUSAT**

Provost, CHARUSAT, hoisted the flag at central lawn, CHARUSAT Campus, Changa. Deans of Faculties, Principals of constituent Institutes of CHARUSAT, Heads of various Departments and Centres, Faculty members, Administrative staff, students as well as students and teachers of nearby rural schools attended the ceremony. Around 150 students from 10 nearby Schools also participated in the celebration of Republic Day. Total 2500 students participated in this event. A cultural program was organised as a part of the celebration wherein students of CHARUSAT as well as students of different Schools performed dance, Skit, Solo song, Group songs, Solo Dance, group dance etc. More than 1200 students participated in the celebration.

Refreshment were served to all the participants.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

A Report on Self –defence training for girl-students at Primary School, Kaloli

CHARUSAT NSS Unit organised self- defence training for girl-students at Primary School, Kaloli, near CHARUSAT under The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls Sabla. The details are as follows:

Date: **February 3, 2017**
Time: **9: 30 am**
Venue: **Kaloli Primary School, Kaloli**

4 Volunteers of NSS Unit and 1 teaching staff from constituent institutes of CHARUSAT, trained the girl- students of the primary schools. The school students were trained to tackle various situation and protect themselves in cautious situations. Female Volunteers explained the tricks to girl students by performing different tricks.

After the session, around 46 girl students showed their readiness to practice the tricks to protect themselves and other females in need. CHARUSAT NSS Unit planned similar activities for girl students of different schools near CHARUSAT.

Volunteers were well trained and having Black Belt certification in Karate and Yoga.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

A Report on Baby Monkey Rescue

CHARUSAT NSS Unit has been involved in act of humanities since its inception. A team of CHARUSAT NSS Unit has rescued, treated and worked hard for the rehabilitation of injured, abandoned and physically challenged birds and animals in and around CHARUSAT Campus.

A team of NSS Volunteers found an injured baby monkey on the campus on 8TH FEBRUARY 2017. It was abandoned as his mother died of electric shock and was facing danger of being killed by stray dogs and other animals. Volunteers found it crying in pain and looking for his mother. It was surrounded by stray dogs. Volunteers rescued it and brought to NSS Unit and comforted it.

The baby monkey was fed well with some food and was much comfortable in the company of the volunteers. It was found that the baby monkey was badly injured and one of the hands was decaying.

We approached an NGO (Non- Government Organisation) based at Vidyanagar called Ray of Light Foundation. It is founded by a social work student Pulkit Bhatt in the year 2014. It carries out activities like rescuing, rehabilitation, adoption of birds, animals, reptiles etc.

3 NSS Volunteers with program officers treated and kept the baby monkey safe till a team of Ray of Light Foundation, reached CHARUSAT Campus late at 10 pm. The team took the baby

monkey with them and treated it well. Updates about the health and status of baby monkey was conveyed to NSS Team regularly.

When, recovered, the baby monkey was brought to CHARUSAT Campus to help it reunite with the group of monkeys. But it was not accepted by the group and was abandoned as it lost its mother and a left hand too. It was later sent to rescue centre, where it found new companions.

The act of humanities was well appreciated by the executives of CHARUSAT as well as CHARUSAT Family.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Charusat Rural Education Development Program

Report on Training Program at School

Charusat Rural Education Development Program (CREDP) organised training program at Padgol High School, Padgol under National Literacy Mission Program to facilitate learning process for the students in English and Mathematics.

Date: **15/02/2017**

Time: **10:30 am to 12:00 pm**

Venue: **Padgol High School, Padgol**

The training program was organized for students of standard 9 and 10 of Padgol High School, Padgol. Total 82 students participated in the training program. As the training program was organized for the students of standard 9 and 10, topics from their textbooks were selected for the training. Prior to the training program, the teachers were approached and important topics to be covered in training sessions were discussed. As per the selected topics given by the teachers, teachers and students of CHARUSAT prepared different models and charts to facilitate the grasping of the topics by the students.

Various activities were organized from 10:30 am to 12:00 pm. Volunteers and faculty members from CHARUSAT carried out various activities to help students train in language development process. Students were involved in activities like grammar

games, On- Minute competitions, poetry recitation, story-telling, quiz, vocabulary antakshari, picture descriptions and role play in English language.

CREDP Cell facilitated innovative activity like Workshop on drama techniques wherein students prepared, practiced and performed small dramas on day today events in English language. Students learnt small conversations / dialogues in English and started using them in routine. On the last day students presented report of the workshop in English.

For the topics on Mathematics, various models of Mathematics were prepared and some were collected from CHARUSAT and were utilized to explain difficult topics of the Maths. Through different activities, difficult topics were explained in Fun and Learn method. Total 82 students participated in this event.

Photos


Charusat Rural Education Development Programme
GENERAL AWARENESS


Charusat Rural Education Development Programme
GENERAL AWARENESS
PROGRAMME

Permission Letter

Robert Parmar

CHARUSAT NSS Unit
CHARUSAT – Changa

March 7, 2017

In charge Professor
CHARUSAT NSS UNIT

Subject: A Request for permission to celebrate Women's Day

Respected Sir,

With reference to the above subject, I would request you to permit **CHARUSAT NSS Unit** Celebrate **Women's Day.**

Date: March 8, 2017
Time: 10 am to 2 pm
Venue: CHARUSAT Campus, Changa

CHARUSAT NSS Unit is planning to organize different activities like Motivational lecture by Dr. Anuradha Gajjar, Principal RPCP, CHARUSAT and Panel Discussion on Women Empowerment for the NSS Volunteers of CHARUSAT and Anand Agricultural University as part of the celebration of **Women's Day.** Students of Anand Agricultural University will be taken to campus visit of CHARUSAT. Around **70** students of both the Universities are expected to participate in the celebration.

The estimated budget for the program is Rs. **1500/-.** (E.g. refreshment)

Kindly consider the request and give your approval for the same.

Thanking you,

Yours faithfully

(Robert Parmar)

CHAOTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY, Changa

CHARUSAT NSS UNIT

Celebration of Women's Day

March 8, 2017

Proposed activities

Time: 10 am to 2 pm

Sr. No.	Time	Event	Details	Resource Person
1.	10:30 am to 11:00 am	**Lecture on Women Day**	The students will be guided for empowering themselves with Education, Skills and Awareness.	Dr. Anuradha Gajjar, Principal, RPCP CHARUSAT
2.	11:00 am to 12 pm	**Panel Discussion**	NSS Volunteers of CHARUSAT and Anand Agriculture University will discuss important issues and steps towards Women Empowerment.	Mr. Robert Parmar, CHARUSAT NSS Unit, CHARUSAT
3.	12 pm to 12 pm	**Lunch**	---	CHARUSAT NSS Unit, CHARUSAT
4.	12 pm to 2 pm	**CHARUSAT Campus visit**	NSS Volunteers and Program Officers of Anand Agriculture University will be guided through each Institute of CHARUSAT.	CHARUSAT NSS Volunteers

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

Report on Women's Day Celebration at CHARUSAT

CHARUSAT NSS Unit Celebrated Women's Day at CHARUSAT Campus under The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls Sabla with a view to spread awareness about role and status of women in our society on International Women's Day. Details of the same are as following:

Date: **March 8, 2017**
Time: **10:00 AM TO 3:00 PM**
Venue: **CHARUSAT Campus, Changa**

60 NSS Volunteers from CHARUSAT as well as students from Anand Agriculture University, Anand participated in the celebration. NSS Team of Anand Agriculture University, Anand were on their Annual NSS Camp at Piplav, Gujarat. They were invited to celebrate the day with the team of CHARUSAT NSS Unit.

The volunteers of Anand Agriculture University, Anand were taken on tour to CHARUSAT Campus and were made aware about various activities carried out by CHARUSAT NSS Unit and CHARUSAT Women Cell. There was open discussion on various topics related to women in society. 44 students got benefited by this event.

Dr. Anuradha Gajjar, Principal RPCP, CHARUSAT delivered a motivational lecture on Role of Women in development of the nation. A Panel Discussion on Women Empowerment was organized for the NSS Volunteers of both the Universities. Volunteers shared innovative ideas in the discussion. Students of Anand Agricultural University.

Photos





Report on



Essay Writing Competition

(For the students of Standard 6, 7, 8 and 9)

to be organized by

Charusat Rural Education Development Programme (CREDP)

Charusat Rural Education Development Program (CREDP)

Charusat Rural Education Development Program has been launched in 2013 with an aim to strive for the development of school education primarily in Charotar region and eventually in the state. The program focuses on strengthening of school infrastructure facilities through guidance in lab development, library and other knowledge resource development, and deployment of technology and other tools in pedagogy. It plans to implement it by strengthening of teaching learning process with global perspective through 1) Training Programs for Students, 2) Training Programs for Teachers, 3) Counseling Programs for Parents and School Management, and 4) Awareness and Motivational Programs.

The thrust areas in organizing training programs for students are the subjects like Mathematics, English, Science, and Computer. Understanding the training needs of the students of rural schools, many events and training programs have been conducted targeting on developing various crucial skills and abilities inevitable for their academic as well as overall development.

Objectives

The Essay Competition under The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls Sabla **proposes to fulfill the following objectives:**

- To facilitate students with a platform to share their views about varied issues and topics
- To promote development of writing skills among students
- To develop among students original and creative Writing Skills and effective presentation skills through healthy academic competition
- To sensitize the participants towards the various issues pertaining to Society, Economy, Culture, values and the Nation

Day, Date and Time

Day: Monday to Saturday

Date: 11 to 15 March, 2017

Time: during 11 am to 5 pm (**ONE** hour)

Participation

The essay competition was primarily organized for the students of standards 6, 7, 8 and 9 of the schools that have joined hands with CREDP through MOU. Out of 40 schools, 25 Primary and Secondary schools will participate in the competition. 10 charusat students with 6 teaching and 1 non-teaching staff rendered their service during this event.

Number of benefited Participants: 2000
Maximum number of participants per standard: 50

Topics

Standard-wise topics to write essays upon are as under:

Sr. No.	Standard	Topics for Essay Competition
1	6	૧. મારી શાળા ૨. મારું પ્રિય પ્રાણી ૩. મારું ગામ : સ્વચ્છ ગામ ૪. ઉનાળાની બપોર
2	7	૧. માતૃ-પ્રેમ ૨. જીવનમાં શિક્ષણનું મહત્વ ૩. સ્વચ્છતા ત્યાં પ્રભુતા ૪. મારો પ્રિય તહેવાર
3	8	૧. મારો પ્રિય વિષય : ગણિત ૨. નારી તું નારાયણી ૩. કામ એ જ પૂજા ૪. અખંડ ભારતના શિલ્પી: સરદાર વલ્લભભાઈ પટેલ
4	9	૧. અહિંસા પરમો ધર્મ ૨. લોકશાહી- જનતાનું બળ ૩. જો હું ભારતનો વડાપ્રધાન હોત તો... ૪. આજના યુગમાં ટેકનોલોજીનું મહત્વ

Medium of writing will be Gujarati.

Registration

Students per standard from a School that has joined hands with CREDP participated. Entries were forwarded through the Principal of the School

Venue

Various School Campuses

Evaluation Criteria

All the essays were evaluated by the designated faculty members of I^2IM on the basis of following criteria:

Sr. No.	Evaluation Criteria	Marks
1	Composition of ideas	20
2	Style of Writing	20
3	Justice to the Topic	20
4	Grammatical Accuracy	20
5	Elaboration and Creativity	20
	Total	**100**

Declaration of Result

Result was declared on **March 25, 2017** and was communicated to the schools from the University.

Certification and Prizes

All the participants were given Certificates of Participation. Students of best three essays per standard (03 X 04 = 12 essays) were awarded with certificate of merit and prizes.

Total Certificates of Participation to be Awarded: 2000

Total Certificates of Merit to be Awarded: 20

Total Prizes to be Awarded to each winner):

First Rank: Learning Material worth rupees 1000/-

Second Rank: Learning Material worth rupees 800/-

Third Rank: Learning Material worth rupees 500/-

*****In case of two students securing common rank, the prize was given to them may increase.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Charusat Rural Education Development Program

Report on

Career Guidance and Counseling Seminar at School

Charusat Rural Education Development Program Cell organizes Career Guidance and Counseling Seminars for students who are going to take Board exam. The students are provided with provide essential information regarding various career opportunities and are motivated to choose an appropriate stream.

Such Career Guidance and Counseling Seminars were organized at schools nearby CHARUSAT under The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls Sabla. 10 volunteers participated in this event. The details are as following:

Date: **26/03/2017**
Time: **10:00 am** to **5 pm**
Venue: **B A Patel High School, Changa and S B Patel High School, Padgol**

- **Target audience:** The Seminars were organized for the students of standard 10 and 12 from rural schools in nearby CHARUSAT. Around **2000** students of standard 10 and 12 as beneficiaries were counseled and guided.

- **Resource Persons:** A team of faculty members from constituent Institutes of CHARUSAT and CREDP Cell conducted the seminars at the above mentioned venues. The list of the faculty members is as following:

Sr. No.	Name of the faculty	Branch /Department	Institute
1.	**Mr. Gaurav Thakarar**	HSS	I^2IM
2.	**Mr. Robert Parmar**	HSS / CREDP	I^2IM

- **Guidance and Reference material provided:** The students were provided with essential information about various courses / streams they may choose for higher education. They were elucidated about better career opportunities in various streams.

Students were introduced to the courses/ streams being offered at CHARUSAT with detailed information through PPT. They were introduced to facilities provided at Laboratories, workshops, classrooms, internet labs and Knowledge resource Centre (central library) at CHARUSAT. Brochures containing mentioned details of CHARUSAT as well of constituent Institutes of CHARUSAT were distributed to each student.

Career Guidance and Counseling Seminars for both the streams were carried out separately at different venues by faculty members of different Institutes.

Photos





A Seven-Days Workshop on Craft & Skills Development

Organized by

EKATANAGAR PRIMARY SCHOOL (NAPA)

In collaboration with

Nivedita Foundation, Anand & CREDP, CHARUSAT, Changa.

Aim: To enable students acquire confidence and learning experience distinct from that of classroom learning.

Objectives:

- To provide students platform and facilities for achieving the aim.
- To arrange out of syllabus activities for grooming students skills and confidence.
- To arrange concerned expert/s for the students' best learning experience.
- To guide and motivate the participants for achieving the best out of this workshop

Duration: seven days, from 19 April 2017 to 25 April 2017

The summary of activities:

No	Activities	Detail	Learning outcome
1.	Skating	• Guiding students for skating techniques	• Learn to enjoy skating
2.	crafts	• Guiding them to make creative crafts	• Learn to make creative handicrafts • Learn to earn from creativity
3.	Let's click	• Facilitating with camera/smart phone • Guiding for technicality	• Develop interest in photography and learn to click creative pictures
4.	Creative writing	• Demonstrating various aspect of creative writing • Guiding them to learn creative writing through activities	• Acquaintance with beauty writing • Basic quality of rhyming • Selection and association of simple images with abstract ideas, Creative expression
5.	Drawing	• Motivating participants to draw creatively • Demonstrating various basic techniques of drawings.	• Adopting skills of drawing pictures, designs and creative drawings.
6.	Drama	• Dramatizing small story(ies) in English/Gujarati • Guiding for facial expressions, voice modulation and different postures	• Flexibility of facial expressions • Gesture-postures • Voice modulations • Basic dramatic techniques

Detailed Schedule:

Date & day	Time:		Experts	Facilitator
	7:30 to 8:30	8:30 to 11:30		
19/4/2017 Wednesday	Inauguration	Craft	Ms.Hirna Patel	J K Jadav A G Parekh
20/4/2017 Thursday	Skating	Craft / Let's click	Ms.Hirna Patel Mr.Alpesh Patel	M D Khristi M A Solanki
21/4/2017 Friday	Skating	Craft / Let's click	Ms.Hirna Patel Mr.Alpesh Patel	H N Pandya S P Ahir
22/4/2017 Saturday	Skating	Creative writing	Dr. Mahendra Chotalia	K K Rabari S B Joshi
23/4/2017 Sunday	Skating	Drama	Mr. Robert Parmar	B K Panchal H R Solanki
24/4/2017 Monday	Skating	Painting	Mr. Ashok Khant	N N Sangada K J Solanki
25/4/2017 Tuesday	Skating	Sale cum Exhibition	Invitees	Entire staff

For Skating: The students will be divided into six batches of 10 and each batch will be allotted 30 minutes of training for three days alternatively.

Invited dignitaries:

- Femidabanu Pathan (SARPANCH, Napa.)
- Smt. Majulaben Thakor (Chairperson, S.M.C)
- Shir. Ashwinbhai Thakor (Member of SMC)
- Shri. Piyushbhai Patel (Respectable resident, Napa)
- Mr. Dilipsinh Mahida (T.P.E.O, Borsad)
- Mr. Ravi Patel B.R.C, Borsad
- Mr. Arvind Patel C.R.C, Napa (Talpad)

In support

- Mr. Kamal Patel (Chairperson, IIID, Anand)
- Ms. Nipa Patel (Chairperson, Nivedita Foundation, Anand)
- Mr. Robert Parmar (Asst.Professor CREDP, Changa)

Convener:
Mr. Bhanuprasad Panchal
Principal
Ekatanagar Primary School

Co-ordinator:
Mr. Hiten Solanki
Asst.teacher,
Ekatanagar Primary School

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY, CHANGA

Charusat Rural Education Development Program

(CREDP)

A brief report on Workshop on Craft and Skill Development at Napa School

Charusat Rural Education Development Program (CREDP) facilitated in organizing a **Seven –Day Workshop** on **Craft and Skill Development** at **Ekta Nagar Primary School, Napa** under The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls Sabla that has joined hands with CHARUSAT through MOU, from **April 19 to 25, 2017**. The workshop was organized for students of standard 6, 7 and 8 of Ekta Nagar Primary School, Napa. Total 70 school students participated and benefited in the workshop. Various activities were organized from 7:30 am to 11:30 am for all the days. Major attractions/activities were workshop on Story making by Dr. Mahendra Chotaliya Sir, Art and Craft by Nipaben Patel, Workshop on Photography by Mr. Alpesh Patel and Painting by Mr. Khant.

As per the guidelines mentioned in MOU, CREDP Cell provided guidance in providing resource persons and training in Skating, Art and Craft and drama techniques. Total 8 volunteers rendered their services during the workshop.

CREDP Cell facilitated various innovative activities during the workshop. The details of the same are as following:

Sr. No.	Event	Day &Date	Time	Resource Person/s
1.	Overview of CREDP activities	19/04/2017 Wednesday	9:00 am	Mr. Robert Parmar
2.	Training on Skating	20/04/2017 Thursday	8:00 to 9:00 am	CREDP Volunteers
3.	Training on Skating	21/04/2017 Friday	8:00 to 9:00 am	CREDP Volunteers
4.	Training on Skating and Art and Craft	22/04/2017 Saturday	8:00 to 9:00 am	CREDP Volunteers
5.	Workshop on drama techniques	23/04/2017 Sunday	7:30 am to 11:30 am	Mr. Robert Parmar, CREDP Volunteers

Participants : 8 volunteers of charusat participated.

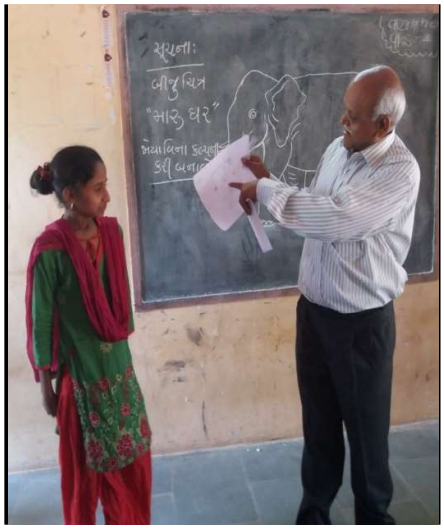
Photos













CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT)

CHARUSAT RURAL EDUCATION DEVELOPMENT PROGRAM (CREDP)

A brief report of

TEACHING APTITUDE TRAINING (TAT) – 2017

Charusat Rural Education Development Program (CREDP), CHARUSAT organised **Teaching Aptitude Training** for Teachers of Rural Schools at CHARUSAT under Teachers Training Scheme. Brief details of the training are as following:

Date: **May 27, 2017**

Time: **9:30 am to 4:00 am**

Venue: **Seminar Hall, CE/IT Building, CHARUSAT Campus, Changa**

Aim : The training program aimed at offering essential inputs to strengthen the teaching skills and morale of teachers to improve the child-cantered quality education and sustaining teaching aptitude in the school teachers of rural area.

Announcement /reach out to participants: To reach maximum number of teachers with a view to help them gets benefitted from the Training program, an invitation was sent in hard copy, as well as through various social media.

Participants: Total **90** teachers from **40** different Primary, Secondary and Higher Secondary schools, teaching various subjects participated in the program. **6** volunteers of Charusat with **5** faculty members and **150** school teachers were present in this event.

Subjects of participants: Teachers teaching 13 different subjects like English, Maths, Science, Computer, GK, Physical Education, Economics, Sanskrit, Hindi, Social Science, Gujarati, Account, Environmental Studies etc. participated in the training.

Training Modules:	Session-I Expert lecture on ***Child Psychology*** by Dr. Mahendra Chotaliya Session- II ***Class-room Management*** by Dr. Mahendra Chotaliya Session- III Expert lecture on ***Teaching Aptitude*** by Mr. Mahesh Patel Session IV Panel discussion on ***"Rural Education – Challenges and Solutions "*** by voluntarily participating teachers and principals
Reference materials:	The trainees were provided with a seminar folder, a writing pad, a ball pen and sheets of learning materials
Feedback:	Out of total **90** participants, **77** teachers rated the program **Very Good** and **13** teachers rated as **Good**. No participants rated the program as *Very poor, Poor or Average.*

The training program was successful as we received very good feedbacks for the participants.

Proposed actions:

Based on the suggestions and requests of the participants following programs may be organised in future:

- Subject-wise training programs (Maths, Science, English and Computer)for teachers
- Subject-wise training programs (Maths, Science, English and Computer)for students
- Workshop on task-based teaching – learning
- Workshop on E- Learning
- Management training for HTAT Principals

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY, CHANGA

Charusat Rural Education Development Program (CREDP)

Report on Evening Study Classes

Charusat Rural Education Development Program (CREDP) is one of the Education Support initiatives of CHARUSAT. The CREDP Cell formed to accomplish the objectives has undertaken various activities like Students and Teachers' Training Programs, Parents- counseling, Education awareness programs, School Visits, CHARUSAT Campus visits by Schools. 16 volunteers with 3 teaching & non-teaching staff conducted this classes.

Charusat Rural Education Development Program was launched on September 26, 2013 in the august presence of **Shri Bhupendrasinh Chudasama,** Hon'ble Minister of Education, Government of Gujarat.

To strive for the development of school education in Charotar region and eventually expand it to the state of Gujarat

The program focuses on Strengthening of school infrastructure facilities through guidance in: lab development, library and other knowledge resource development and deployment of technology and other tools in pedagogy. The CREDP Cell organizes 1) Training Programs for Students, 2) Training Programs for Teachers, 3)

Counseling Programs for Parents and School Management, and 4) Awareness and Motivational Programs.

Total 139 students of standard 1 to 12 from nearby 6 villages, studying in 9 different schools have been taught different subjects by student – volunteers of CHARUSAT from 5:30 pm to 6:30 pm every day from June 16, 2016 to October 12, 2016.

The lecture covers mainly the topics like (A) *Importance of education*- for better life style, Social- Economic – intellectual growth and development, Employability etc. (B) *Education in India :* Education system, Increase importance of education, Higher education for employment, Government initiated motivational schemes, Vocational, professional and skill courses etc. (C) *Education in Gujarat :* present status of education in the status, Government initiatives to promote education, job opportunities, opportunities for youth with skills and language competence. (D) *Importance of English Language:* as Global language, for cross-culture communication, employment and promotion, business transaction, academic purpose, for higher education and transaction across linguistic boundaries etc. (E) *Role of students* skill development, adaptivity, innovative, critical and researcher approach, readiness to accept challenges and (F) *Need of the era*- multi-talent, competence in communication and use of technology.

Photos





CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

CHARUSAT NSS UNIT

A Brief Note on celebration of International Day of Yoga

Yoga is a 6,000+-year-old physical, mental and spiritual practice having its origin in India (Bharat) that aims to transform body and mind. This is matter of pride for all of us that the United Nations General Assembly has declared 21st June as International Yoga Day.

CHARUSAT NSS Unit organised celebration of **International Day of Yoga** at **CHARUSAT** Campus with a view to spread awareness about Yoga and motivate practice of Yoga among people. The details are as following:

Date: **21-Jun-2017**

Time: **8:00 am to 8: 30 am**

Venue: **Central Lawn, CHARUSAT Campus**

The celebration was organised from 8:00 am to 8: 30 am at Central Hall at CHARUSAT Campus. The participants were provided essential information about the benefits and techniques of yoga.

Various yoga steps were practiced by the participants under guidance of experts of the field. Total 5 Yoga experts performed and demonstrated various steps and instructed the participants to follow.

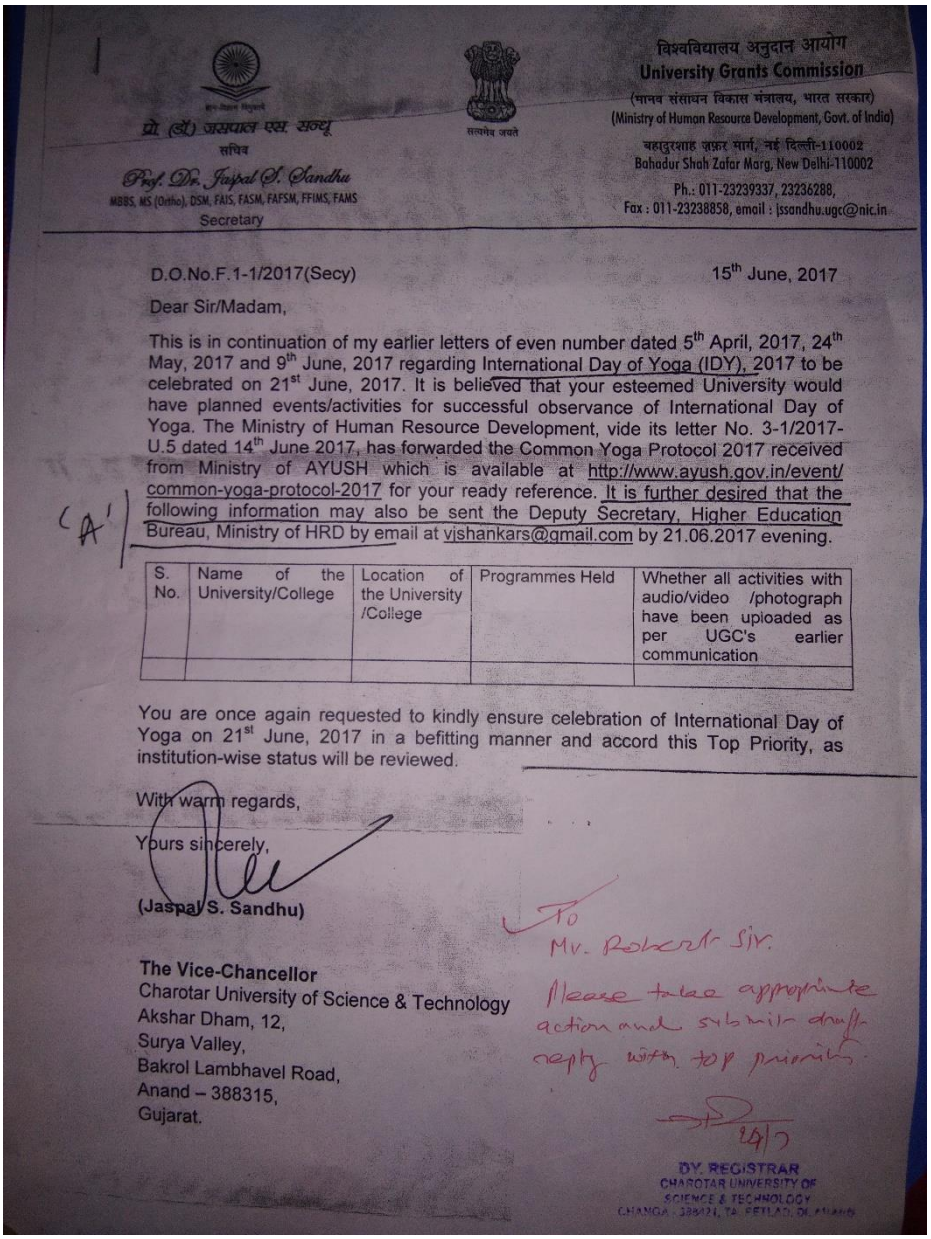
Students and Teachers of Rural Schools nearby CHARUSAT and interested people from nearby area also joined members of CHARUSAT family along with MS. Madhuben Patel, Joint Secretary, for the celebration. Three girl students accompanied the expert in demonstrating various steps of yoga. Around 600 students, 40 Staff, 60 teachers of charusat, also participated in the practice and demonstration of yogasanas. Lemon juice and biscuits were catered to the participants after the practice.

Photos





Circular



प्रो. (डॉ.) जसपाल एस. संधू
सचिव
Prof. Dr. Jaspal S. Sandhu
MBBS, MS (Ortho), DSM, FAIS, FASM, FAFSM, FFIMS, FAMS
Secretary

सत्यमेव जयते

विश्वविद्यालय अनुदान आयोग
University Grants Commission
(मानव संसाधन विकास मंत्रालय, भारत सरकार)
(Ministry of Human Resource Development, Govt. of India)
बहादुरशाह ज़फ़र मार्ग, नई दिल्ली-110002
Bahadur Shah Zafar Marg, New Delhi-110002
Ph.: 011-23239337, 23236288,
Fax : 011-23238858, email : jssandhu.ugc@nic.in

D.O.No.F.1-1/2017(Secy) 15th June, 2017

Dear Sir/Madam,

This is in continuation of my earlier letters of even number dated 5th April, 2017, 24th May, 2017 and 9th June, 2017 regarding International Day of Yoga (IDY), 2017 to be celebrated on 21st June, 2017. It is believed that your esteemed University would have planned events/activities for successful observance of International Day of Yoga. The Ministry of Human Resource Development, vide its letter No. 3-1/2017-U.5 dated 14th June 2017, has forwarded the Common Yoga Protocol 2017 received from Ministry of AYUSH which is available at http://www.ayush.gov.in/event/common-yoga-protocol-2017 for your ready reference. It is further desired that the following information may also be sent the Deputy Secretary, Higher Education Bureau, Ministry of HRD by email at vjshankars@gmail.com by 21.06.2017 evening.

S. No.	Name of the University/College	Location of the University /College	Programmes Held	Whether all activities with audio/video /photograph have been uploaded as per UGC's earlier communication

You are once again requested to kindly ensure celebration of International Day of Yoga on 21st June, 2017 in a befitting manner and accord this Top Priority, as institution-wise status will be reviewed.

With warm regards,

Yours sincerely,

(Jaspal S. Sandhu)

The Vice-Chancellor
Charotar University of Science & Technology
Akshar Dham, 12,
Surya Valley,
Bakrol Lambhavel Road,
Anand – 388315,
Gujarat.

To
Mr. Robert Sir.
Please take appropriate action and submit draft reply with top priority.

DY. REGISTRAR
CHAROTAR UNIVERSITY OF
SCIENCE & TECHNOLOGY

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Teaching Aptitude Training for Teachers of Primary Schools

Charusat Rural Education Development Program Cell organized a **One-day Training for Teachers of Primary School.** The details of the program are as following:

Date: **June 28, 2017**

Time: **9:30 am to 4:00 am**

Venue: **D Z Patel High School Campus, Anand**

Participants: **Teachers of Primary Schools**

Objective: The training aimed at offering essential inputs to strengthen the teaching skills and morale of teachers.

Topics covered: Expert sessions on topics like –***Teaching Aptitude, Child psychology, Role of teachers in today's era and Class-room management*** will be delivered by experts. Teachers of Primary Schools that have joined hands with CHARUSAT participated in the training.

Participants: In total 35 teachers teaching in 25 different Primary Schools participated in the training program enthusiastically. 12 charusat volunteers and 6 program officers with 1 non – teaching staff rendered their services.

Certification: All the participants were awarded with the certificates of participation based on their attendance and active participation.

Experts: Experts from various institutes were invited to share their views on topics like Expert lecture on Child Psychology, Class-room Management and Teaching Aptitude.

Open- house debate: In the last session an Open- house debate – ***"Rural Education – Challenges and Solutions*** was organised wherein teachers and experts had fruitful exchange of ideas on the topic.

EXPECTED EXPENDITURE

Sr. No.	Particular	Amount/ Rate				Total amount
1.	Training material (Folder + Ball pen + Writing pad)	Folder Ball pen Writing pad	90* 90* 90 *	10/- 5/- 5/-	= 900/- = 450/- = 450/-	**1800/-**
2.	Lunch				90* 90	**8,100/-**
3.	Refreshment	Tea and snacks	90* 90*	25/- 10/-	2,250/- 900/-	**3,150/-**
4.	Remuneration for experts				4*1000/-	**4,000/-**
5.	Transportation				2000/-	**2,000/-**
6.	Books for experts				3*250/-	**750/-**
Total						**19,800 /-**

Schedule

Sr. No.	Session	Time	Speaker/ Resource Person/ s
1.	Registration & Refreshment	9:30 to 10:00 am	CREDP Team
2.	Brief about CREDP and its activities	10:00 am to 10:30 am	Pri. Suryakant Patel, Convener, REES
3.	**Session- I** Expert lecture on Child Psychology	10:30 am to 11:30 am	Dr. Mahendra Chotaliya
4.	**Session- II** Class-room Management	11:30 am to 12:30 pm	Dr. Sharad Patel
5.	Lunch	12:30 pm to 01:30 pm	CREDP Team
6.	**Session- III** Expert lecture on Teaching Aptitude	01:30 pm to 02:30 pm	Mr. Mahesh Patel
7.	Tea–break	02:30 pm to 02:45 pm	CREDP Team
8.	**Session- IV** Open- house debate – ***"Rural Education – Challenges and Solutions "***	02:45 pm to 3: 30 pm	voluntarily participating teachers and principals
9.	Valedictory Function	3: 30 pm to 4: 00 pm	CREDP Team

Permission Letter

Dr. A D Patel
In charge Professor, CREDP
CHARUSAT
Changa
June 22, 2017

Forwarded through:
Coordinator,
CREDP Cell

Subject: **A Request for permission to organize Teaching Aptitude Training for Teachers of Primary Schools**

Respected Sir,
With reference to the above subject, I would request you to permit **Charusat Rural Education Development Program Cell** organize a **One-day Training for Teachers of Primary School.** The details of the program are as following:
Date: **June 28, 2017**
Time: **9:30 am to 4:00 am**
Venue: **D Z Patel High School Campus, Anand**
Participants: **Teachers of Primary Schools**

The training aims at offering essential inputs to strengthen the teaching skills and morale of teachers. Expert sessions on topics like –***Teaching Aptitude, Child psychology, Role of teachers in today's era and Class-room management*** will be delivered by experts. Teachers of Primary Schools that have joined hands with CHARUSAT will participate in the training.
A tentative schedule and copy of letter to be sent to schools are attached herewith for your kind consideration.
The estimated budget for the program is Rs. **19,800/-.**
Kindly consider the request and permit for the same.

Thanking you,

Yours faithfully,

Robert Parmar

CREDP Cell
CHARUSAT – Changa

Letter to Schools

ચરોતર યુનીવર્સીટી ઓફ સાયન્સ એન્ડ ટેકનોલોજી (ચારૂસેટ)

ચારૂસેટ ગ્રામીણ શૈક્ષણિક વિકાસ યોજના

આદરણીયો / મજુમદારો/ભંડોરી,

હાર્દિક અભિવાદન...!

વિષય: **અભ્યાસ અભિમુખ તાલીમનાં ભાગ લેવા બાબત**

માનનીય શ્રી,

હાર્દિક અભિવાદન...!

ચરોતર યુનીવર્સીટી ઓફ સાયન્સ એન્ડ ટેકનોલોજી (ચારૂસેટ) ખાતે કૃષ્ણ એજ્યુકેશનઇવલપમેન્ટટ્રસ્ટીઓના સંયુક્ત સહયોગથી ગ્રામીણ વાતાવરણના શિક્ષકોને શૈક્ષણિક કૌશલ્ય આપવાની **ચારૂસેટ ગ્રામીણ શૈક્ષણિક વિકાસ યોજના** અમલ માં મૂકેલ છે.

આજના સતત પરિવર્તન પામતા ટેકનોલોજીના વિકાસના યુગમાં સમયાનરે શૈક્ષણિક વિષયોથી, નવા સાધનોથી, નવી પદ્ધતિથી શિક્ષકોને સજ્જ કરવા જરૂરી છે. વર્ગોમાં ભણવાની પદ્ધતિ બદલાઈ છે. શિક્ષકોની માનસિક ભૂમિકા પણ બદલાઈ છે. સફળ વર્ગખંડના શિક્ષણ માટે તાલીમ જરૂરી છે. આવાજ આ શૈક્ષણિક આયોજનમાં આપના શિક્ષકોને બીજાથી સંસ્થાની શૈક્ષણિક સજ્જતાના વધારવાના હેતુથી આપને આમંત્રણ પાઠવીએ છીએ.

અભ્યાસ અભિમુખ તાલીમમાં આપની શાળાના ગણિત, વિજ્ઞાન, અંગ્રેજી અને કમ્પ્યુટર વિષયોનો અભ્યાસ કરાવતા કુલ શિક્ષકોને બીજાથી તેની લાભ લેવા અનુરોધ છે. જેની માહિતી નીચે મુજબ છે:

તારીખ: **૨૪ જુન, ૨૦૧૭**
વાર: **સોમવાર**
સમય: **સવારે ૯:૩૦ થી બપોરે ૪:૦૦**
સ્થળ: **ડીજીટલ પોર્ટલ લાઈબ્રેરી કેમ્પસ, ચારૂસેટ**

ચારૂસેટ ગ્રામીણ શૈક્ષણિક વિકાસ યોજના

કો-ઓર્ડીનેટર: ડો. જે. કે. પટેલ, આચાર્ય , શ્રી એચ. પી. આઈ. ટી. કોલેજ, ચારૂસેટ
કન્વીનર: ડો. ચુર્વેશ્વર એ. પટેલ, કૃષ્ણ ડેવલપમેન્ટએજ્યુકેશન કોઓર્ડિનેટર
કો ઓર્ડીનેટર : પ્રા. ભાસ્કરભાઈ પંડ્યા , ચારૂસેટ ગ્રામીણ શૈક્ષણિક વિકાસ યોજના

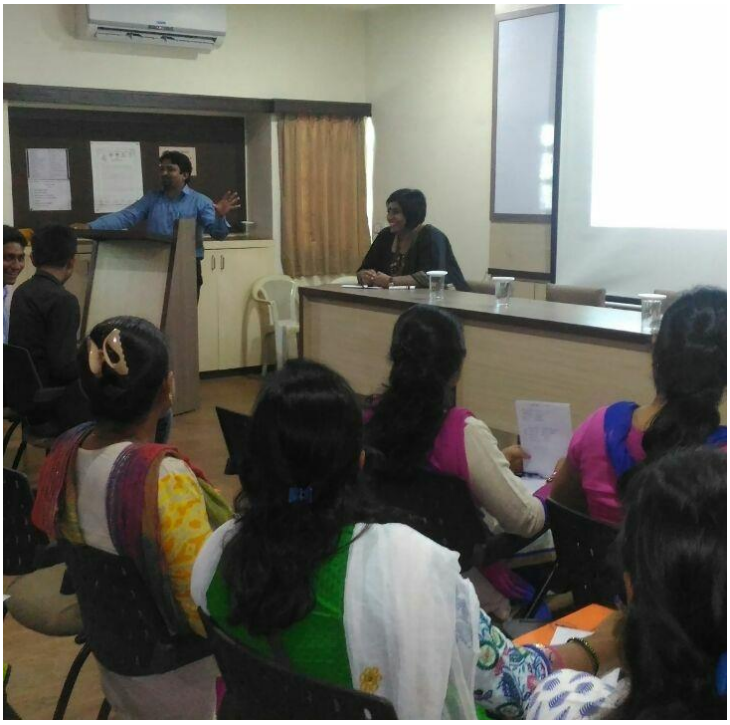
બેઠક વિશેષ સમાચાર નિમંત્રણના ભવદીય કાર્યમાં આપના સહકારની અપેક્ષા સહ...

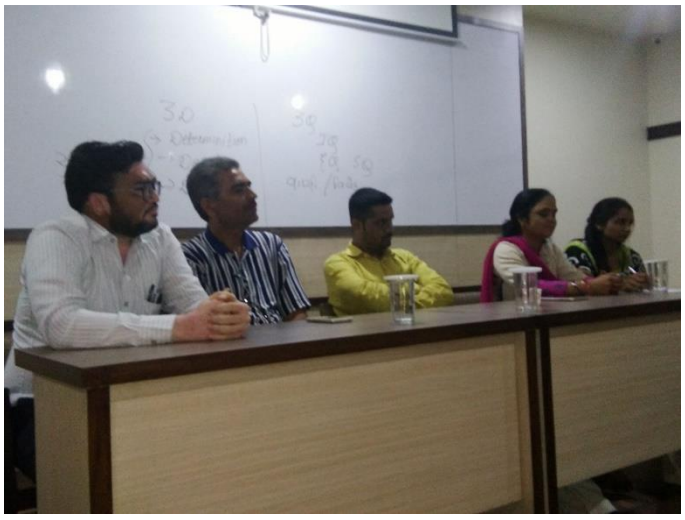
જય ભારત સાથે ...

ડો. જે. કે. પટેલ
કો-ઓર્ડીનેટર, CREDP Cell
ચારૂસેટ

વિશેષ માહિતી માટે સંપર્ક: ૦૨૬૨૭- ૫૬૮૪, ૦૨૬૨૭- ૫૦૦૪, મો: ૯૧૨૭૨૫૪૧૬૬૮૮

Photos





Women Development Cell (WDC), CHARUSAT

- Faculty of Technology and Engineering
- Faculty of Pharmacy
- Faculty of Computer Science and Applications
- Faculty of Management Studies
- Faculty of Sciences
- Faculty of Medical Sciences

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

ACTIVITY REPORT

Name of an Event: One day seminar on "Role of Women in Professional Life"

Date of an event: 11th Feb 2017

Date of Submission: 30th Mar 2017

Organizer(s):

(1) Women development cell- CSPIT, Department of Information Technology, CHARUSAT

(2) Association for Computing Machinery (ACM) Student Chapter

Venue: CSPIT, Department of Information Technology, CHARUSAT

Coordinator Details:

Name: Purvi Prajapati (WDC member)

Designation: Asst. Professor

Department: Department of Information Technology, CSPIT

Email: purviprajapati.it@charusat.ac.in

Index

1. **Objectives**
2. **Members involved and their roles**
3. **Proposed budget and actual expenditures**
4. **Activities carried out**
5. **Outcome of the activities**
6. **Event clicks**
7. **Sample copy of Certificate**
8. **Participant Feedback**
9. **Attendance sheet**

1. **Objectives:**

   The goal of the seminar "Role of Women in Professional Life" is to bring high-potential women to build a foundation of leadership skills that will advance their personal as well as professional goals. Main focus of the seminar is to encourage women to explore their ideas and build professional network. The main objectives of the seminar are:

   - To develop leadership skills
   - To build self confidence
   - Empowerment of Women in Profession
   - Awareness about Women rights in India
   - Women's Law in India
   -

Event Banner:



Event Brochure:

CHARUSAT

Accredited Grade A by NAAC
Accredited Grade A by IUCG



One Day Seminar

On

ROLE OF WOMEN IN PROFESSIONAL LIFE

11th February, 2017

Organized by

Department of Information Technology, CSPIT, CHARUSAT

ACM-W Celebration under CHARUSAT WDC

Who should attend?

This one day seminar is designed for women from all the levels of professionalism as well as girl students from higher education.

Register Freely on this link is compulsory

www.charusat.ac.in/it

Event Convener

Prof. Parth Shah
Head, Department of Information Technology,
Chairperson,
ACM Student Chapter,
CSPIT, CHRUSAT, Changa
E-mail : hod.it@charusat.ac.in
Ph : (02697) 265131 (O),
9925020358 (M)

Event Coordinator

Prof. Purvi Prajapati
Assistant Professor,
Department of Information Tech.,
Membership Chairperson, ACM Student Chapter
E-mail :
purviprajapati.it@charusat.ac.in
Ph : (02697)265126(O),
9879753987 (M)

Prof. Sonal P Rami
Assistant Professor,
Department of Information Tech.,
Faculty Sponsor, ACM Student Chapter
E-mail :
sonalrami.it@charusat.ac.in
Ph : (02697)265126(O),
9879892061(M)

www.charusat.ac.in

About CHARUSAT University

Charotar University of Science and Technology (CHARUSAT) has been conceived by *Shri Charotar Moti Satavis Patidar Kelavani Mandal* - a not for profit premier education trust of India having a social lineage of more than 118 years. CHARUSAT has been established by promulgation of Gujarat Private University Act, 2009. It is empowered to confer degrees under Section 22 of UGC Act, 1956. It has been accredited with "Grade A" by Knowledge Consortium of Gujarat, Education Department, govt. of Gujarat. Also it has been accredited with "GRADE A" by NAAC, Government of India. Presently, CHARUSAT offers 62 programs from UG to PhD under the tutelage of 8 Institutes and 6 Faculties. They are in the allied disciplines of Technology & Engineering, Pharmacy, Computer Applications, Management, Applied Sciences, Nursing, Physiotherapy, and other Paramedical Sciences.

Department of Information Technology

The Department of Information Technology offers B.Tech. and M.Tech. in Information Technology. The department has strong collaboration with industries and has signed MOU with many leading industries. The graduates have found remarkable placements in prestigious national and international companies and many are pursuing their higher studies from premier institutes in India and abroad. The department has competent and devoted faculty. Department was accredited for two year w.e.f 01/07/2016 by National Board of Accreditation.

ACM – Association for Computing Machinery

The Association for Computing Machinery is an international learned society for computing, founded in 1947. ACM is the world's largest educational and scientific computing society, delivers resources that advance computing as a science and a profession. ACM is solely dedicated to computing. ACM provides the computing field's premier digital library and serves its members and the computing profession with leading-edge publications, conferences and career resources.

CHARUSAT is an official Student Chapter of ACM initiated by Department of Information Technology, CSPIT.

About the Seminar

The goal of the seminar "Role of Women in Professional Life" is to bring high-potential women to build a foundation of leadership skills that will advance their personal as well as professional goals. Main focus of the seminar is to encourage women to explore their ideas and build professional network. The main objectives of the seminar are:

- To develop leadership skills
- To build self confidence
- Empowerment of Women in Profession
- Awareness about Women rights in India
- Women's Law in India

Eminent Speakers

Dr. Arati M. Dixit
Professor,
Department of Technology,
Savitribai Phule University, Pune

Dr. Jyotsna Rathod
Director,
Former Principal Judge, City Civil & Sessions Courts, Ahmedabad.

Dr. Anuradha Gajjar
Professor, Department of Pharmaceutical Chemistry and Analysis, RPCP, CHARUSAT, Changa

2. **Members involved and their roles**

Event Coordinators:

1) Purvi Prajapati, WDC member, Asst. Professor, Department of Information Technology, CSPIT,
2) Sonal Rami, Asst. Professor, Department of Information Technology, CSPIT

Expert Details:

1) Dr. Arati M. Dixit, Professor, Department of Technology, Savitribai Phule University, Pune
2) Dr. Jyotsna Rathod, Director, Former Principal Judge, City Civil &Sessions Courts, Ahmedabad
3) Dr. Anuradha Gajjar, Professor, Department of Pharmaceutical Chemistry and Analysis, RPCP, CHARUSAT, Changa

3. **Proposed budget and actual expenditures**

Name of the Host Chapter: CHARUSAT ACM Student Chapter
Proposed Expense Details

Sr. No.	Item Name		No. of Persons	Amount in Rs.
1.	Kit: Folder, pen, note pad		30	900/-
2.	Banner/Photography/Certificates		-	4,000/-
3.	Breakfast & Lunch		10	600/-
4.	Experts Transportation	ACM Speaker	01	9,400/-
5.		Non-ACM Speaker	01	2,000/-
6.	Accommodation		01	2,000/-
7.	Memento for the Expert		-	6,000/-
Total				**24,900/-**

Proposed Income Details for Workshop:

Sr. No.	Item Name	Amount in Rs.
1.	Financial Assistance from ACM -W	9,400/-
2.	Financial Assistance from University	15,500/-

Expenses for the seminar on Role of women in professional life (From CHARUSAT)

Sr No	Particular	Amount	Page No
1.	Bag	2945	1
2.	Pad and Pen	350	1
3.	Travelling expenses for the speaker (Dr Jyotsna Yagnik)	1335	2
4.	flower bouquets	150	2
5.	Memento (4091+300)	4391	3
6.	Accommodation for the expert (Dr Arti M Dixit)	1855	4
7.	Local Travelling of expert (Dr Arti M Dixit- Pune city to Pune Airport)	1200	--
Total		12226	

Activities carried out

Talk 1: Dawn of Women in Computing

Expert: Dr. Arati M. Dixit, Professor, Department of Technology, Savitribai Phule University, Pune

Time: 9:30 am To 11:00 am

Women were very much active members of the community contributing to the field of computing since its inception. Women have been involved with the development of historically significant technology which has created the third wave of - 'Information Age', after the first 'Agricultural Age' and second 'Industrial Age'. The talk would focus to answer few questions like: Have we heard about these women? Who were the major contributors? What have been their major contributions? Are they on the pages of history? How have they carved their names on the pages of history? The talk aims to take into account historical, social, cultural and technological perspective resulting in an impressive dawn of women in computing.

Talk 2: Women's Law in India

Expert: Dr. Jyotsna Rathod, Director, Former Principal Judge, City Civil &Sessions Courts, Ahmedabad

Time: 11:00 am To 12:30 pm

This talk related to women rights and law in India. Women policies and laws (Fundamental Rights-Equality before law for women (Article 14)) that help women and girls to achieve their potential throughout their lives – at school, at work, at home and in their community.

Talk 3: Achieving your Leadership Potential

Expert: Dr. Anuradha Gajjar, Professor, Department of Pharmaceutical Chemistry and Analysis, RPCP, CHARUSAT, Changa

Time: 01:30 pm To 03:00 pm

This talk related to initiative and leadership, developing teamwork, improving your effectiveness. Also ensure that team members share the same goals, encourage competition between ideas, not individuals, allow new people and teams to prove how good they are, reward real merit openly, but never appear to have any favourites.

List of Participant: CHARUSAT Female Faculties

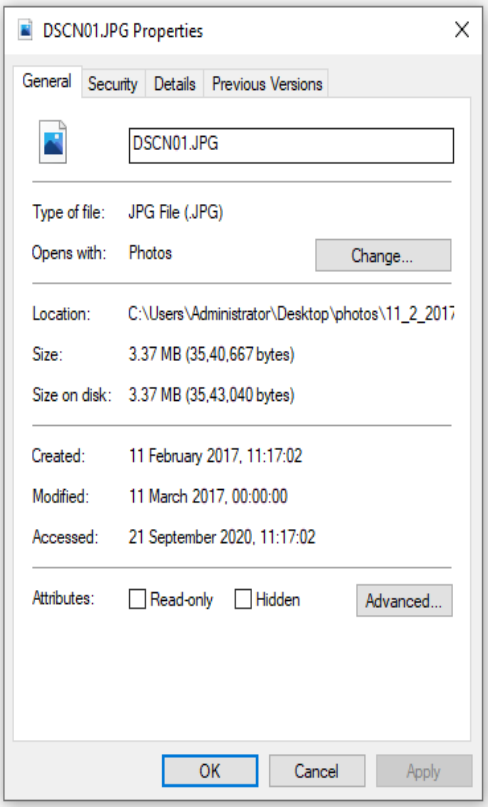
Sr.	Name	Department/Institute
1	Neha Chauhan	Civil, CSPIT
2	Nency Pandya	ARIP
3	Nehal G. Patel	IT, CSPIT
4	Avani Chokshi	RPCP
5	Mrs. Niruben C. Patel	P.D.Patel Institute of Applied Sciences
6	Priyanka Patel	IT, CSPIT
7	Aruna prabhashanker Jani	Manikaka Topawala Institute of Nursing
8	Foram Pathak	CHARUSAT (Gen. Admin.)
9	Lourembam Surbala Devi	ARIP
10	Khushboo Purani	Mechanical, CSPIT
11	Dr. Gayatri Patel	Ramanbhai Patel College of Pharmacy
12	Nikita Bhatt	CE, CSPIT
13	Hetal Desai	CMPICA
14	Shivani Satishchandra Bhatt	Ashok & Rita Patel Institute of Physiotherapy
15	Amrin Shaikh	CE, CSPIT
16	Dr. Dipika Shah	Ashok and Rita Patel Institute of Physiotherapy
17	Ditixa Vyas	CE, CSPIT
18	Arpita Shah	CE, CSPIT
19	Shreya Banker	CMPICA
20	Vibha Parmar	EL,CSPIT
21	Hetalben Punjabhai Patel	CMPICA
22	Trisha Patel	CMPICA
23	Nilam Desai	CMPICA
24	Hema Patel	CMPICA
25	Arpita Patel	EC,CSPIT
26	Dhara P Patel	EC,CSPIT
27	Rachna Jani	EC,CSPIT
28	Deval Patel	CE,CSPIT
29	Vishwakumari Vala	IT, CSPIT
30	Himanshi Acharya	IT, CSPIT
31	Dipal Sheth	HR,CHARUSAT
32	Aditi Buch	PDPIAS
33	Deepal Patel	IQAC, CHARUSAT

4. Outcome of the activities

Awareness of women related to computing field, Turing awards given by ACM, Pioneering women in computer science and highlighted role of women empowerment. Alertness related to women rights and laws in India also emphasized frequent injustices that take place against women & the laws against them. Responsiveness related to excellence in leadership, self-control and teamwork.

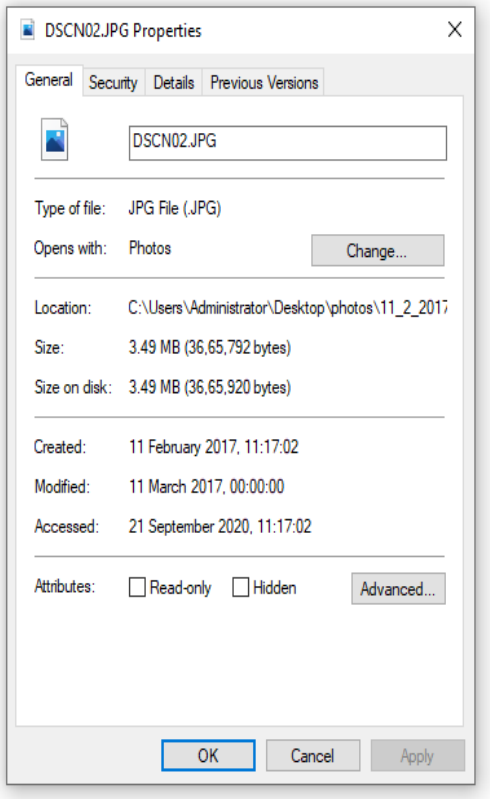
5. Event clicks



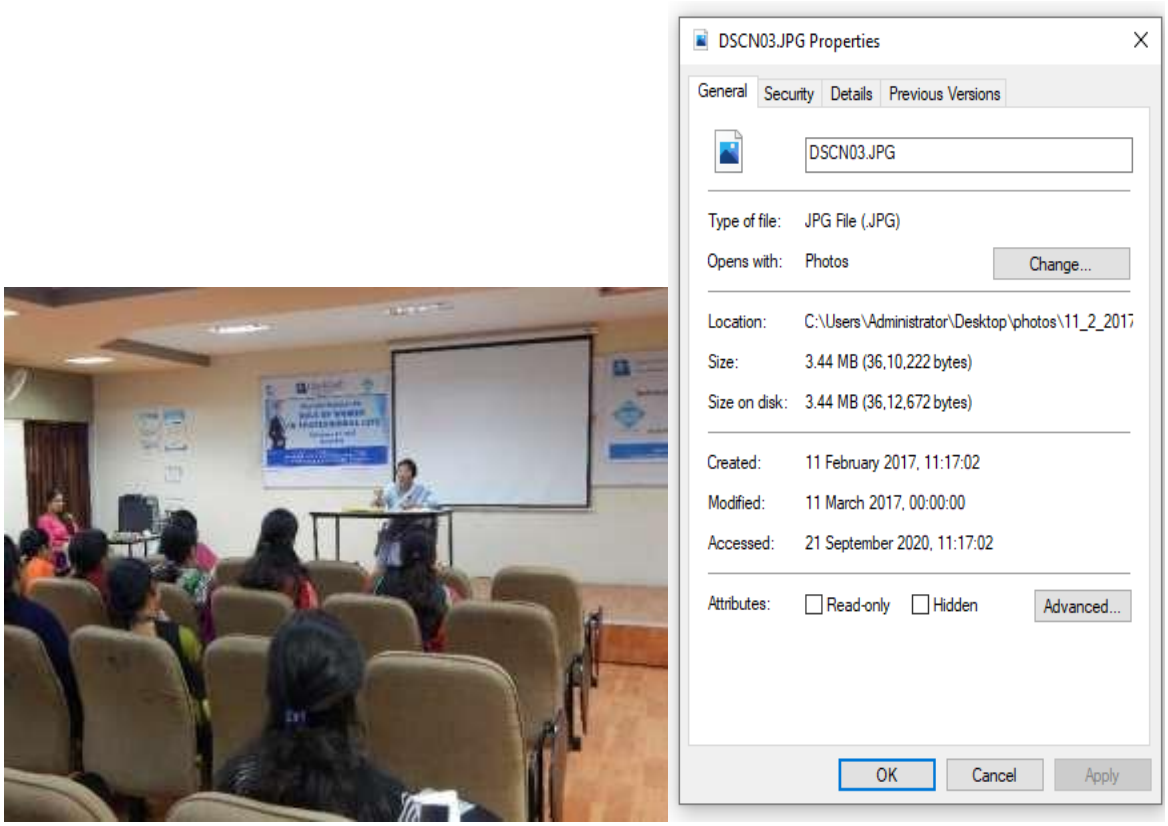


Photograph 1: Dawn of Women in Computing, by Dr. Arati M. Dixit (Date: 11/02/2017)





Photograph 2: Dawn of Women in Computing by Dr. Arati M. Dixit (Date: 11/02/2017)



Photograph 3: Women's Law in India by Dr. Jyotsna Rathod (Date: 11/02/2017)

6. Sample copy of Certificate



7. Attendance sheet

One Day Seminar on *"ROLE OF WOMEN IN PROFESSIONAL LIFE"* 11th February, 2017

Organized by

Department of Information Technology, CSPIT, CHARUSAT

ACM-W Celebration under CHARUSAT WDC

Attendance Sheet

Sr.	Name	Department/Institute	Sign		
			Talk:1	Talk: 2	Talk: 3
1	Neha Chauhan	Civil, CSPIT			
2	Nency Pandya	ARIP			
3	Nehal G. Patel	IT, CSPIT			
4	Avani Chokshi	RPCP			
5	Mrs. Niruben C. Patel	P.D.Patel Institute of Applied Sciences			
6	Priyanka Patel	IT, CSPIT			
7	Aruna prabhashanker Jani	Manikaka Topawala Institute of Nursing			
8	Forum Pathak	CHARUSAT (Gen. Admin.)			
9	Loureinbam Surbala Devi	ARIP			
10	Khushboo Purani	Mechanical, CSPIT			
11	Dr. Gayatri Patel	Ramanbhai Patel College of Pharmacy			
12	Nikita Bhatt	CE, CSPIT			
13	Hetal Desai	CMPICA			
14	Shivani Satishchandra Bhatt	Ashok & Rita Patel Institute of Physiotherapy			
15	Amrin Shaikh	CE, CSPIT			
16	Dr. Dipika Shah	Ashok and Rita Patel Institute of Physiotherapy			
17	Ditixa Vyas	CE, CSPIT			
18	Arpita Shah	CE, CSPIT			

19	Shreya Banker	CMPICA			
20	Vibha Parmar	EE,CSPIT			
21	Hetalben Punjabhai Patel	CMPICA			
22	Trisha Patel	CMPICA			
23	Nilam Desai	CMPICA			
24	Hema Patel	CMPICA			
25	Arpita Patel	EC,CSPIT			
26	Dhara P Patel	EC,CSPIT			
27	Rachna Jani	EC,CSPIT			
28	Deval Patel	CE,CSPIT			
29	Vishwakumari Vala	IT, CSPIT			
30	Himanshi Acharya	IT, CSPIT			
31	Dipal Suresh	HR, CHARUSAT			
32	[illegible] Bhatt	POPIM			
33	Deepal Patel	SRAE, CHARUSAT			

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

ACTIVITY REPORT

Name of an Event: Poster making Competition based on theme "Be Bold for Change" as a Part of Celebration of International Women's Day 2017

Date of an event: 8th March, 2017

Date of Submission: 24th April, 2017

Organizer(s): Women development cell - CSPIT

Venue: Central Square – A5 CSPIT

Coordinator Details:

Name: Ms. Arpita Shah

Designation: Asst. Professor

Department: Computer Engineering

Email: arpitashah.ce@charusat.ac.in

Introduction

Poster competition was held among all the B.Tech and M.Tech classes. The topic for the event was 'Be Bold for the Change'. 20 students from different classes participated in the event and prepared poster on the given theme. In line with the above theme the institute organized a Poster Presentation Competition ability to convey the message with creativity and proper usage of colors.

Event Banner



Members involved and their roles

Following members has been involved

Sr No	Name of Faculty	Role
1.	Ms Arpita Shah (Coordinator)	Overall execution
2.	Brindal Dhol	Student Preventative

Activities carried out and beneficiaries

Student(s)

Sr. No.	ID	Name
1	15IT140	Margi D. Thaker
2	14IT013	ButaniJinal
3	14IT019	Chhatralia Milan K
4	D15IT146	Devanshi S Vora
5	15IT092	Minal Patel
6	16IT148	Yastee A Shah
7	15IT0155	Paulomi Chauhan
8	D15IT148	DAVE JUHI AMIT
9	14IT098	PATEL RIDDHIBEN SANJAYKUMAR
10	14IT115	RATHOD DRASHTI VIJAYSINH
11	14IT023	Krupa Dankhara
12	D16CE166	MEGHA PATEL
13	15CE113	HIRAL RANA
14	16CE018	FARHIN L DAMANIA
15	15CE013	MAHIMA CHAUDHARY
16	16CE104	PRIYA SAVALIYA
17	15CE063	SHWETA MASRANI
18	15CE086	PATEL HINAL MINESHKUMAR
19	15CE075	PARIKH DISHA MANISH
20	15CE082	PATEL DEVARSHI JAYANTBHAI

Event clicks



Photo 1: Presentation received First Prize (Date: 8th March, 2017)



Photo 2: Presentation received Second Prize (Date: 8th March, 2017)

Human Resource Development Cell (HRDC), CHARUSAT

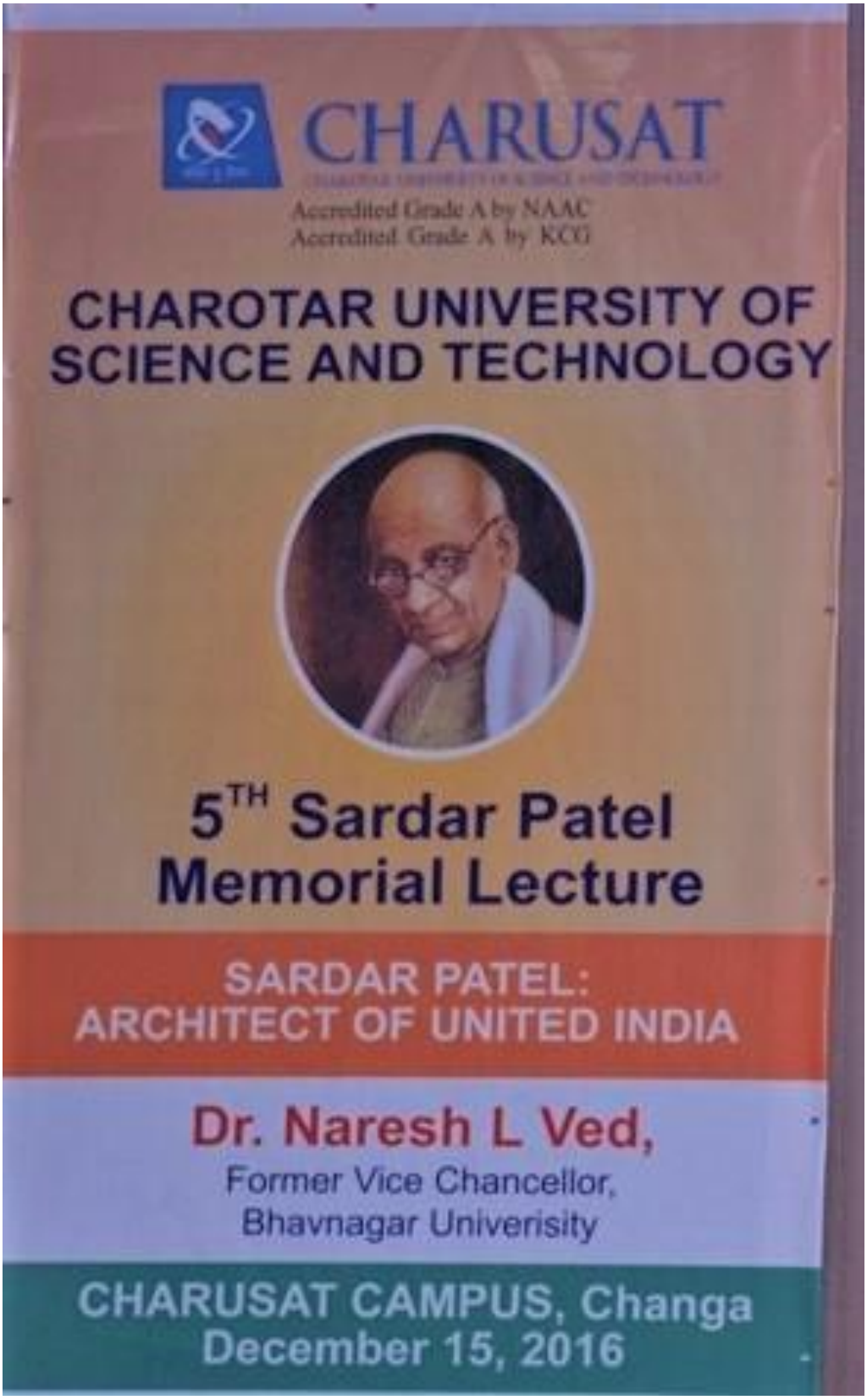
- Faculty of Technology and Engineering
- Faculty of Pharmacy
- Faculty of Computer Science and Applications
- Faculty of Management Studies
- Faculty of Sciences
- Faculty of Medical Sciences

Pri. B. I. Patel Human Resource Development Center (HRDC)

(Programme undertaken during the year: 2016-17)

Programme Name/Title:	5th Sardar Patel Memorial Lecture - "Sardar Patel: Architect of United India" to commemorate 141st Birth Annivarsary of Sarda Vallabhbhai Patel
Cadre:	CHARUSAT Family including Teaching, Non-Teaching, CHARUSAT Executives and Students across all disciplines & Other Participants.
Date: [from-to]	15-Dec-2016
Duration:	01 day
Total Participants:	290 participants consisting of 130 Teachers, 90 Students and 70 other members of Charusat
Funding body:	CHARUSAT
Name of Resource Person:	Dr. Naresh L. Ved, Former Vice-Chancellor, Bhavnagar University

Brochure:


CHARUSAT
Accredited Grade A by NAAC
Accredited Grade A by KCG
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY
5TH Sardar Patel Memorial Lecture
SARDAR PATEL: ARCHITECT OF UNITED INDIA
Dr. Naresh L Ved,
Former Vice Chancellor,
Bhavnagar Universisity
CHARUSAT CAMPUS, Changa
December 15, 2016

Event Report:

National Fervor - 5th Sardar Patel Memorial Lecture: National Unity Day (Rastriya Ekta Diwas)

In order to keep up the spirit of National Fervor, HRDC coordinated the 5th Sardar Patel Memorial Lecture on December 15, 2016. Nearly 290 Members participated in the said programme.

The lecture under the caption, "Sardar Patel: Architect of United India" was delivered by Dr. Naresh L. Ved, Former Vice-Chancellor of Bhavnagar University. The historical anecdotes and the lucid mannerism of presentation was highly applauded by the entire audience.

The memorial lecture was well attended by around 290 participants consisting of 130 Teachers, 90 Students and 70 other members of Charusat Family.

Pri. B. I. Patel Human Resource Development Center HRDC Charusat

Head HRDC

Photographs:



"Sardar Patel: Architect of United India" | Dt. 15/12/2016 | Venue: CHARUSAT Campus.



"Sardar Patel: Architect of United India" | Dt. 15/12/2016 | Venue: CHARUSAT Campus.



"Sardar Patel: Architect of United India" | Dt. 15/12/2016 | Venue: CHARUSAT Campus.



"Sardar Patel: Architect of United India" | Dt. 15/12/2016 | Venue: CHARUSAT Campus.



"Sardar Patel: Architect of United India" | Dt. 15/12/2016 | Venue: CHARUSAT Campus.



"Sardar Patel: Architect of United India" | Dt. 15/12/2016 | Venue: CHARUSAT Campus.



"Sardar Patel: Architect of United India" | Dt. 15/12/2016 | Venue: CHARUSAT Campus.

Pri. B. I. Patel Human Resource Development Center (HRDC)

(Programme undertaken during the year: 2016-17)

Programme Name/Title:	"Demonitization: Its Prospective in Investment Opportunity"
Cadre:	CHARUSAT Family including Teaching, Non-Teaching, CHARUSAT Executives and Students across all disciplines & Other Participants.
Date: [from-to]	27-Dec-2016
Duration:	01 day
Total Participants:	240 participants consisting of 136 Teachers, 80 Students and 24 other members of Charusat
Funding body:	CHARUSAT
Name of Resource Person:	Mr. Nishant Mehta - Vice President, Divya Bhaskar Mr. Jignesh Madhwani – MD, Torin Wealth Management Mr. Girish Patel – Insurance Expert

Brochure:

HRDC
Pri. B I Patel
Human Resource
Development Centre

Pri. B. I. Patel Human Resource Development Centre (HRDC)

Cordially Welcomes you at the Seminar on



DEMONETIZATION "ITS PROSPECTIVE IN INVESTMENT OPPORTUNITY"

(An initiative by Divya Bhaskar)

Tuesday, December 27, 2016

CHARUSAT
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Accredited with Grade "A" by NAAC
Accredited with Grade "A" by KCG

Event Report:

"Demonitization: Its Prospective in Investment Opportunity"

HRDC organized a Seminar on, "Demonetization: It's prospective in Investment Opportunity", on December 27, 2016. It was a Divya Bhaskar CSR Programme, initiated by HRDC with the objective of highlighting the broad based impact of Demonetization as investment opportunity. The Seminar was attended by nearly 280 participants.

The Session was addressed by Mr. Nishant Mehta – VP, Divya Bhaskar, Mr. Jignesh Madhwani- MD Torin Wealth Management and Mr. Girish Patel – Insurance Expert. The session has elaborately discussed on the effects of Demonetization, its impact and how people shall have more options to invest. The session ended with Open House Interaction with the participants.

It was well attended by around 240 participants consisting of 136 Teachers, 80 Students and 24 other members of Charusat Family.

Pri. B. I. Patel Human Resource Development Center HRDC Charusat

Head HRDC

Photographs:



"Demonetization: It's prospective in Investment Opportunity" | Dt. 27/12/2016 | Venue: CHARUSAT Campus.



"Demonetization: It's prospective in Investment Opportunity" | Dt. 27/12/2016 | Venue: CHARUSAT Campus.



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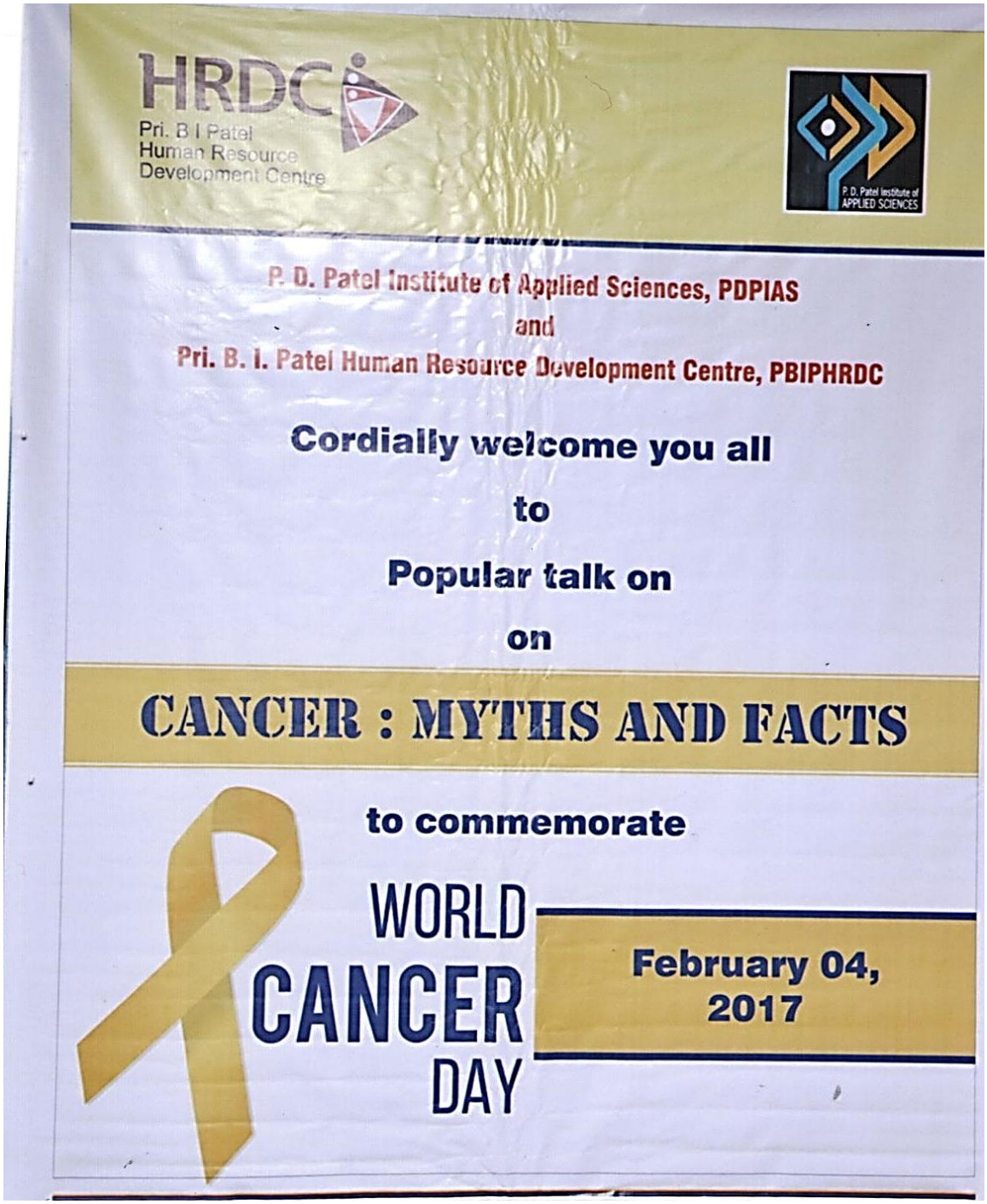
"Demonetization: It's prospective in Investment Opportunity" | Dt. 27/12/2016 | Venue: CHARUSAT Campus.

Pri. B. I. Patel Human Resource Development Center (HRDC)

(Programme undertaken during the year: 2016-17)

Programme Name/Title:	"Cancer: Myths & Facts" - to commemorate World Cancer Day
Cadre:	CHARUSAT Family including Teaching, Non-Teaching, CHARUSAT Executives and Students across all disciplines & Other Participants.
Date: [from-to]	4-Feb-2017
Duration:	01 day
Total Participants:	280 participants consisting of 150 Teachers, 120 Students and 10 other members of Charusat Family.
Funding body:	CHARUSAT
Name of Resource Person:	Dr. Sunil Trivedi - Academic Professor and Scientist, Institute of Human Genetics and Former Scientist, The Gujarat Cancer & Research Institute, Ahmedabad. Dr. Rajesh Kantharia - Kailash Cancer Hospital and Research Centre, Goraj Dr. Anjana Chauhan - Ex. Associate Professor, Gynaeoncology Department, The Gujarat Cancer & Research Institute, Ahmedabad.

Brochure:


HRDC
Pri. B I Patel
Human Resource
Development Centre
P. D. Patel Institute of APPLIED SCIENCES
P. D. Patel Institute of Applied Sciences, PDPIAS
and
Pri. B. I. Patel Human Resource Development Centre, PBIPHRDC
Cordially welcome you all
to
Popular talk on
on
CANCER : MYTHS AND FACTS
to commemorate
WORLD
CANCER
DAY
February 04,
2017

Event Report:

"Cancer: Myths & Facts" - to commemorate World Cancer Day

A popular talk was initiated by HRDC in collaboration with PDPIAS on 4th February 2017 under the theme, "Cancer: Myths and Facts" to commemorate 4th February being observed as World Cancer Day all over the world.

Renowned experts from the field of Cancer Research namely, Dr. Rakesh Rawal, Senior Scientist, Gujarat Cancer and Research Institute, Ahmedabad., Dr. Rajesh Kantharia, Head and Neck Onco-Surgen, Kailash Cancer Hospital and Research Centre, Goraj, Vadodara, Dr. Anjana Chauhan, MD, Gynecologist, GLOBAL Hospital, and Apollo CBCC Cancer Care, Ahmedabad and Dr. Neeraj Jain, Assistant Professor, PDPIAS clarified on the wrong notions about cancer from the minds of the people and to make them aware of the important facts about it. The programme drew attention of all the employees of CHARUSAT, as well as final year students of Nursing, Physiotherapy and Applied Sciences.

The session was well attended by around 280 participants consisting of 150 Teachers, 120 Students and 10 other members of Charusat Family.





Head HRDC

Photographs:



"Cancer: Myths and Facts" | Dt. 04/02/2017 | Venue: PDPIAS Auditorium.



"Cancer: Myths and Facts" | Dt. 04/02/2017 | Venue: PDPIAS Auditorium.



"Cancer: Myths and Facts" | Dt. 04/02/2017 | Venue: PDPIAS Auditorium.



"Cancer: Myths and Facts" | Dt. 04/02/2017 | Venue: PDPIAS Auditorium.



"Cancer: Myths and Facts" | Dt. 04/02/2017 | Venue: PDPIAS Auditorium.



"Cancer: Myths and Facts" | Dt. 04/02/2017 | Venue: PDPIAS Auditorium.

Equal Opportunity Cell (EOC), CHARUSAT

- Faculty of Technology and Engineering
- Faculty of Pharmacy
- Faculty of Computer Science and Applications
- Faculty of Management Studies
- Faculty of Sciences
- Faculty of Medical Sciences



Access audit report for ARIP building



Submitted to: Prof. Vijay Panchal,
Chairperson,
Equal Opportunity Cell,
CHARUSAT

Submitted By: V Prakash,
Institute Coordinator (ARIP),
Equal Opportunity Cell,
CHARUSAT



This access audit was carried out using the Harmonised Guidelines and Space standards for Barrier Free Environment for Persons with Disabilities (released on 23rd March 2016) provided by Ministry of Urban Development, Govt of India

CHARUSAT
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Ashok & Rita Patel
Institute of Physiotherapy

ACCESS AUDIT Report

Building Name: Ashok & Rita Patel Institute of Physiotherapy

Date of Audit: 28-07-2016

Audit done by:

1. Garima Gedamkar, Assistant Professor, ARIP
2. Sonal Rathod, IInd semester MPT,ARIP
3. Aditi Gandhi, IInd semester MPT,ARIP

Executive Summary

The growth and development of physical infrastructure provides an abundance of opportunities and experiences for many people, free of limitations imposed of the built environment. The built environment, however, imposes numerous obstacles for Persons with Disabilities (PWDs) that limit their ability to move about freely and safely without concern. Many buildings and areas would require redesigning and retrofitting to ensure a barrier free environment for persons with disability and the elderly.

An access audit rates an existing building against given criteria for usability and accessibility. The Department of Empowerment of Persons with Disabilities (DEPwD) has launched Accessible India Campaign (Sugamya Bharat Abhiyan) as a nation-wide Campaign for achieving universal accessibility for Persons with Disabilities (PwDs). In line with this campaign, we have conducted access auditing of the built Environment of the ARIP for Persons with Disability and Elderly Persons.

Key findings

- Non availability of accessible or designated parking space for PWDs
- Front entrance door has high resistance for opening
- Emergency exits is not clearly marked with directional arrow signs
- Water taps are not accessible for persons using wheel chair and cannot be easily manoeuvred by a person with poor hand function
- Side entrance ramp does not have railings on both sides
- Direction signages indicating the location of accessible facilities such as toilet or water are non-existent

Recommendations

- To install hand railings for ramp on both side
- To modify front entrance by making a provision for ramp
- To improve accessibility of water for PWDs
- To restructure existing ramp for facilitating the manoeuvrability of self-propelled wheel chair users
- To consider installing automatic door at the from entrance to ease the existing barriers in using front door such as high resistance in opening door, forceful closure due to strong wind and other reasons.
- To designate parking space for PWDs located closer to entrance

A comprehensive audit checklist attached with this report would provide the detailed version of findings of this audit.

1. MAIN ENTRANCE	YES	NO	NOT APPLICABLE	REMARKS
▪ Is the main entrance of the building accessible?		✓		
▪ Are there any steps at the entrance?	✓			
▪ Do the steps have a handrail?		✓		
▪ Are there handrails on both the sides?			✓	
▪ Is there a ramp?		✓		Not adjacent to steps
▪ Does the ramp have a railing?		✓		
▪ Are there handrails on both the sides?			✓	
▪ Is the clear door width at least 1000 mm?	✓			2250mm
▪ Can the entrance door be operated independently?	✓			Only till mid-way
▪ Is the height of the door handle between 800 mm and 1000 mm?	✓			1100mm
▪ Does the accessible entrance permit access to an elevator?			✓	
▪ Is the accessible entrance clearly identifiable?	✓			
▪ Is the landing surface non-slippery?	✓			

2. RAMPS	YES	NO	NOT APPLICABLE	REMARKS
▪ Is there a ramp next to the stairs?		✓		
▪ Is the location of the ramp clearly identifiable?	✓			
▪ Is the ramp gradient no steeper than 1:12?				1:1.74
▪ Is there a landing of at least 1500 mm x 1500mm, at 9m intervals provided?			✓	
▪ Is there a landing at every change in direction?			✓	
▪ Is there landing at the top and bottom of every ramp?	✓			
▪ Is the minimum width of the ramp 1500 mm?	✓			
▪ Are there continuous handrails, on both sides, at a height between 760 mm – 900 mm?		✓		
▪ Is the surface of the ramp non-slip?	✓			Grating present
▪ Is there an edge protection on both sides of the ramp?		✓		

3. PARKING	YES	NO	NOT APPLICABLE	REMARKS
▪ Are there accessible parking facilities?		✓		
▪ Is the number of accessible parking spaces sufficient?			✓	
▪ Are the designated spaces wide enough 3600mm x 5m?			✓	
▪ Are accessible parking spaces marked by the international symbol of accessibility?			✓	
▪ Accessible parking spaces are not misused or used by non-disabled people?			✓	
▪ If the drop-off area has a kerb, is there a kerb ramp leading to the pathway?			✓	

▪ Is the drop-off area marked by signage?			✓	
▪ Is there an accessible path of travel form the drop-off area to the main entrance?			✓	

4. RECEPTION & INFORMATION COUNTERS	YES	NO	NOT APPLICABLE	REMARKS
▪ Are the counters easily indefinable?		✓		
▪ Is the counter at two height?		✓		
▪ Is a part of the counter lowered to accessible height of 800 mm?		✓		1220mm
▪ Is a loop induction unit installed at the counter?		✓		
▪ Are there tactile pictographic maps of the building near the counter?		✓		
▪ Is the counter well illuminated?		✓		

5. DOORS	YES	NO	NOT APPLICABLE	REMARKS
▪ Are there any automatic doors at the entrance?		✓		
▪ Can the doors be operated without much effort?	✓			But till half way
▪ Do automatic doors have sufficient long opening intervals?			✓	
▪ Are push buttons for automatic doors located at a maximum height of 1m?			✓	
▪ Is there sufficient space beside the latch side of the doors (450-600mm)?	✓			
▪ Are accessible door placed adjacent to the revolving doors			✓	

and turnstiles?				
▪ Are glazed doors marked with a colour band at eye level?	✓			
▪ For double leaf doors, is the width of one of the leaves at least 1m?	✓			1125mm
▪ Do doors fitted with spring closers have an extra pull handle?		✓		
▪ Is manual door accessories/ hardware (handle,lock pull etc.)lower than 800mm?		✓		1100mm

6. CORRIDORS	YES	NO	NOT APPLICABLE	REMARKS
▪ Is the minimum unobstructed width of corridors at least 1500 mm?	✓			2980mm
▪ Does the corridors width allow manoeuvring through doors located along its length?	✓			
▪ Are differences in level, bridged with by ramps or lifts?			✓	
▪ Can a sightless person with a cane detect all protruding objects with in the corridor?		✓		
▪ Are all over hanging obstructions mounted above a minimum height of 2200mm?		✓		Between 1070mm-1840mm
▪ Can a person with low vision, identify all obstacles in the corridor?	✓			

7. LIFTS	YES	NO	NOT APPLICABLE	REMARKS
▪ Is there an accessible path leading to the elevator?			✓	
▪ Is the clear door opening width 1m or more?			✓	
▪ Are the minimum internal dimensions of the elevator 1500 mm x1500 mm minimum or having 13 persons capacity?			✓	
▪ Is the height of the call button (outside the lift) between 800 mm – 1m, from the floor level?			✓	
▪ Is the control panel placed at a height between 800 mm – 1m, from the floor level?			✓	
▪ Is there an audio and video system installed in the lift indicating arrival at a floor?			✓	
▪ Are there Braille/raised numbers on the control panel?			✓	
▪ Is the elevator provided with a handrail on the three sides?			✓	
▪ Are the handrails mounted at a height between 800 mm and 1m?			✓	
▪ Is the elevator door easy to identify?			✓	
▪ Is the emergency intercom provided inside the elevator?			✓	
▪ Are there tactile or Braille instructions for the communication system?			✓	
▪ Is the emergency intercom usable without the voice communication?			✓	
▪ Is the door opening/closing interval long enough?			✓	
▪ Is the finish of the elevator floor skid-resistant?			✓	

8. STAIRS	YES	NO	NOT APPLICABLE	REMARKS
▪ Is the minimum width of the stairs 1200mm?	✓			2500mm
▪ Are there continuous handrails, on both sides, at a height between 760mm-900mm?		✓		1110mm
▪ Is the handrails installed in the centre of the stair width, which is more than 3m wide?			✓	
▪ Is the landing length not less than 1200mm?	✓			
▪ Are the step edges of a different colour or texture easily identifiable by low-vision & vision impaired persons?		✓		
▪ Are there warning blocks installed at the beginning and end of all flights?		✓		
▪ Is the location of emergency (fire escape) stairs clearly identifiable?		✓		
▪ Does the height of the risers is 150 mm maximum & tread 300 mm minimum?	✓			Riser=220mm Tread=360mm
▪ Do treads have a non-slip surface?	✓			
▪ Are the risers having open gaps in the steps?		✓		

9. HANDRAILS(at entrance)	YES	NO	NOT APPLICABLE	REMARKS
▪ Are handrails mounted at a height between 760mm – 900 mm?	✓			
▪ Are handrails easy to grip?	✓			
▪ Are handrails securely attached?	✓			
▪ Do handrails extend horizontally 300 mm at the top and bottom of every staircase or ramp?	✓			Top=1200mm Bottom-No
▪ Are the ending of the handrails grouted in the ground or turn downward?	✓			
▪ Is the space between the handrails and the wall no less than 50mm?	✓			
▪ Are the handrails painted in contrast colours to be easily indefinable?		✓		
▪ Are there tactile strip/ Braille plates identifications on the handrails for emergency stairs & floor levels?		✓		

9. HANDRAILS(inside building)	YES	NO	NOT APPLICABLE	REMARKS
		✓		
▪ Are handrails mounted at a height between 760mm – 900 mm?				
▪ Are handrails easy to grip?	✓			
▪ Are handrails securely attached?	✓			

▪ Do handrails extend horizontally 300 mm at the top and bottom of every staircase or ramp?	✓			Bottom-No
▪ Are the ending of the handrails grouted in the ground or turn downward?	✓			
▪ Is the space between the handrails and the wall no less than 50mm?	✓			600mm
▪ Are the handrails painted in contrast colours to be easily indefinable?		✓		
▪ Are there tactile strip/ Braille plates identifications on the handrails for emergency stairs & floor levels?		✓		

10. TOILETS	YES	NO	NOT APPLICABLE	REMARKS
▪ Are there accessible toilets for Persons with Disabilities?	✓			
▪ Are the toilets easily identifiable?		✓		1.90m x 1.80
▪ Is there sufficient space of 2m x 2.2m inside the toilets to manoeuvre a wheelchair?	✓			
▪ Are water closet (WC) and bidets mounted at a height between 450mm – 480mm?	✓			480mm
▪ Is the space between the WC and the closest adjacent wall, fitted with a grab bar is between 450 mm – 500mm?	✓			400mm
▪ Is the accessible washbasin mounted at a height between 750mm – 850mm?	✓			780mm
▪ Is the lower edge of the mirror positioned at a height not exceeding 1m?		✓		1130mm

▪ Are the accessible showers provided with a folding seat?			✓	
▪ Are the grab bars installed near WC and showers at a height between 750 – 850 mm?		✓		690mm-960mm
▪ Do grab bars have a diameter of 38 mm?		✓		50.9mm
▪ Do wall mounted grab bars have knuckle space 50 mm?	✓			
▪ Are grab bar non slippery?	✓			
▪ Can the grab bars withstand the load of 200kg minimum?				Could not test
▪ Are faucets easy to grip and operate with one hand?		✓		
▪ Are shower fixtures with at least 1500 mm long hoses?			✓	
▪ Are hot water pipes insulated or covered?			✓	
▪ Is the toilet equipped with an emergency alarm system?		✓		
▪ Can doors be locked from inside and releasable form outside under emergency situations?	✓			

▪ Are flushing arrangements, dispensers and toilet paper mounted between 300mm and 800mm?		✓		930mm
▪ Are flushing equipments easy to operate?	✓			
▪ Is the floor material skid proof, well drained and waterproof?	✓			
▪ Do pivoted doors open outwards?		✓		

11. CANTEEN	YES	NO	NOT APPLICABLE	REMARKS
▪ Is the eating outlet accessible for PwD"s?			✓	

▪ Is there a circulation path of at least 900 mm wide to allow a wheelchair user to move around the eating outlet?			✓	
▪ Are the cash and service counter height below 800mm?			✓	
▪ Is the table accessible with a height of 750mm to 850mm and knee space of 750mm wide and 480mm deep?			✓	
▪ Do the table with fixed stools have accessible spaces for wheelchairs?			✓	

12. DRINKING WATER	YES	NO	NOT APPLICABLE	REMARKS
▪ Is the Water tap accessible?		✓		
▪ Can it be easily manoeuvred by a person with poor hand function?		✓		
▪ Is the area dry?	✓			Not always
▪ Are glasses provided?	✓			

13. SIGNAGES	YES	NO	NOT APPLICABLE	REMARKS
▪ Are accessible spaces identified by the international symbol of accessibility?		✓		
▪ Are there directional signs indicating the location of accessible facilities?		✓		
▪ Are maps, information panels and wall-mounted signs placed at a height between 900mm and 1800mm?	✓			Sign board of different rooms with description lowest-900mm

▪ Are signs clear, simple and easy to read?	✓			Sign board of different rooms with description
▪ Is the colour of signs clearly distinguishable?	✓			Sign board of different rooms with description
▪ Is the surface of the sign processed so as to prevent glare?	✓			Sign board of different rooms with description
▪ Is the sign supplement by a text in embossed letters or in Braille available next to information signs?		✓		
▪ Is the lettering size proportional to the reading distance?	✓			

14. EMERGENCY EXITS	YES	NO	NOT APPLICABLE	REMARKS
▪ Are emergency exits clearly marked with directional arrow signs?		✓		Route of entry & exit is same

15. PUBLIC TELEPHONES	YES	NO	NOT APPLICABLE	REMARKS
▪ Are there public telephones accessible to wheel chair users?			✓	
▪ Is there at least one telephone in the building equipped with a loop induction unit?			✓	
▪ Are the numerals on the telephone raised to allow identification by touch?			✓	

▪ Is there proper signage directing to the public telephone?	✓	
▪ Are the heights of the operable parts of the telephone between 800mm and 1m?	✓	
▪ Is there a clear knee space of 750mm?	✓	

16. RESTING FACILITIES	YES	NO	REMARKS
▪ Where there are large spaces, are resting facilities provided at 30 meters of intervals?	✓		2510mm
▪ Is there an adjoining space for a wheelchair next to benches and public seats?	✓		
▪ Are public seats with height of 450-480mm?	✓		450mm
▪ Are knee spaces at accessible tables with a height of 750mm and knee space of 750mm wide and 480mm deep?	✓		

CHARUSAT
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Hardik Jayswal <hardikjayswal.it@charusat.ac.in>

Logo Design Competition (Equal opportunity cell)

Hardik Jayswal <hardikjayswal.it@charusat.ac.in> Wed, Aug 3, 2016 at 1:08 AM
To: Ashwin Makwana <ashwinmakwana.ce@charusat.ac.in>, kanan gamit <kanangamit.ph@charusat.ac.in>, Sonal Rami <sonalrami.it@charusat.ac.in>, Prabhin Sukumaran <prabhinsukumaran.cv@charusat.ac.in>, Mitali Vedanti <mitalivedanti.cv@charusat.ac.in>, Dhaval Bhoi <dhavalbhoi.ce@charusat.ac.in>, Hardik Jayswal <hardikjayswal.it@charusat.ac.in>, Poonam Thanki <poonamthanki.ec@charusat.ac.in>, mihir patel <mihirrpatel.ee@charusat.ac.in>, Nirali Honest <niralihonest.mca@charusat.ac.in>, mansi paradkar <mansiparadkar.ph@charusat.ac.in>, binit patel <binitpatel.mba@charusat.ac.in>, Janki Thakker <jankithakker.bt@charusat.ac.in>, Prakash Vaidhyalingam <prakashv.phy@charusat.ac.in>, Praneeta Christian <praneetachristian.nur@charusat.ac.in>, Dattatraya Subhedar <dattatraya.me@charusat.ac.in>, Ayesha Shaikh <ayeshashaikh.it@charusat.ac.in>, Reshma Sable <reshmasable.mba@charusat.ac.in>
Cc: Vijay panchal <vijaypanchal.cv@charusat.ac.in>

Dear all

As you are aware that Equal opportunity cell has been constituted to provide Equal opportunity to every CHARUSAT family member. In this regard a meeting was conducted, out of all the activity IT department is assigned to organize LOGO design competition of EOC.

It has been decided to involve CHARUSAT Students for the same. A competition to design LOGO will be organized and best design would be selected and awarded with Prize money.

So all the EOC members of respective Departments and Institute are requested to share this information and encourage the students for participating in the same.

Click on below link for participate in Logo Design Competition

http://equalopportunitycell.in/

for any query please contact me

--
Hardik S. Jayswal
Assistant Professor
B.E(IT),M.tech(CE)
Department of Information Technology
CHAROTAR UNIVERSITY OF SCIENCE & TECHNOLOGY
CHARUSAT-Changa
Ext : 5119

(M) : +91-9825961830

Date: 27th July, 2016

To
The Principal,
CSPIT, CHARUSAT.

Subject: Permission for organizing LOGO design competition under the Equal opportunity cell.

Respected sir,

As you are aware that Equal opportunity cell has been constituted to provide Equal opportunity to every Charusat family member. In this regard a meeting had been conducted to design LOGO of cell on 12th July 2016 1.30 p.m.

It has been decided to involve CHARUSAT Students for the same. A competition to design LOGO will be organized and best design would be selected. Also student would be awarded with Prize money.

To compensate the expenses toward the competition planned, we have approached to various organization for the sponsorship as a result of this "Jumbo Jet Aviation Academy" is ready to provide sponsorship of Rs 5000 to organize the competition. So kindly grant the permission for organizing the competition.

Yours Sincerely

Hardik S. Jayswal
Dept. Coordinator, EOC

Forwarded Through

Prof. Parth D. Shah
Head of the Department
Information Technology

27/07/16

Dr. V. R. Panchal
Chairperson, EOC
Dept. of Civil Engineering

Allowed
27/7/16

Logo competition:

Equal opportunity cell (EOC) has been constituted to provide Equal opportunity to every CHARUSAT family member. In this regard, a meeting was conducted. It was decided in the meeting that IT department will organize LOGO design competition of EOC.

It has been decided to involve CHARUSAT Students for the same. A competition to design a LOGO will be organized and it has been decided to select best design and awarded with Prize money.

We have received hundreds of logo from the Students of CHARUSAT between 10st august to 25th august..

To select best suitable logo for EOC, scrutiny committee 1 has been formed by the university. Scrutiny committee 1 have Evaluated all received LOGO and selected the top twenty five (25) logo Based on above guideline up to 30th August.

Scrutiny committee 2 that involve head and principal of institution of CHARUSAT they have given their preference to select the logo, With their preference top 3 logo has been selected.

The details of competition are attached in Annexure 1.

Annexure 1.

About the Competition:

The "Equal opportunity cell logo design competition " ("The Contest"), is organized by , Equal opportunity cell at CHARUSAT.

Eligibility:

Open to all CHARUSAT Current Undergraduates, Post Graduate Students. The Competition is not eligible to employees of CHARUSAT.Equal opportunity and CHARUSAT cell reserve the right to disqualify entries that do not meet the eligibility terms and conditions of the Competition.

Duration of Competition:

The Competition begins at 10.00 a.m on 10th August, 2016 to 25th August, 2016 10.00 p.m.. No entry will be considered after 25th August, 2016 10.00 p.m.

Joining the Competition:

Participants can submit logo design as an individual or as Group Entry. Participants are allowed to submit a maximum of 2 entries. The Contest is free of charge for the participants.

Submission Guidelines for Submit a Logo:

- Logo should correspond to the Equal opportunity Cell
- Preferably relate to Equal opportunity at CHARUSAT
- Modern, simple, smart, recognizable, memorable
- Logo must include the words, “Equal opportunity”.

  e.g “We Believe in Equality ”,“Equality is the Best Policy” , “One for all & All for one”
- Submission Must via Online,No printed copy will be accepted.
- Attached Logo file must be in either jpg ,bmp.other format will not be allowed
- Logo files must be at least 256 x 256 pixels. Limit attachment size to not more than 5MB..

Selection of Winner:

Judging Criteria:

The entries will be assessed in the following areas:

	Percentage
Storyline/ Design Rational/Quote	40%
Creativity	30%
Originality	30%

Scrutiny committee 1 will Evaluate all Received LOGO and select the top twenty five (25) logo Based on above guideline up to 30th August.

Scrutiny committee 2 will scrutinize top 3 logo out of final twenty five (25) LOGO selected by Scrutiny committee 1.

Prizes :

There will be 1 winning entry and 2 and 3 consolation prizes as listed in the table below:

Cash Prizes	
Winner (1st Prize)	1500 RS.
1st Runer UP	1000 Rs.
2st Runer UP	500 Rs.

The prizes are not transferable or redeemable for other goods or services.

Announcement of Result

All prize winners will be notified by email.

All prizes must be collected by the winner or his authorized representative within 30 days from the date of notification.

The judges' decision pertaining to the judging, process and award of the prizes is final and no correspondence will be entered tained.



Winner (16TIT009)

]



16TIT064(1st Runners up)



15MCAL074(2nd Runners up)



15BCA048 (4th Rank)



16TIT060 (5th Rank)



16TEC066(6th Rank)



14MCA030(7th Rank)



D15CE169 (8th Rank)



15MCAL062(9th Rank)



16TEC078 (10th Rank)

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Institute : Smt. Chandaben Mohanbhai Patel Institute of Computer Applications

Name of Event : Expert Lecture on Developing Soft Skills.

Date and Time of Event : 11th August,2016, 10:10 a.m. to 12:10 p.m.

Event coordinator : Ms. Nirali Honest

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1	**Dr. Bhaskar Pandya**	Department of Humanities and Social Sciences, I^2 IM , CHARUSAT

Event Schedule:

Date	Time	Session	Activity
11th August , 2016	10:10 a.m. to 12:10 p.m.	• Introduction • Floral Welcome • Content delivery by guest speaker • Vote of Thanks	Lecture and Interaction session with the students on values of life skills

Summary of the Event :

- The event was organized to understand the value of life skills which is one of the most important soft skills that need to be acquired by an individual. The session was commenced with a brief introduction of the guest and speaker Dr. Bhaskar Pandya, which was followed by the floral welcome. Dr. Bhashar Pandya shared his views of life sills by giving numerous

motivational examples and very impressive and effective videos. The major topics covered during the session were, Concept of Life, Concept of Life Skills, Importance of Life Skills, Important Life Skills, Categorizing Life Skills, Developing Life Skills, Basic Principles to follow and important things always to remember for living a happy and successful life. Dr. Bhaskar shared his knowledge on how to take an effective decision, how to handle failures, how to handle critics, how to handle obstacles and how to analyze and identify problems that leads to failure, and above all how to overcome all problems and achieve the goals of your life. He shared some good books students should read to lead a better life, and he showed very motivating speech of Steve Jobs at the convocation function, Stanford University, which helped the student to understand every successful person has faced difficulty and struggles in life, only the person who handles life with right attitude lives a happy and successful life. The session was ended by giving a vote of thanks to Dr. Bhaskar for delivering very valuable content in a very simple and pleasant manner and sharing his content with all, to all the participants for being very good audience and respecting Sir by listening him very carefully and silently, to the Chairperson of EOC for giving the opportunity to host the event , to the Principal CMPICA, for giving permission to carry out the event , to the HOD Sir and staff members of CMPCIA for making all the necessary actions and adjustments required to handle the event smoothly and last but not the least to all the student volunteers for managing the entire event very responsibly.

Registration fee (if any): No registration fees.

No. of Participants: 292

List of Participants:

Sr. No.	Name of participant	ID No.
1	HARSH PATEL	15BCA046
2	BRIJESH AMIN	15BCA001
3	DHRUV PATEL	15BCA041
4	JAY JOSHI	15BCA044
5	HARDIK PATEL	15BCA021
6	GOTI VAIDIK	15MSIT011
7	PANDAV PIYUSH	15MSIT012
8	GOYANI ELISH	15MSIT025
9	MESHWA SEVAK	15MCAL147
10	APEKSHA PITHODIYA	15MCAL127
11	KEYUR PATEL	15MSIT056
12	SHAH RITESH	15MCAL154
13	SONI VAIBHAV	15MCAL171
14	ERIK KHANPARA	15MCAL043
15	SARANG SUTHAR	15MCAL173
16	VIRENDRA RAJPUT	15MCAL135
17	VAGHASIYA GHANSHYAM	15MCAL185
18	PATEL SHREY	15MCAL116
19	DESAI KRUPALIBEN	15MCAL019
20	PATEL DIVYABEN	15MCAL091
21	PANDYA RIDDHIBEN	15MCAL076
22	DESAI HETA	15MCAL018
23	PATEL HARSHBHAI	15MCAL095
24	LALWANI HARSHA	15MCAL048
25	THAKAR VIRALKUMAR	15MCAL180
26	PATEL HARSH	15MCAL094
27	PANDYA BHARGAV	15MCAL073
28	PATADIYA SOHAM	15MCAL081
29	PATEL MAYURKUMAR	15MCAL104
30	MEMAN MOHAMMADSAJIL	15MCAL058
31	SONI RAVIKUMAR	15MCAL168
32	THAKOR MOHAMMADSUFIYAN	15MCAL181
33	THAKAR DARSHANKUMAR	15MCAL178
34	SONI PARTHKUMAR	15MCAL167
35	VYAS PRITHWESH	15MCAL195
36	NAGORIA RAJAT	15MCAL066
37	VAGHELA DHAVALKUMAR	15MCAL186
38	DESAI JAIMIN	15MSIT0008
39	DESAI DHRUVI	15BCA016
40	SHAH DIVYA	15BCA077

Sr. No.	Name of participant	ID No.
41	BHATASANA KRUPA	15BCA002
42	PANIKER AMITHA	15BCA032
43	PATEL GRISHMABEN	15BCA043
44	SURANI ARTI	15BCA084
45	PRAJAPATI JAYKUMAR	15BCA072
46	PATEL DHRUVKUMAR	15BCA042
47	PATEL APURVA	15BCA036
48	PUROHIT KRUPAL	15BCA074
49	CHHATRALA SIDDHARTH	15BCA010
50	GANGAVANI RONESHKUMAR	15BCA018
51	THAKKAR YASH	15BCA087
52	SHAH RUMIT	15BCA080
53	CHAUDHARI SHIVANG	15BCA007
54	PATEL RAJKUMAR	15BCA063
55	PATEL DHRUVIL	15BCA040
56	BHUT UTTAM	15BCA005
57	MAKWANA KRUNALBHAI	15BCA026
58	MANGUKIYA JENISHKUMAR	15BCA027
59	SHAH NEEL	15BCA078
60	BUDDHBHATTI ABHISHEK	15BCA006
61	DANI YASH	15BCA013
62	PATEL MITULKUMAR	15BCA056
63	DALWADI JAY	15BCA012
64	PARIKH CHINTAN	15BCA034
65	PATEL DHRUVIL	15BCA039
66	RAY VIPULKUMAR	15BCA075
67	KHATRI RUPA	14MCA009
68	PATEL BINALI	14MCA021
69	PATEL JUHI	14MCA022
70	SHAH TARANG	15MCAL115
71	SHAH HARDIK	15MCAL148
72	DAVE RUTUL	15BCA015
73	PATEL KIRTANKUMAR	15BCA054
74	PATEL SANKETKUMAR	15BCA065
75	PITHADIYA VRUJAN	15BCA071
76	LUKHI KRUNAL	15BCA025
77	KHARADI NIRAV	15BCA022
78	GADHIYA BIREN	15BCA017
79	TRIVEDI HARSHIL	15BCA090
80	BHATT YASH	15BCA004
81	PARMAR MOHITSINH	15BCA035
82	PATEL VIVEK	15BCA069
83	MANSURI ARSHADMAHAMMAD	15BCA029
84	MANIYA KAVITKUMAR	15BCA028
85	KSHATRIYA DIVYESH	15BCA024

Sr. No.	Name of participant	ID No.
86	KHATWANI MOHITKUMAR	15BCA023
87	SHAH SRINATH	15BCA081
88	SUTHAR PREM	15BCA085
89	CHAMPANERI KARANKUMAR	15MCAL011
90	JADEJA ANIRUDDH	15MCAL034
91	PATEL MAYURBHAI	15MCAL103
92	SONI RAJVIBEN	16BCA097
93	PUNJABI KOMAL	16BCA083
94	MAUSMI MANEK	15MCAL055
95	MALEK FARZEEN	15MCAL052
96	MANSI SARVAIYA	15MCAL146
97	BHUMI GOR	15MCAL029
98	NIKITA BARIA	15MCAL002
99	DARSHAN CONTRACTOR	14BPH004
100	PARITA PATEL	14BPH046
101	POOJA GORI	14BPH008
102	MOHMMADIQBAL VAHORA	14BPH068
103	BHUMIKA VASU	13BPH087
104	JAY SHAH	13BPH082
105	MITESH PUROHIT	14MCA026
106	SARSVATI VAGHELA	14MCA035
107	DAMINEE MAKWANA	14MCA012
108	RAULJI JAYAVEERSINH	16BCA087
109	ASODARIA BHARGAV	16BCA111
110	THAKKAR JAY	16BCA100
111	PATEL TILAKKUMAR	16BCA077
112	PATEL SHIVAM	16BCA075
113	PATEL RAJ	16BCA073
114	THAKKAR JITENKUMAR	16BCA101
115	VYAS JINIL	16BCA107
116	SONANI DHRUVKUMAR	16BCA115
117	DHANJI SAHIL	16BCA018
118	SHETHNA HARSHIL	15MCAL161
119	RAJPUT LAXMIBEN	15MCAL134
120	PATEL PRATI	15MCAL110
121	PATEL DRASHTI	15MCAL093
122	PATEL DHARTIBEN	15MCAL088
123	PADHAAR VISHALKUMAR	15MCAL070
124	PATEL NEHABEN	15MCAL108
125	PATEL VIRALKUMAR	15MCAL123
126	BABARIYA DISHA	15MCAL001
127	SAGAPARIYA REKHA	15MCAL145
128	RADADIA DIPA	15MCAL130
129	RAMANI PREXABEN	15MCAL137
130	GANDHI MAYURIBEN	15MCAL023

Sr. No.	Name of participant	ID No.
131	GOHIL NIDHI	15MCAL025
132	BHATASANA PRASHANT	15MCAL007
133	PANDYA DIPALI	15MCAL074
134	RAKHOLIYA HIRAL	15MCAL136
135	POLRA PARASKUMAR	15MCAL128
136	MACWAN JANISH	15MCAL050
137	PATEL SHREYA	15MCAL117
138	TALATI HELI	15MCAL176
139	PATEL PRIYA	15MCAL112
140	MISTRY DHRUTI	14MCA016
141	GUPTA DISHA	15MCAL032
142	PATEL KRIYABEN	15MCAL102
143	PATEL DHARABEN	15MCAL087
144	MISTRY KAJALBEN	15MCAL060
145	MITAL PATEL	15MCAL107
146	NATHTHANWALA MRUNAL	15MCAL068
147	PRATIK MISTRY	15MCAL061
148	KRUNAL GOSWAMI	15MCAL031
149	KACHHIA SAVAN	15BCA021
150	SHAH ROMIL	15BCA079
151	METWASA YASH	15BCA030
152	VISHAL MAHANT	14BCA011
153	KRUNAL KAPATEL	14BCA007
154	VYAS MAULESH	16BCA108
155	PATEL PRATIKKUMAR	16BCA071
156	PARMAR VIMALKUMAR	16BCA080
157	PRANAV JARIWALA	15MSIT014
158	CHOHALIYA HIRENKUMAR	15MSIT006
159	PATEL JAYKUMAR	15MSIT032
160	PATEL BIJALBEN	15MSIT030
161	PATEL VISHAL	15MSIT039
162	DESAI DHRUVIN	15MCAL017
163	MANSURI MOHAMMEDSAHIL	15MCAL056
164	BHAVSAR ATULKUMAR	15MCAL009
165	CHANDNANI VIKASHKUMAR	15MCAL012
166	KANOJIA JAIRAJ	15MCAL040
167	SHAH KIRANKUMARI	16BCA091
168	PATEL DIKSHA	16BCA046
169	SHAH ANJALI	16BCA089
170	PARIKH HETVI	16BCA036
171	DHARMENDRAKUMAR DAHYABHAI SOLANKI	16TMPTSS003
172	NEHALI AMIN	16TMPTSS001
173	BHUVNESH AJITKUMAR PATEL	16TMPTRE002
174	MOIN.I.SHAIKH	16TMPTSS002
175	PARTH PATEL	16TMPTMS003

Sr. No.	Name of participant	ID No.
176	DISHITA PARIKH	16TMPTMS004
177	EKTA SONI	16TMPTMS005
178	GANDHI ADITI	15MPTNS101
179	SONAL RATHOD	15MPTRE101
180	THAKKAR MITVA	15MPTMS201
181	PANDEY BHAVANISHANKAR	15MSIT025
182	ZALA AJAYSINH	15MSIT055
183	JET SAMIRA	15MSIT015
184	MEDAWALA FENIE	16MSIT015
185	GUPTA LOKESH	16MSIT006
186	LAKHI ASHIFA	16MSIT014
187	KAPADIYA FARHANA	16MSIT011
188	DAVE SHREYA	16MSIT004
189	PRAJAPATI SHIVANI	16MSIT027
190	PATEL KAJALBEN	16MSIT021
191	PATEL PRIYABEN	16MSIT024
192	JANI MEGHABEN	16MSIT008
193	PATEL PRIYANKABEN	16MSIT025
194	PATEL DHARTIBEN	16MSIT020
195	DAVE BHAVIKKUMAR	15MCAL015
196	LAD AXAYKUMAR	15MCAL046
197	MISHRA RAJAT	15MCAL059
198	BHARADIYA BHAVESHKUMAR	15MCAL006
199	KUKADIYA KARTIK	15MCAL044
200	PATEL NIDHIBEN	16BCA068
201	THAKUR DHRUTI	16BCA102
202	SHAH KEVAL	16BCA090
203	PATEL KEYUR	15MCAL101
204	PATEL JAYKUMAR	15MCAL097
205	JOLAPURA SHUBHAM	15MCAL035
206	VAGHELA KAMLESHJI	15MCAL187
207	RATHVA SACHIN	15MCAL143
208	VAGHELA MARTIN	15MCAL188
209	PATEL VIBHUTI	15MCAL121
210	PATEL VIDHIBEN	15MCAL122
211	RANA ANJALI	15MCAL138
212	RAKHOLIYA HIRAL	15MCAL136
213	RATHOD SUMITKUMAR	15MCAL142
214	SODHA MANSIBEN	15MCAL163
215	SHAH KARTIK	15MCAL151
216	GOLWALA MITESH	15MCAL028
217	KOLIYA MAHMADSADIK	16MSIT012
218	KHALIFA ASAD	15MSIT020
219	SHAINY REDDY	16TMPTNS001
220	PURVI SONAR	16TMPTRE001

Sr. No.	Name of participant	ID No.
221	ANERI SHAH	16TMPTMS001
222	CHANDNI PATEL	16TMPTRE003
223	MONPARA HIREN	15MCAL065
224	PETHANI VISHAL	15MCAL125
225	RAJODIYA ALPESHKUMAR	15MCAL133
226	KANANI MAULIK	15MCAL039
227	PARMAR KIRANBHA	15MCAL078
228	JOSHI JATINKUMAR	15MCAL036
229	BHOI JAYDEEPKUMAR	15MCAL010
230	BHAVSAR PRIYAM	16BCA012
231	PATEL KINJALBEN	16BCA059
232	SONI PARTH	16BCA096
233	PANCHAL NAVIKA	16BCA031
234	GOR BINABEN	16BCA020
235	PATEL RISHIKESH	16BCA074
236	RANA DHARMESH	16BCA085
237	SONANI DHRUVKUMAR	16BCA115
238	VYAS HIRENKUMAR	16BCA106
239	SHARMA BHAVIKKUMAR	16BCA093
240	SARVAIYA MILANKUMAR	16BCA088
241	PARMAR ABHISHEK	16BCA037
242	MANDAL RINKESH	16BCA027
243	BHADANI JAYDEEP	16BCA006
244	VORA JISAN	15BCA091
245	PATEL DIVYESHBHAI	15MCAL092
246	SATHE RAHUL	14MCA030
247	CHAUDHARI JAGDISHBHAI	15MCAL013
248	LADANI NAMRATA	15MCAL047
249	RADIA SHRUTI	15MCAL131
250	SOLIYA PALAK	15MCAL164
251	BATHANI BRINDA	15MCAL003
252	BHALODIYA RUSHIBEN	15MCAL004
253	NARODIA BANSI	15MCAL067
254	FORUM SHROFF	16TMPTNS002
255	SHIVANI RAJESHKUMAR PATEL	16TMPTMS002
256	JINENDER KHANDELWAL	15MSIT021
257	SARTHAK N BHUNGALIYA	15MSIT003
258	PRATIK KAKADIYA	15MSIT019
259	GURJAR RENISON	15MSIT013
260	PATEL BHARGAV	15MSIT029
261	ANARSE PANKAJ	15MSIT002
262	PANDYA DHAVAL	15MSIT026
263	TRIVEDI VAISHALI	16MSIT036
264	DALWADI DARSHAN	16MSIT038
265	PATEL JIGAR	15MCAL098

Sr. No.	Name of participant	ID No.
266	TAILOR DEEP	15MCAL175
267	PARMAR PRIKESHKUMAR	14BCA025
268	SONI AVI	14BCA076
269	PATEL MAULIK	14BCA050
270	CHANDVANI BHARATKUMAR	14BCA007
271	PARMAR MAYUR	14BCA024
272	GOSWAMI KARTAVYAGIRI	15MCAL030
273	KHAMBALIKAR VRUSHANK	15MCAL042
274	DYER MOHAMMAD AFZAL	15MCAL022
275	PATEL DARSHANKUMAR	15MCAL086
276	NEELKUMAR RAJENDRABHAI PATEL	15MCAL069
277	PATEL AKSHAYKUMAR	15MCAL082
278	PATEL HIMANSHUBHAI	15MCAL096
279	PATEL BHAUMIKKUMAR	15MCAL084
280	MOMIN TURABALI	15MCAL064
281	PARMAR VIMALKUMAR	15MCAL080
282	MALEK FARZEENBANU	15MCAL052
283	PANDEY REEMA	15MCAL072
284	PATEL DIVYESHBHAI	15MCAL092
285	VORA SHREYA	15MCAL194
286	PATEL SHREYABEN	15MCAL118
287	PATEL SANJANA	15MCAL114
288	SHASTRI RIYABEN	15MCAL159
289	RANA VISHAL	15MCAL140
290	PATEL KARTIK	15MCAL099
291	KHUSHALANI DEEPTI	16BCA025
292	PATEL JINAL	16BCA057

Overall impact of workshop: Excellent/Very Good/Good/Average/Poor

Photographs of the event with captions (at least six photographs):



Student Volunteer Meshwa introducing the guest. (CMPICA Auditorium, 11th August,2016)



Student Volunteer Apeksha felicitating guest with bouquet (CMPICA Auditorium, 11th August,2016)



Dr. Bhaskar Pandya addressing students about the importance of life skills. (CMPICA Auditorium, 11th August,2016)



Dr. Bhaskar Pandya delivering the roadmap of the content to be delivered during the session. (CMPICA Auditorium, 11th August,2016)



Students participants paying attention to the content delivered. (CMPICA Auditorium, 11th August,2016)



Dr. Bhaskar Pandya recommending students to read a book which will help them to understand and implement skills required to live a happy life. (CMPICA Auditorium, 11th August,2016)

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : M&V Patel Department of Electrical Engineering

Name of Event : Workshop on "How to Face an Interview"

Date and Time of Event : 31st August, Wednesday, 2016, 09:30 a.m. To 11:30 a.m.

Event coordinator : Mihir R Patel (Assistant professor Electrical Dept.)

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1.	Dr. Kamal Chakraborty	Head, HRDC, CHARUSAT.

Event Schedule:

Date	Time	Activity
31st August, 216	09:30 a.m. To 11:30 a.m.	Workshop

Summary of the Event (Maximum 200 words):

As a part of EOC we have arrange a Workshop on "How to Face an Interview", on 31st August, 2016. The workshop was conducted Dr. Kamal Chakraborty Head, HRDC, CHARUSAT. The Workshop was started at 09:30 a.m. and continues to 11:30 a.m. After inauguration and welcome the programme was started.

Dr. Kamal Chakraborty sir initiated with what should be contain in curriculum vitae, How to dress up during interview and behavior (talking sense) during the interview. In curriculum vitae they started from student details, education, project details, any curricular activity details and family background, all points are discussed. They suggested that write only those things that you know (master). And same things explained in very details for how to dress up during interview and behavior (talking sense) during the interview. Sir has shared their experience with the students. Ask questions to students and reply their doubts.

The session was very interesting. From the student's feedback, the workshop was very enjoyable and useful for their future interviews.
Thanking you to department head Dr. Praghnesh Bhatt sir, EOC chairperson Dr. Vijay Panchal sir and all EOC members, coordinators for their supports for making this event successful.

Registration fee (if any): No registration fees

No. of Participants: 318 + 3(Event coordinators) =321

Accounts details:

Sr. No.	Details	Rupees
	Income: Sponsor by CHARUSAT University	
1.	Certificates (328*7)=	2296/-
2.	Memento	299/-
3.		
Total	**Two thousand Five hundred Ninety-five Only.**	**2595/-**

Overall impact of workshop: Very Good

Photographs of the event with captions (at least six photographs):




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CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Institute : Smt. Chandaben Mohanbhai Patel Institute of Computer Applications

Name of Event : Workshop on Counseling on study problems including difficulties with writing, speaking and procrastination.

Date and Time of Event : 9th September,2016, 10:10 a.m. to 12:10 p.m.

Event coordinator : Ms. Nirali Honest

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1	**Mr. Nandak Pandya**	Corporate & Educational Mentor, Dhyeya Mentoring LLP, Ahmedabad.

Event Schedule:

Date	Time	Session	Activity
9th September, 2016	10:10 a.m. to 12:10 p.m.	• Introduction • Floral Welcome • Content delivery by guest speaker • Vote of Thanks	Counseling and Interaction session with the students on how to improve writing, speaking and avoid delay in work.

Summary of the Event:

The event was organized to understand how one can improve in writing, speaking and can avoid the habit of delaying things. The session was commenced with a brief introduction of the guest and speaker Mr. Nandak Pandya, which was followed by the floral welcome. Mr. Nandak Pandya shared what skills should be considered for writing, including writing mechanics: grammar, sentence structure, spelling, etc. and planning a writing strategy. He made a strong

point to that speaking skills cannot be developed unless we develop listening skills. Students must understand what is said to them to have a successful conversation. Sir shared the ideas of Doff by stating that when one person speaks, the other responds through attending by means of the listening process. In fact, every speaker plays the role of both a listener and a speaker. Therefore, one is certainly unable to respond if he/ she cannot understand what is said. It means speaking is closely related to listening. Speaking includes communicating ideas clearly and concisely, constructing a reasoned, demonstrable argument and effectively marshaling evidence and using sources appropriately in organizing ideas effectively. Sir discussed the action of delaying or postponing because of tactics and hesitation , and he explained the consequences of it. Sir shared videos to make the concept understanding more valuable. He had a very good interaction with the students regarding the concept. The session was ended by giving a vote of thanks to Nandak sir for delivering very valuable content in a very simple and pleasant manner and sharing his content and videos with all, to all the participants for being very good audience and respecting Sir by listening him very carefully and silently, to the Chairperson of EOC for giving the opportunity to host the event , to the Principal CMPICA, for giving permission to carry out the event , to the HOD Sir and staff members of CMPICA for making all the necessary actions and adjustments required to handle the event smoothly and last but not the least to all the student volunteers for managing the entire event very responsibly.

Registration fee (if any): No registration fees.

No. of Participants: 314

List of Participants:

Sr. No.	Name of participant	ID No.	Sr. No.	Name of participant	ID No.
1	Santosh Shinde.	15mca022	26	Prem Patel	13bpt049
2	Mahesh Kumar Mishra	15mca008	27	Shivangee Patel	15gnm023
3	Chirag Solanki	15mca023	28	PurohitRagi	15gnm025
4	Ajay Patel	12mca012	29	Abhilash Patel	13bpt031
5	DarshanThakar	15mcal178	30	Ravi A. Patel	13bpt052
6	Sonu S Buddh	15mca005	31	Rakesh V. Patel	13bpt051
7	Neel Darjk	16mcal011	32	Dipen Patel	13bpt037
8	Pratik M. Patel	15mca027	33	RonakParmar	13bpt030
9	Viraj Patel	15mca017	34	Kanak Modi	13bpt024
10	UndaviyaViraj	15mca024	35	RajnishKoitiya	13bpt018

11	YashtalsinhVaghela	16msit037	36	Desai Anushree	13bpt011
12	Vaishali Trivedi	16msit035	37	ChhayaKavisha Pranav	13bpt009
13	Manali Tailor	16msit034	38	Amin Mausam S.	13bpt003
14	Rohan Patel	16msit026	39	Ekta Panchal	13bpt028
15	ShivaniManoj Shah	13bpt073	40	Riddhi Patel	13bpt054
16	VyomaBharatbhaiVaidhya	13bpt087	41	MeghaJani	16msit008
17	Srushti R. Shiroya	13bpt078	42	Lokesh Gupta	16msit006
18	Margi N. Joshi	13bpt016	43	Kajal Patel	16msit021
19	RutvaHirenbhai Shah	13bpt072	44	Priya Patel	16msit024
20	Mamtaben K Megha	16mcal046	45	ParmarRemishn S.	13gnm014
21	Janki Patel	16mcal073	46	Garasiya Hitesh B.	13gnm006
22	Komalpatel	16mcal076	47	BariaYugrajsinh S	13gnm002
23	Dipaliben M Gohel	16mcal026	48	MuniyaYuvrajkumar	15gnm006
24	Jigisha G Pandya	16mcal055	49	MansuriKausarBanu	13gnm008
25	Mital Joshi	16mcal031	50	Patel Ashvini G.	13gnm016
51	Honey Patel	16mcal071	97	Patel Dhruvisha	13gnm018
52	ArpitaMegha	16mcal045	98	Patel Janki	13gnm070
53	Mitali Patel	16mcal078	99	Patel Dixita B.	13gnm019
54	Pandya Riddhi	16mcal056	100	ParmarSonal N.	13gnm015
55	Harshank Patel	14bpt038	101	Patel Krishna Kirtibhai	13gnm022
56	Hiral Shah	14bpt070	102	ParmarPriyankaben	13gnm013
57	SukhadiaDattey	14bpt079	103	Patel Nandini R.	13gnm023
58	Kotak Hirva	14bpt018	104	Bhoi Radhika	13gnm003
59	Prapti Pandya	14bpt028	105	MakwanaSapna	15gnm005
60	Damini Patel	14bpt033	106	Patel Prachi N	15gnm020
61	Disha Kapoor	14bpt015	107	Padvi Nirali M.	13gnm009
62	VishwaPajara	14bpt063	108	ParmarHeena M.	13gnm011
63	Deep Patel	14bpt034	109	Patel Nishita A	13gnm025
64	Parth Patel	14bpt047	110	Shah Kinjal K.	12gnm029
65	Patel Shubham	14bpt058	111	ZalaDivya K.	12gnm033
66	Moin I Shaikh	16mptss102	112	PargiMinakshi M.	12gnm013
67	Sneh Shah	14bpt074	113	ChavdaJohncy B	13gnm004
68	Patel Nirali H	13gnm024	114	RaichuraKinjalAtul	16mcal096
69	Patel Dharti S.	13gnm017	115	Varandani Yogini B	16mcal125
70	Dabhi Dolly C	13gnm005	116	RiddhiPitroda	16mcal094
71	Patel Kajal N	13gnm021	117	Sharma Shreya	15gnm028
72	Patel Rimpal A.	12gnm021	118	Patel Riddhi	15gnm022
73	Patel Shruti R	12gnm024	119	SimoniBhagat	14bpt004
74	KhandelwalJinender	15msit021	120	Dhara Patel	14bpt035
75	ZalaAjaysinh	15msit055	121	Dharti Patel	14bpt036
76	Anarse Pankaj	15msit002	122	Chandani S. Vaidya	14bpt088
77	GurjarRenison	15msit013	123	MaitryKanzaria	14bpt014
78	Patel Vishal	15msit039	124	PaneliyaJigishaVinubhai	13bpt029
79	Chohaliya Hiren	15msit006	125	BinalVekaria	13bpt088
80	BhungaliyaSarthak	15msit003	126	Megha Patel	13bpt046
81	GotiVaidik	15msit011	127	Patel Meghal S.	13bpt047

82	GoyaniElish	15msit012	128	Kena Patel	14bpt040
83	Pranav Jariawala	15msit014	129	Helly Thakkar	14bpt082
84	Samira Jet	15msit015	130	MahekDalsaniya	14bpt008
85	NitishPanday	15mca009	131	Vrunda Patel	14bpt060
86	Brijesh Shah	15mca004	132	Urvilkumar B Patel	16mcal090
87	Mayur Patel	15mca014	133	Patel NamrataBharatbhai	16mcal080
88	PreetPanesar	15mca010	134	Rana Hardik B	16mca015
89	ChampaneriChandni	16mcal007	135	Ujjaval Patel	16mcal089
90	DukhuRumana	16mcal010	136	Shivani Patel	16mcal085
91	GorVandana	16msit005	137	Dhruvil Desai	16mcal013
92	MedawalaFenie	16msit015	138	Shreya Dave	16msit004
93	Modi Dharti	16msit017	139	Patel Nisha	15gnm018
94	KhalifaAsad	15msit020	140	Jinal Sharma	15gnm027
95	Saiyed Abdul	15msit045	141	BijenSoni	16msit033
96	Shaik Aslam	15msit046	142	Krut Patel	16msit022
143	PandavPiyush	15msit024	189	Joshi Mittal	16msit009
144	KrupalPurohit	15bca074	190	Priyanka Patel	16msit025
145	Divya Shah	15bca077	191	Dharti Patel	16msit020
146	Krupa Bhatasana	15bca002	192	Thakkar Jiten	16bca101
147	Desai Jaimin	15msit008	193	AsoderiaBhargav	16bca111
148	Patel Vaidehi	15gnm024	194	Ashifalakhi	16msit014
149	Shah Nishi	16bca092	195	FarhanaKapadiya	16msit011
150	PriyamBhavsar	16bca012	196	ShivaniPrajapati	16msit027
151	Hetvi Parikh	16bca036	197	Ishani Parekh	16msit041
152	Anjali Shah	16bca089	198	PayalDabhi	16msit003
153	ParthSoni	16bca096	199	Saxena Manu	16msit031
154	Patel Palak	14gnm024	200	ParthKa Patel	16mcal033
155	Sapana Patel	14gnm026	201	AkshayKa Patel	16msit010
156	PatelGopi	14gnm019	202	Darpan N Rana	16msit029
157	Dhaval Soni	16msit040	203	Jiten Thaker	16bca101
158	Valand Kedar	14gnm034	204	Patel Bhumish	16mcal004
159	Thakor Gauri	14gnm031	205	Patel Denish	16mcal065
160	Valand Kirmi	14gnm035	206	Gurpreet Labana	16mcal040
161	Macwan Arpita P	14gnm006	207	Fenil Doctor	16mcal019
162	Vasava Daxa	14gnm037	208	Shainy Reddy	16mptns101
163	Patel Mayurkumar	14gnm022	209	Vasava Rozmeri	14gnm038
164	Gohil Brian Nitin	14gnm003	210	Dishita Parikh	16mptms101
165	Macwan Chintan	14gnm007	211	Nehali Amin	16mptss101
166	Hardik Parmar	14gnm011	212	Shivani Patel	16mptms103
167	Dimple Panday	14gnm009	213	Parth Patel	16mptms102
168	Parmar Princy	14gnm012	214	Dharmendra Solanki	16mptss103
169	ShekhadaAfjal	16mcal106	215	Manan Solanki	16mcal109
170	Hariom Saluja	16mcal131	216	Manish Gupta	16mcal027
171	Patel Raj	16mcal087	217	Viral Tailor	16mcal116
172	Rohit Manish Mohanbhai	16mcal100	218	Nirali Thakkar	16mcal119
173	Patel Khushboo	15gnm014	219	Nirali Patel	16mcal083

174	Patel Dhruvi	15gnm013	220	Raj Jariwala	16mcal030
175	Komal Panjabi	16bca083	221	Mahetar Mustufa	16mcal041
176	Patel Diksha	16bca046	222	Aarti Khatri	16mcal037
177	Patel Nishi	16bca070	223	Panchal Priyanka	16mcal052
178	Deepti Khushlani	16bca025	224	Harsh Rana	16mcal098
179	Patel Khushbu	16bca058	225	Urvi Khatri	16mcal038
180	Patel Anmol	14gnm015	226	Birva Solanki	16mcal107
181	Shobha A Harijan	14gnm004	227	Vijay Chauhan	16mcal130
182	Prajapati Hinal	14gnm027	228	Maitry Patel	16mcal077
183	Patel Reenaben	14gnm025	229	Yashvika Bhaliya	16mcal132
184	Parmar Stuti	14gnm014	230	Lad Nimesh	16mcal129
185	Vaidehi Inamdar	13bpt014	231	Jaydip Vaghasiya	16mcal121
186	Patel Prachi Mayurkumar	13bpt048	232	Avdhesh R. Vajifdar	16mcal124
187	Devanshi Patel	13bpt035	233	Patel Tirth	16bca078
188	Aneri Shah	16mptms104	234	Patel Mansi	16bca011
235	Purvi Anil Sonar	16mptre103	281	Thakor Mita	14gnm032
236	Chandni Patel	16mptre102	282	Parmar Radhika V.	15gnm010
237	Soni Ekta Atulbhai	16mptms105	283	Bhoi Pinal V.	15gnm002
238	Priyank Barot	14mca003	284	Parekh Manisha B.	15gnm007
239	Maitri Makwana	14mca013	285	Thakor Nikita	14gnm033
240	Forum Shroff	16tmptns102	286	Patel Nikitaben	15gnm017
241	Abhishek Parmar	16bca037	287	Darji Arpita	15gnm003
242	Rinkesh Mandal	16bca027	288	Raj Patel	15bca063
243	Madhav Dihora	16bca019	289	Soni Lovekesh	15bca083
244	Nimesh Devani	16bca017	290	Meet Patel	16mca012
245	Bina Gor	16bca020	291	Sharukh Pathan	16mca014
246	Janki Prajapati	12bpt063	292	Manini Parmar	16mca008
247	Vrunda Patel	13bpt059	293	Divya Patel	16mca010
248	Khusbu Patel	13bpt041	294	Prapti Gohel	16mca005
249	Krishna Patel	13bpt043	295	Himani Panchal	16mca007
250	Chintan Parikh	15bca034	296	Darshan Bishya	16mca018
251	Rai Vipul	15bca075	297	Bhatt Kaushal .	16mca001
252	Priya Patel	13bpt050	298	Ishani Shah	13bpt069
253	Shivani M Patel	13bpt055	299	Patel Binal R.	15gnm012
254	Bharadiya Bhavesh	15mcal006	300	Patel Riddhi D.	15gnm021
255	Bathani Brinda	15mcal003	301	Patel Arti Sunilbhai	14gnm016
256	Bhalodiya Rushi	15mcal004	302	Shivangi Parekh	14gnm010
257	Ladani Namrata	15mcal047	303	Patel Harshita P	14gnm020
258	Goswami Kartavya	15mcal030	304	Patel Nidhi D	16bca068
259	Farzeen Malek	15mcal052	305	Kinjal Patel	16bca059
260	Mausmi Manek	15mcal055	306	Kiran Shah	16bca091
261	Mansi Sarvaiya	15mcal146	307	Keval.Shah	16bca090
262	Bhumi Girishbhai Gor	15mcal029	308	Manan Patel	16bca061
263	Nikita Manilal Baria	15mcal002	309	Jay Gajjar	16bca025
264	Solanki Priyank	14bca074	310	Jani Ketan	16mcal029
265	Mayur Parmar	14bca024	311	Patel Ketul	16mcal075

266	Ravlji Jayaveersinh	16bca087	312	Asmit Ghori	16mcal024
267	Vyas Maulesh	16bca108	313	Soni Meet	16bca095
268	Thakkar Jay	16bca100	314	Thakur Dhruti B.	16bca102
269	Sukhadia Tej	16bca099			
270	Ankit Tiwari	16bca103			
271	Patel Ravi	16bca118			
272	Chauhan Umiya	14gnm002			
273	Patel Dhruvi	14gnm018			
274	Bariya Divya	15gnm001			
275	Sapana Varma	14gnm036			
276	Reena Patel	14gnm025			
277	Patel Pankti K.	15gnm019			
278	Chauhan Hemangini	15gnm031			
279	Parmar Hiral G.	15gnm008			
280	Parmar Namrata	15gnm009			

Accounts details:

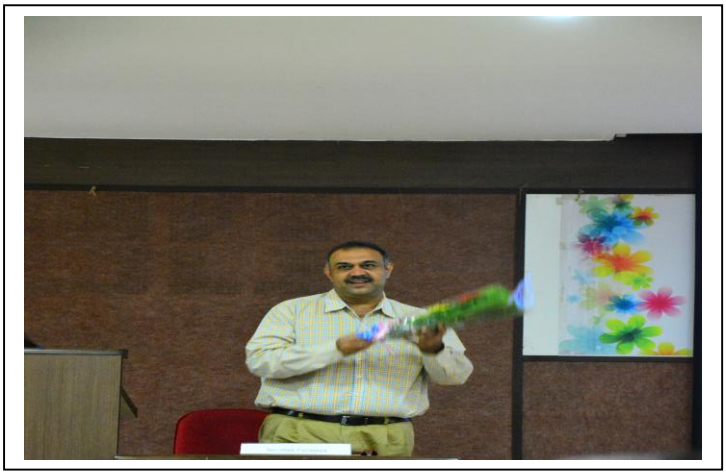
Sr. No.	Details	Rupees
Expenses		
1.	Speaker honorarium and travelling allowance	5000
2.	Certificates for the participants	3,150
3.	Bouquet for the guest	100
4.	Certificate pen	200
Total		**8,450.00**

Overall impact of workshop: Excellent/Very Good/Good/Average/Poor

Photographs of the event with captions (at least six photographs):



Student Volunteer Meshwa introducing the guest. (CMPICA Auditorium, 9th September, 2016.)



Felicitating guest with bouquet. (CMPICA Auditorium, 9th September, 2016.)



Mr. Nandak Pandya addressing students about the value of writing and speaking. (CMPICA Auditorium, 9th September, 2016.)



Mr. Nandak Pandya delivering the roadmap of the content to be delivered during the session. (CMPICA Auditorium, 9th September, 2016.)



Students participants paying attention to the content delivered. (CMPICA Auditorium, 9th September, 2016.)



Mr. Nandak Pandhya interacting with the students. (CMPICA Auditorium, 9th September, 2016.)

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : CHAMOS Matrusantha Department of Mechanical Engineering

Name of Event : Expert Talk on "Equality and Discrimination" by Dr. H.J.Jani

Date and Time of Event : Saturday 10 September, 01.30 pm – 3.00 pm, Room 212

Event coordinator : **Mr. Dattatraya Ganpatrao Subhedar**

Resource person details :

Sr. No.	Name of the resource person	Organization of resource person
1	Dr. H.J.Jani	CHARUSAT, Changa

Event Schedule:

Date	Time	Session	Activity
10/09/2016	1.30 pm – 3.00 pm	1 and ½ hour	Expert Talk

Summary of the Event:

The International Labour Organization (ILO) has reported that hundreds of millions of people suffer from discrimination in the world of work. This not only violates a most basic human right, but has wider social and economic consequences. Discrimination stifles opportunities, wasting the human talent needed for economic progress, and accentuates social tensions and inequalities.

Combating discrimination is an essential part of promoting decent work, and success on this front is felt well beyond the workplace. Thus the topic of the expert talk was focused on general Equality and discriminations.

Though the time allotted for the session was not enough to cover all types of discriminations, Dr. H.J. Jani sir nicely delivered their lecture and try to touch all the discrimination and equality act. The key points in the talk of Dr. Jani sir were:

Equality:

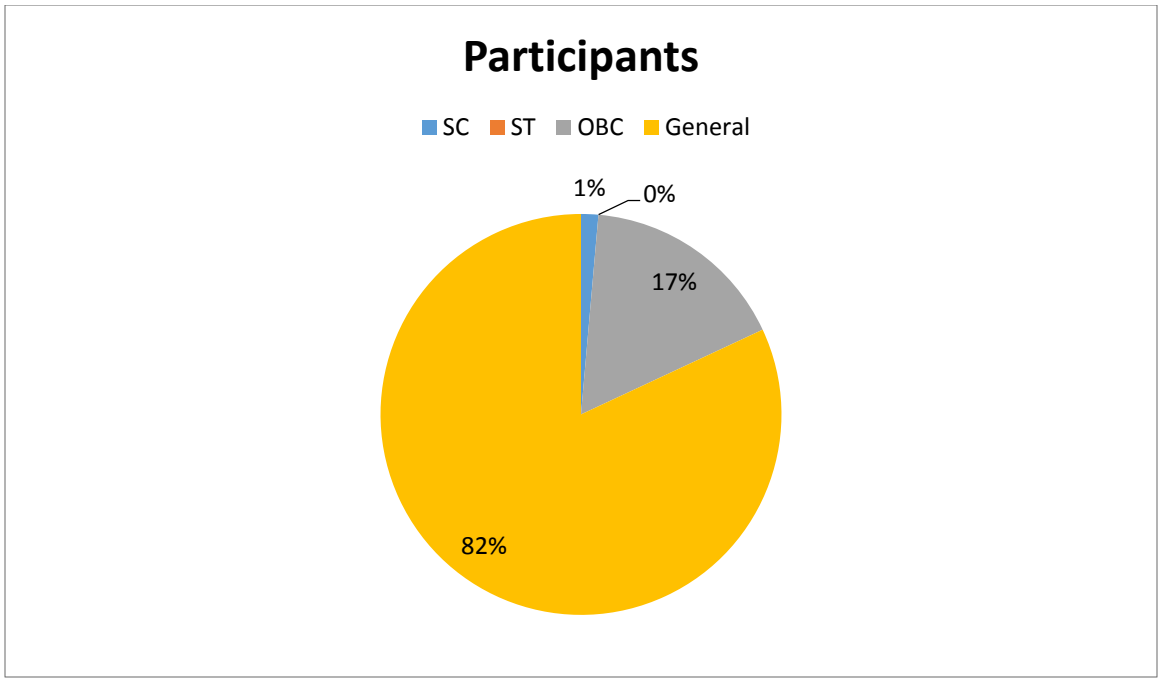
- Equality of opportunity
- Equality of outcome
- Equality of condition
- Patterns of inequality
- The Indian Constitution guarantees equality as 'Fundamental Rights' in Articles 14, 15 and 16 under Part III : Right to equality, Right to freedom, Right against exploitation, Right to freedom of religion, Cultural and Educational rights, Right to constitutional remedies, Right to education

Discrimination:

- Discrimination based on**:** Gender, Ethnicity, Nationality, Age, Caste, Origin, Income or Property, Language, Race, Disability, Civil status, Family status, Sexual orientation, Religion, Convictions, Opinions, or Health.
- The Universal Declaration of Human Rights
- The International Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women
- The Convention on the Rights of Persons with Disabilities
- Anti-Discrimination acts

Registration fee (if any): Nil

No. of Participants:72



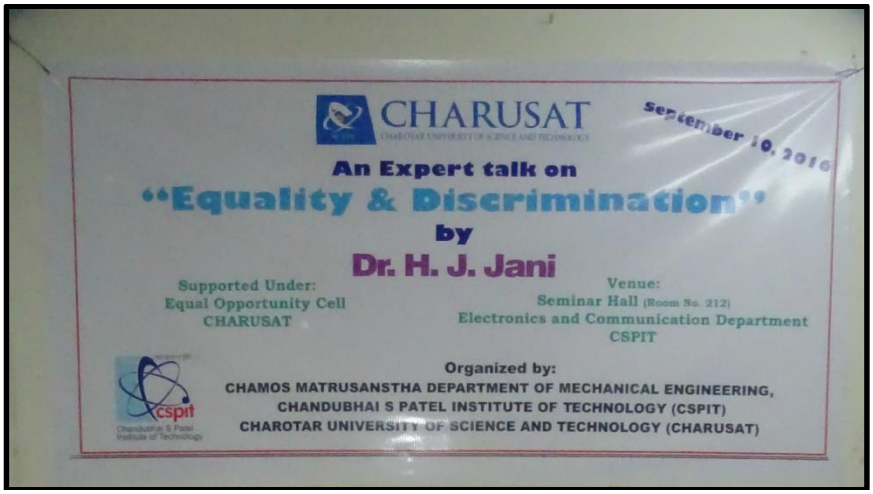
List of Participants: Registration sheet is attached

Accounts details:

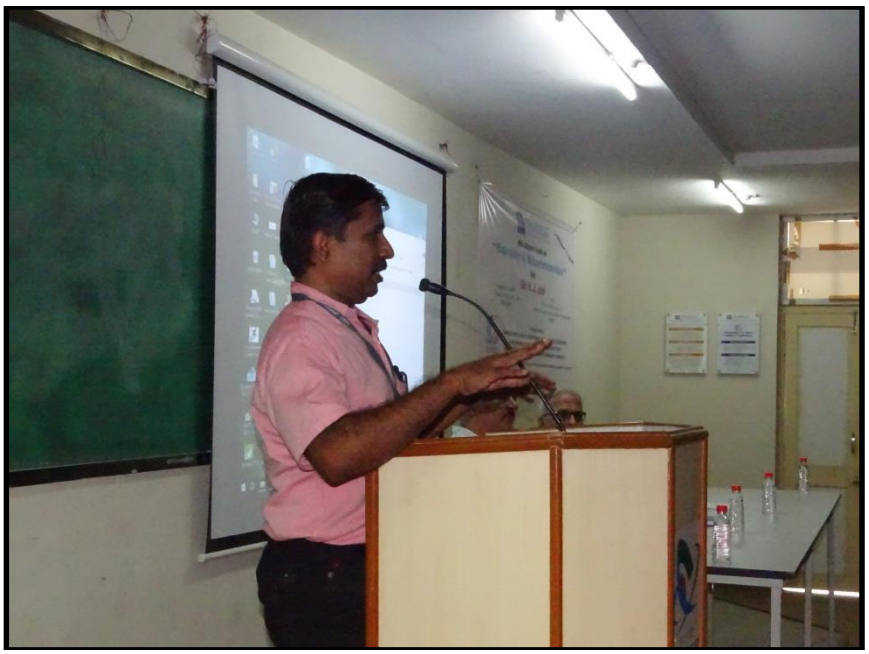
Sr. No.	Details	Rupees
Income		
1.	Nil	Nil
Expenses		
1.	Honorarium /Gift	1200.00
2.	Traveling allowance	200.00
3.	Tea, Snacks, Lunch, etc. for an experts and coordinators of EOC	800.00
4.	Bouquet	180.00
5.	Certificates & Bharat Mata photo and Frame	1270.00
6.	Banner & other expenses	180.00
Total	**Amount in words Rs. Three Thousands Eight Hundred & Thirty only.**	**3830.00**

Overall impact of workshop: Very Good

Photographs of the event with captions :



Banner of the Event



Brief Introduction of Equal Opportunity Cell by Mr. Dattatraya Subhedar



Bharat Mata Pujan and Dip Prajwalan by Chief Guest Dr. H.J.Jani and Head of Mechanical Dept., Dr. Vijay Chaudhary



Felicitation of a chief guest, Dr. H.J.Jani by Dr. Vijay Chaudhary



Brief Introduction of Chief Guest, Dr. H.J. Jani by Mr. Zankhan Sonara



Expert talk by Dr. H.J. Jani on "Equal Opportunity & Discrimination"



Participants (Faculties and students of Charusat) for the Expert Talk

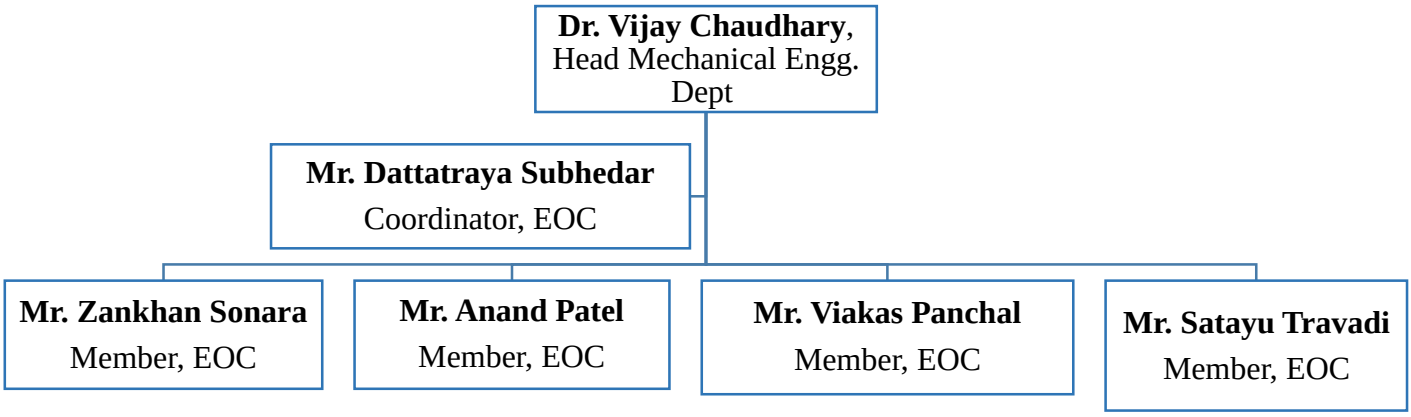


Participants (Faculties and students of Charusat) for the Expert Talk



Participants (Faculties and students of Charusat) for the Expert Talk

EOC Event Committee, Mechanical Engineering Department:



CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : Pharmacy

Name of Event : Health Awareness programme on Nutrition, hygiene awareness and Lifestyle diseases at 'Vaso' Village.

Date and Time of Event : 16th September, 2016 (10:00 a.m. to 1:00 p.m.)

Event coordinator : Ms. Mansi Paradkar

Resource person details: NA

Sr. No.	Name of the resource person	Organization of resource person
NA	NA	NA

Event Schedule:

Date	Time	Session	Activity
16/09/2016	10:00 a.m. to 1:00 p.m.	Health awareness Programme	• Door to door counseling • Distributing the pamphlets • Explanation through videos and banner

Summary of the Event (Maximum 200 words):

The Health Awareness programme on Nutrition, hygiene awareness and Lifestyle diseases was held at 'Vaso' Village which is approx. 13 km far from CHARUSAT campus. The transportation facility was provided by CHARUSAT. The students and faculty were divided into the different groups. Each group of students was co-ordinated by the faculty members. The one group visited A. J. high school, Vaso where the students of RPCP displayed various

videos and explained them about the theme of the event. The other groups visited to the market area and to the residential area where they counseled and aware the village people about nutrition, hygiene and healthy lifestyle. They also distributed pamphlets among them. The faculty members also discussed with the people and solved their queries. The students were very happy and enthusiastic while this programme. The villagers expressed their positive response towards our activities and appreciated the initiative taken by CHARUSAT.

Registration fee (if any): NA

No. of Participants: 30 (Students) + 4 (Faculty members)

List of Participants:

Sr. No.	Name of participant	ID No.
1.	Amin Reeya	13BPH001
2.	Gandhi Pallav	13BPH007
3.	Parmar Prashant	13BPH024
4.	Patel Ayushi	13BPH028
5.	Patel Darshana	13BPH033
6.	Patel Hiteshree	13BPH037
7.	Patel Kajal	13BPH042
8.	Patel Mit	13BPH052
9.	Jha Miraj	13BPH010
10.	Patel Vivek	13BPH076
11.	Patel Chintan	13BPH032
12.	Patel Dharti	14BPH007
13.	GoriPooja	14BPH008
14.	Bhatt Parthvi	14BPH010
15.	Limbachiya Vishal	14BPH012
16.	Kakkad Harsh	14BPH014
17.	Patel Nehali	14BPH044
18.	Patel Vatsal	14BPH054

19.	Thacker Drupad	14BPH065
20.	Trivedi Rachit	14BPH066
21.	PanchaliJenil	14BPH020
22.	Vohra Iqbal	14BPH068
23.	Raj Parmar	15BPH041
24.	Patel Janki	15BPH052
25.	Patel Krusha	15BPH056
26.	Patel Monali	15BPH063
27.	Patel Priya	15BPH069
28.	Shah Manthan	15BPH087
29.	Kotak Vishwa	15BPH025
30.	Shah Riddhi	15BPH090
31.	GamitKanan	1252
32.	Vyas Niraj	1256
33.	ParadkarMansi	1272
34.	ChokshiAvani	1273

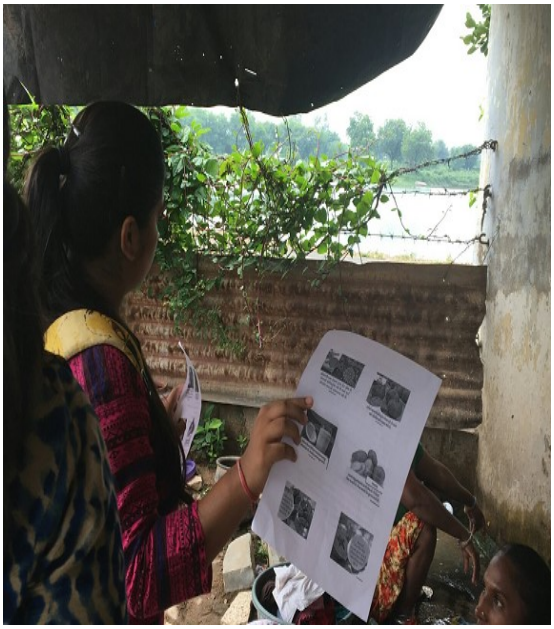
Accounts details:

Sr. No.	**Details**	**Rupees**
Income		
1.	NA	NA
Expenses		
1.	Banner and Pamphlets Printing Charges	135
2.	Refreshment charges	950
3.	Certificate printing charges	420
4.	Photograph printing charges (Six photographs)	24
5.	Miscellaneous	100
Total		**1629**

Overall impact of workshop: Excellent/**Very Good**/Good/Average/Poor

Photographs of the event with captions (at least six photographs):













CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Institute : Chandubhai S. Patel Institute of Technology

Name of Event : An expert session on "Career Guidance & Counseling".

Date and Time of Event : 07th October, 2016, 11:15 a.m. to 12:15 p.m.

Event coordinator : Dhaval Bhoi

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1	**Dr. Amit P. Ganatra**	Head & Dean-FTE, U & P U. Patel Department of Computer Engieneering

Event Schedule:

Date	Time	Session	Activity
07th October, 2016	11:15 a.m. to 12:15 p.m.	• Introduction • Welcome Address • Content delivery by guest speaker • Vote of Thanks	Lecture and Interaction session with the students on career guidance & counseling

Summary of the Event:

Career Guidance and Counselling
- Equal Opportunity Cell

Date: 7/10/2016
CE/IT Seminar Hall

- The event was organized to help students to build their bright career.

On 7/10/2016, 11:10 am, students were invited for a talk regarding their career and future options which was given by Dr. Amit Ganatra. Nearly, 20 students attended the talk and took guidance from Dr. Amit Ganatra Sir.

Dhaval Bhoi, Assistant Professor, Equal Opportunity Cell CE Department Coordinator welcomed Dr. Amit Ganatra. The industry is blooming with opportunities if we have the correct skills. The thoughts of students were limited to either Placement or Post Graduate but not a clear and straight vision of it. Also, most of the students who were opting for placement were having a tendency to stay within Gujarat. Sir informed them about the perks of having a job outside Gujarat and showed us how beneficial it'd be to work in a location like Bangalore, Hyderabad or Pune where every 4^{th} or 5^{th} person belongs to the same field of work as their and how it could help in career growth.

Sir motivated students to appear for competitive exams like GATE to get a self-check on their technical skills. He informed students about job opportunities in government sectors and PSUs. Sir also motivated students to reach out for various internships which can help make our student resume strong. He added the importance of being a part of at least one Computer Society like CSI, IEEE or ACM and what charm it gives to resume.

Sir gave a brief on what difference does it make by having a post graduate degree from India and outside India, which was quite helpful. He talked about fellowship opportunities available at various universities abroad and their benefits. We had small talk about emerging technologies and future trends in Computer Engineering and thereafter the talk came to rest.

Mr. Dhaval Bhoi ended the session by thanking Dr. Amit Ganatra on behalf of all students. All were motivated and had a clearer vision of their future after the enlightening talk.

Registration fee (if any): No registration fees.

No. of Participants: 20

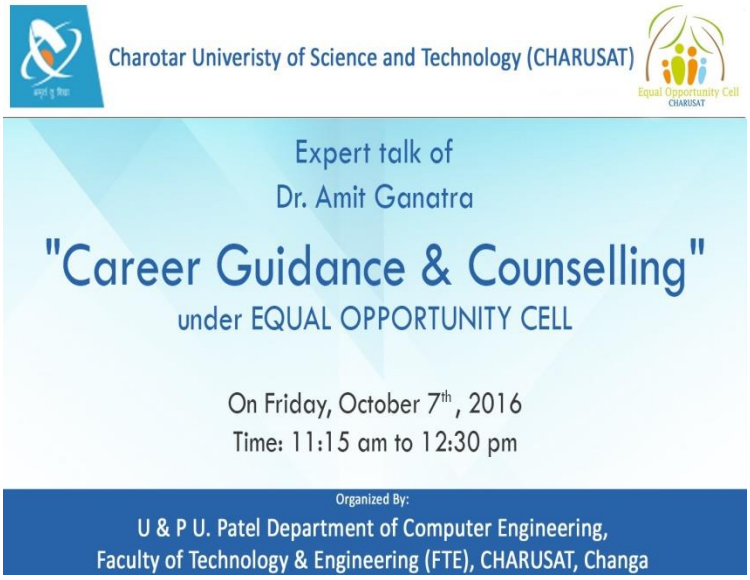
List of Participants:

Sr. No.	Name of participant	ID No.
1	PATEL MAULIKKUMAR UMESHBHAI	13EE085
2	Siddharth Soni	D15CL128
3	Varshkumar Kamleshkumar Patel	14CE107
4	rohan patel	14CE102
5	URVISH RANA	14CE117
6	Pooja Patel	14CE099
7	Svara Prajapati	14CE114
8	SAGAR PATEl	14CE103
9	PREET PATEL	14CE100
10	shivam	13CE104
11	Sandeep S. Rajput	14CE116
12	shivam patel	14CE105
13	Trushil Patel	14CE106
14	vishal patel	14CE111
15	VICKY PATEL	14CE109
16	Prashant Piprotar	14CE113
17	Divyesh Rajpura	14CE115
18	Vatsal Patel	14CE108
19	Bobby singh Rathore	14CE119
20	Jay Patel	14CE090

Overall impact of workshop: Excellent/Very Good/Good/Average/Poor

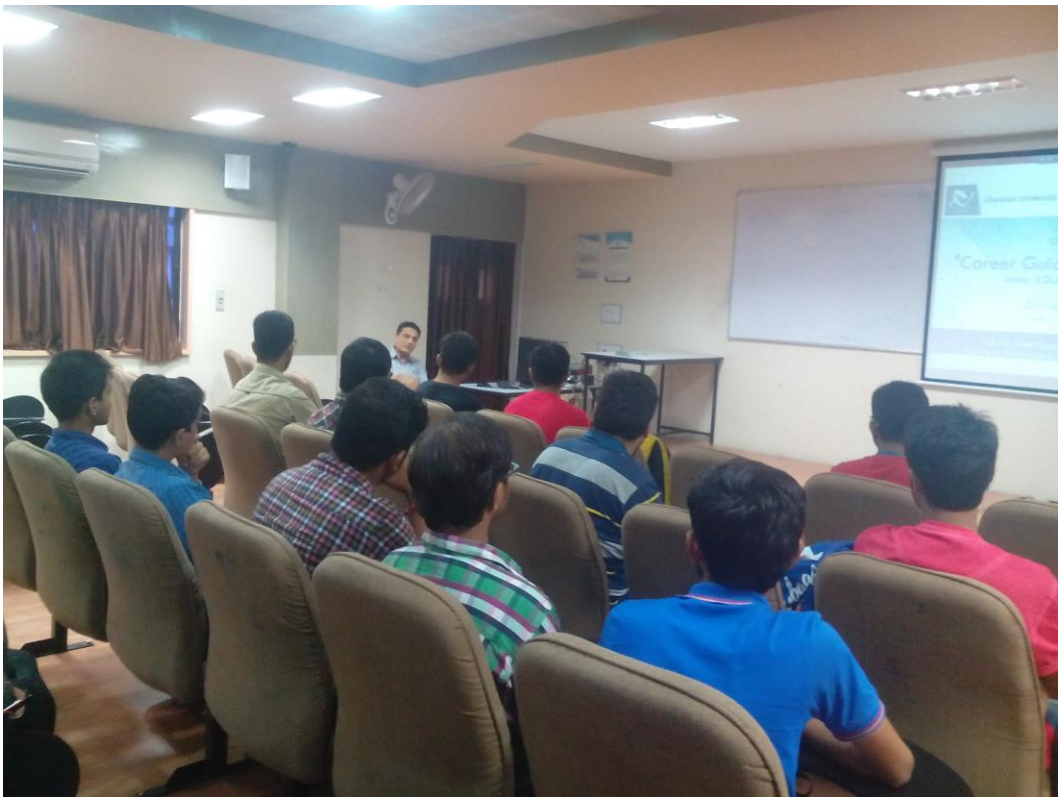
Photographs of the event with captions (at least six photographs):

Students participants paying attention to the content delivered.



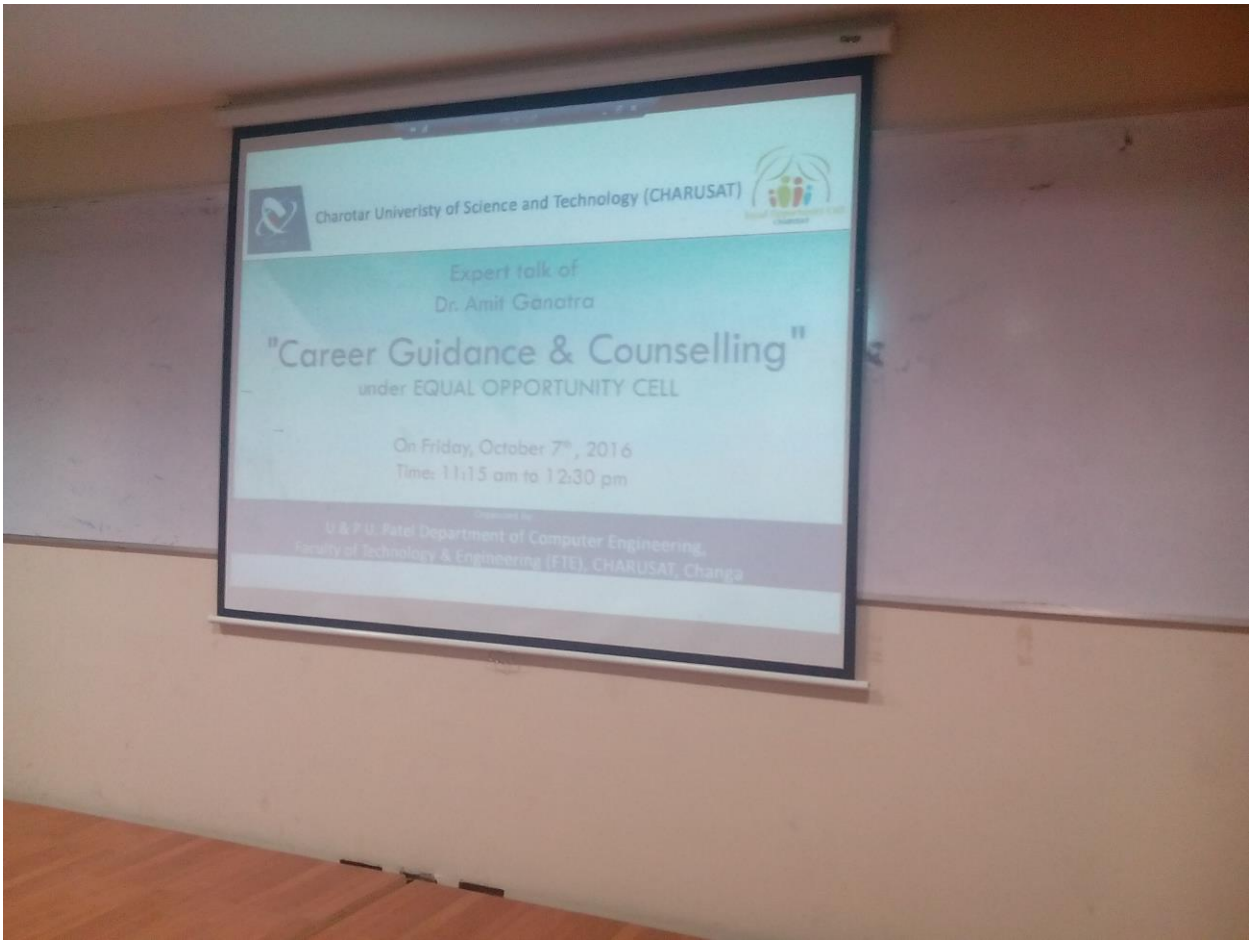











Charotar Univeristy of Science and Technology (CHARUSAT)
Expert talk of
Dr. Amit Ganatra
"Career Guidance & Counselling"
under EQUAL OPPORTUNITY CELL
On Friday, October 7th, 2016
Time: 11:15 am to 12:30 pm
U & P U. Patel Department of Computer Engineering,
Faculty of Technology & Engineering (FTE), CHARUSAT, Changa

Essay Writing competition on the topic

“Equal opportunity for everyone: Where our country stands”

Report

Equal opportunity Cell (EOC), Charusat at Department of Civil engineering have organised an essay writing competition on the topic “Equal opportunity for everyone: Where our country stands”. Patel Priyanka Dipakbhai (ARIP) have secured the FIRST position and cash prize, Sreehari S Nair (EC, CSPIT) have secured second prize and Srishti Bhushan (RPCP) and Vishwa Mitulkumar Patel (EC-CSPIT) have shared THIRD position.
Dr. A.V Thomas, Head, Department of Civil engineering along with Dr. V.R Panchal and Dr. Prabhin Sukumaran have declared the result and distributed the certificates.

List of Participant and Assessment

Title	Full Name	College ID	Total Mark	Prize
Ms.	PATEL PRIYANKA DIPAKBHAI	15BPT054	**134**	**1**
Mr.	SREEHARI S NAIR	13EC001	**133**	**2**
Ms.	SRISHTI BHUSHAN	13EC009	125	3
Ms.	VISHWA MITULKUMAR PATEL	16TBPH060	125	3
Mr.	ATULKUMAR SOLANKI	12EC106	123	
Ms.	HIRANGI PRAVINBHAI PATEL	14BN031	100	
Mr.	BHADANI RAVI	14CL004	112	
Mr.	DIXIT BHIMJI BHUDIA	14CL006	110	
Ms.	STUTI RAMESHBHAI PARMAR	14GNM014	105	
Ms.	REENA NAGINBHAI PATEL	14GNM025	101	
Ms.	SAPANA POONAMBHAI VARMA	14GNM036	100	
Mr.	BORAD FENIL R	15CL007	107	
Mr.	KHAMBHATA MANAN	15CL045	109	
Ms.	DIVYA GAVARIA	15EE027	106	
Mr.	SAMIR MUKESH THAKER	15MSIT049	94	
Ms.	NIDHI PATEL	16IT085	90	
Mr.	HARSH MANISHKUMAR DAVE	D15EC114	97	

Account details

Sr. No	Item	Amount
Prize Money		
1	First	1000.00
	Second	500.00
	Third	200.00
	Third	200.00
	TOTAL (A)	1900.00

Miscellaneous		
2	Certificate Print	375.00
3	Flux printing	270.00
4	Memento for Judges	480.00
5	Pen drive for Second prize winner	269.00
	TOTAL (B)	1394.00
	Grand Total (A+B)	**3294.00**



Report Prepared By:

Dr. Prabhin Sukumaran

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : Indukaka Ipcowala Institute of Management

Name of Event : **"Legal Education and Equality, Awareness about Legal Redressal and Conflict Resolution"**

Date and Time of Event : 12th Nov 2016 (02.30pm to 03.30pm)

Event coordinator : Ms. Reshma Sable, Mr. Binit Patel

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1.	Mr. Joel Evans	Company Secretary, GMDC

Event Schedule:

Date	Time	Session	Activity
12-11-2016	02.30pm-03.30pm	Session on Legal Education and Equality, Awareness about Legal Redressal and Conflict Resolution	Session conducted with the help of live cases and supported by Article-14 of the Constitution of India.

Summary of the Event (Maximum 200 words):

The event started by introducing the students to the different legal provisions made for protection against any hazard to education right and equality rights. It further highlighted the content of Article-14. It focused on emphasizing Equality before law and the fact that any State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India Prohibition of discrimination on grounds of religion, race, caste, sex or place of birth. The session focused on advocating the phrases "equality to status and of opportunity" and "equal protection of laws". The session was fully based on interactions with students and dealing with their queries. Main focus of the session was on creating the awareness among students, regarding their rights and to know the ways to fight against injustice. Further the session also focused on delivering the inputs regarding the manners in resolving the conflicts whenever they happen.

In short the session was very delighting as it not only created awareness among students but also was successful in resolving their doubts about various issues of equality and Redressal mechanism.

Registration fee (if any): NA

No. of Participants: 132

List of Participants: Maintained in Hard copy

Accounts details:

Sr. No.	Details	Rupees
Income		
1.	Travelling Allowance (Gandhinar to Changa and vise-a-versa)	Rs. 1425 /-
2.	Session remuneration for one hour	Rs. 1000 /-
	Total Remuneration Paid	**Rs. 2425 /-**

Overall impact of workshop: Excellent

Feedback about the workshop on "Legal Education and Equality, Awareness about Legal Redressal and Conflict Resolution"			
Date: 12-Nov-2016			
Venue: Seminar Room			
Sr. No	**Statements**	**Average**	**Standard Deviation**
1	The Resource Person(s) was/were well organized	4.9	0.37
2	The resource person made good use of time allotted	4.6	0.52
3	The resource person had conceptual clarity and knowledge about the topic	4.5	0.42
4	The resource person's presentation style was effective in helping me learn.	4.6	0.51
5	The teaching/training methods used were appropriate for the audience.	4.7	0.43
6	I enjoyed the seminar / workshop	4.5	0.46
7	I understood the concepts as prescribed in the topic.	4.6	0.32
8	The talk improved my ability to understanding of the topic.	4.6	0.41
9	It improved my ability to understand the skills requirement for the same	4.7	0.39
10	The learning derived for the workshop will be useful to me in future.	4.6	0.41
Grand Average		**4.63**	**0.424**

NOTICE

Equal Opportunity cell (PDPIAS)

As part of Equal opportunity cell we have arranged an Orientation on "Competitive exam for B.Sc. Graduates"
Details of the Expert lecture are as follows

Date of event	23rd November, 2016
Time/duration of event	3.15 – 4.30 pm
Name of event	Competitive exam for B.Sc. Graduates
Venue	PDPIAS Conference Hall
Name of Resource person	Dr. Sushil Kajal, Principal, VPAS, SPU, Nadiad.

All the interested students are required to register themselves. For registration, EOC coordinators are requested to send the names of interested students to jankithakker.bt@charusat.ac.in

Janki N Thakker
(EOC coordinator, PDPIAS)



CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : PDPIAS

Name of Event : Competitive exams for B.Sc. Graduates

Date and Time of Event : 3.15-4.30 pm Event coordinator : Dr. Janki N. Thakker Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1	Dr. Sushil Kajal, Principal , VPAS, SPU, Nadiad	Vinayaka Institute of Pure and Applied Sciences, SPU, Nadiad

Event Schedule:

Date	Time	Session	Activity
23/11/2016	3.15- 4.30	one	Expert lecture

Summary of the Event (Maximum 200 words):

Dr. Thakker, introduced the speaker to the participants.

Dr. Kajal briefed students about various competitive exams like Combined

biotechnology entrance exam (CBEE), Central Defense services entrance exam

CDSE (for IMA, Naval, Airforce), JAM etc which can be given by B.Sc. Students of Biological Sciences and Nursing. He also discussed various career options with students after B.Sc. He explained the importance of B.Sc. and how a B.Sc. graduate can contribute to society. He narrated many short stories to motivate students. Few questions were raised by students and Dr. Janki, which were answered by Dr. Kajal.

Dr. Kajal shared his email address and contact number for the students who wished to get more guidance

At the end Dr. Thakker thanked Dr. Kajal and students filled the feedback forms. After analysis of feedback forms, it indicated that

- Communications skills and knowledge was very good
- Most of the students found that everything in the talk was important
- Few students suggested that in future talks, we can include scope in foreign countries
- Most of the students found the talk to be very good and few of them found the talk to be excellent.

Registration fee (if any): NA

No. of Participants: 122

List of Participants: Details as per entered in Registration form is submitted to EOC coordinator

Accounts details: Rs. 1000 for lecture and Rs. 300 for Travel. Total Expense Rs. 1300 only

Overall impact of workshop: Very Good

Photographs of the event with captions (at least six photographs):



Dr. Sushil Kajal, speaker for the talk PDPIAS _23/11/2016



Dr. Kajal discussing with students PDPIAS _23/11/2016



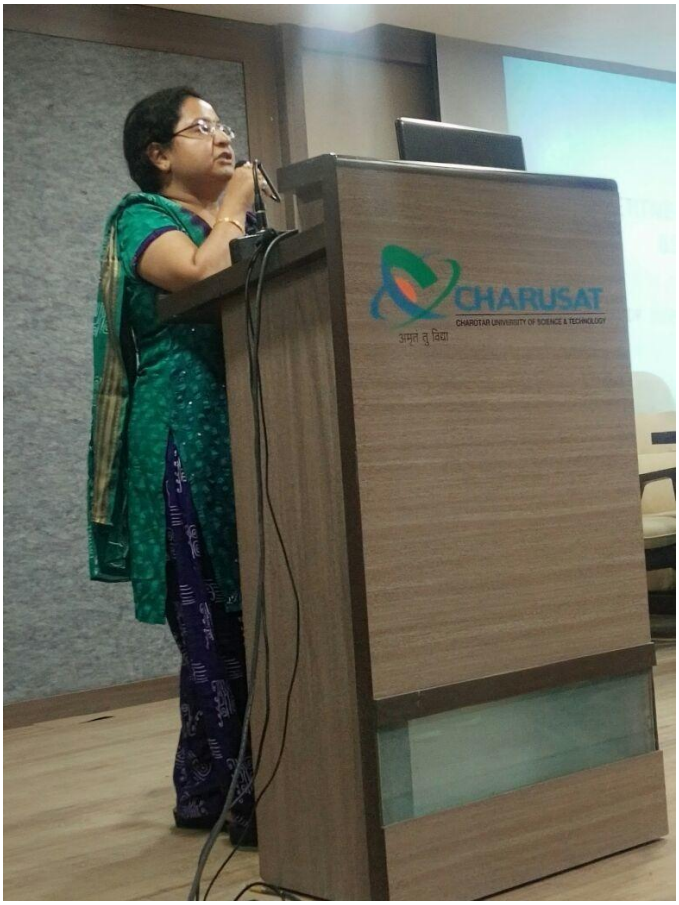
Nursing and PDPIAS students PDPIAS _23/11/2016



Nursing and PDPIAS students discussing with Dr. Kajal PDPIAS _23/11/2016



Student participants in the talk_ PDPIAS _23/11/2016



Dr. Thakker, thanking the speaker at the end _ PDPIAS _23/11/2016

EOC coordinator
(Janki N Thakker, PDPIAS)

Head of Department/Institute Sign

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : Electronics & Communication

Name of Event : Online Slogan writing Competition

Date and Time of Event : 10th December, 2016

Event coordinator : Poonam Thanki

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
--	---	---

Event Schedule:

Date	Time	Session	Activity
10/12/2016	--	--	Slogan writing

Summary of the Event (Maximum 200 words):

Online Slogan writing competition was arranged by EC department under the aegis of EOC (Equal Opportunity Cell) During 6th to 10th December, 2016.The last date to collect responses was 10th December, 2016, 11:59 PM. After collecting all the responses, best two slogans were selected.

Registration fee (if any):No

No. of Participants: 39

List of Participants:

Sr. No.	Name of participant	ID No.
1.	Keyur Mahant	
2.	Manthan Manavadaria	590
3.	Jay Sipani	15EC104
4.	Darshan Prajapati	16IT098
5.	Meet Soni	15EC108
6.	Divyesh Patel	8240
7.	Devansh H Acharya	15IT002
8.	Upesh Patel	558
9.	Dr. Sweni Shah	4057
10.	Viraj Pandya	15CL060
11.	Kenita Mary Sabu	15CL055
12.	Nidhi Patel	16it085
13.	Mehta palak	D16ec125
14.	Pradipkumar sariya	16CL086
15.	Harshil Shah	16CE111
16.	Sreehari Sreenath	13EC001
17.	Dhwanit Juneja	14ec022
18.	Chirag Kiritbhai Dhorajia	D15IT150
19.	PATEL MEET	15EC056
20.	Shivam J.Bhanvadia	16ce008
21.	Anuj Joshi	14IT041
22.	Harsh Dave	D15EC114
23.	Nilay Shah	15EC099
24.	Divyansh Thakar	14IT134
25.	Hardipkumar Dhanendrasinh Parmar	14IT066
26.	Heny Dave	16IT018
27.	Atul Solanki	12EC106
28.	Dhara M Patel	8127
29.	Gohel Miteshkumar Kantibhai	12EC033
30.	Ughreja Chintankumar L	13EC107
31.	Fenil Borad	15CI007
32.	Patel Divya	14IT078
33.	Jhanvi	15it018
34.	Gautami Ghelani	15it026
35.	Parthvi Bhatt	14Bph070
36.	Srushti Suvarna	16CE128
37.	Bansi Mehta	15IT050
38.	Riya Javia	15IT035
39.	Mohd. Imroz Mahendru	13EC042

Accounts details:

Sr. No.	Details	Rupees
Income		
1.		
2.		
3.		
Expenses		
1.	Certificates	300
2.	Brochure print	96
3.	First Prize	1000
4.	Second Prize	700
Total		**2096**

Overall impact of workshop: Excellent/Very Good/Good/Average/Poor

Very Good.

ACCESS AUDIT REPORT

MANIKAKA TOPAWALA INSTITUTE OF NURSING (MTIN), CHARUSAT



ABOUT ACCESS AUDIT

- **Accessible India Campaign (Sugamya Bharat Abhiyan)** is launched by the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment as a nationwide flagship campaign for achieving universal accessibility for persons with disabilities. In line with this campaign, ARIP team has conducted access auditing of the built Environment of MTIN for Persons with Disability and Elderly Persons.
- **ACCESS STANDARD:** "Harmonized Guidelines and Space Standards for Barrier Free Built Environment for Persons with Disabilities and Elderly Persons" 2016 by Ministry of Urban Development are sited.
- **DATE OF AUDIT:** 10th February 2017
- **ACCESS AUDIT DONE BY:**
    1. Dr. Garima Gedamkar, Assistant Professor, ARIP
    2. Students of 8th Semester BPT, ARIP
- **ACCESS AUDIT REPORT PREPARED BY:** Dr. Garima Gedamkar (PT), Assistant Professor, ARIP

INDEX

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2.	Executive summary
3.	Access audit check list
4.	Observations and Recommendations

1. INTRODUCTION

NAME OF THE BUILDING: Manikaka Topawala Institute of Nursing

BUILDING TYPE AND USE: Educational Building

ADDRESS: CHARUSAT Campus, Gujarat State Highway 139, Anand, Gujarat- 388421

Manikaka Topawala Institute of Nursing (Formerly known as Charotar Institute of Nursing) established as a constituent of CHARUSAT in 2009. MTIN is committed to provide a qualitative nursing education with advance knowledge, skills and caring heart, which will be responsible for nation's prosperity with a humanistic approach and maintain a high standard of professional care at all times to meet the needs of changing society through continuing education and contribution to professional growth.



2. EXECUTIVE SUMMARY

MANDATORY IMPLEMENTATION:

1. Accessible parking in the building premises.
2. Ramp and/or lift inside the building
3. Handrails on both sides of ramp and stairs at recommended height and painted in contrast color.
4. Accessible drinking water unit on all floors.
5. Accessible toilets on all floors.
6. Controls and operations - height between 600-1100 mm
7. Appropriate signage and international symbol of accessibility should be clearly marked
8. All signage should be multi lingual, tactile, and simple.
9. Emergency evacuation measures needs to be updated per the guidelines provided.

3. ACCESS AUDIT CHECK LIST

1.MAINENTRANCE	YES	NO	NOTAPPLICABLE	REMARKS
▪Is the main entrance of the building accessible?	✓			
▪Are there any steps at the entrance?	✓			
▪Do the steps have a handrail?	✓			
▪Are there handrails on both the sides?		✓		
▪Is there a ramp?	✓			
▪Does the ramp have a railing?	✓			
▪Are there handrails on both the sides?	✓			
▪Is the clear door width at least 1000 mm?			✓	
▪Can the entrance door be operated independently?			✓	
▪Is the height of the door handle between 800 mm and 1000 mm?			✓	
▪Does the accessible entrance permit access to an elevator?			✓	
▪Is the accessible entrance clearly identifiable?	✓			
▪Is the landing surface non-slippery?	✓			

2.RAMPS	YES	NO	NOTAPPLICABLE	REMARKS
▪Is there a ramp next to the stairs?	✓			At entrance only, not inside the building
▪Is the location of the ramp clearly identifiable?	✓			
▪Is the ramp gradient no steeper than 1:12?		✓		
▪Is there a landing of at least 1500mm x 1500mm, at 9m intervals provided?			✓	
▪Is there a landing at every change in direction?			✓	

▪Is there landing at the top and bottom of every ramp?	✓			
▪Is the minimum width of the ramp 1500 mm?		✓		
▪Are there continuous handrails, on both sides, at a height between 760 mm– 900 mm?		✓		
▪Is the surface of the ramp non-slip?	✓			Grating present
▪Is there an edge protection on both sides ofthe ramp?	✓			

3.PARKING	YES	NO	NOTAPPLICABLE	REMARKS
▪Are there accessible parking facilities?	✓			
▪Is the number of accessible parking spaces sufficient?		✓		
▪Are the designated spaces wide enough 3600mm x5m?			✓	No designated space
▪Are accessible parking spaces marked by the international symbol of accessibility?		✓		
▪Accessible parking spaces are not misused or used by non-disabled people?			✓	
▪If the drop-off area has a kerb, is there a kerb ramp leading to the pathway?			✓	
▪Is the drop-off area marked by signage?			✓	
▪Is there an accessible path of travel form the drop-off area to the main entrance?			✓	

4.RECEPTION&INFORMATION COUNTERS	YES	NO	NOTAPPLICABLE	REMARKS
▪Are the counters easily indefinable?			✓	
▪Is the counter at two height?			✓	
▪Is a part of the counter lowered to accessible height of 800 mm?			✓	
▪Is a loop induction unit installed at the counter?			✓	

▪Are there tactile pictographic maps of the building near the counter?			✓	
▪Is the counter well illuminated?			✓	

5.DOORS	YES	NO	NOTAPPLICABLE	REMARKS
▪Are there any automatic doors at the entrance?		✓		
▪Can the doors be operated without much effort?		✓		
▪Do automatic doors have sufficient long opening intervals?			✓	
▪Are push buttons for automatic doors located at a maximum height of 1m?			✓	
▪Is there sufficient space beside the latch side of the doors(450-600mm)?		✓		
▪Are accessible door placed adjacent to the revolving doors and turn stiles?			✓	
▪Are glazed doors marked with a colour band at eye level?		✓		
▪For double leaf doors, is the width of one of the leaves at least 1m?		✓		
▪Do doors fitted with spring closers have an extra pull handle?			✓	
▪Is manual door accessories/ hardware (handle, lock pull etc.) 800mm?		✓		

6.CORRIDORS	YES	NO	NOTAPPLICABLE	REMARKS
▪Is the minimum unobstructed width of corridors at least 1500 mm?	✓			
▪Does the corridors width allow manoeuvring through doors located along its length?	✓			
▪Are differences in level, bridged with by ramps or lifts?		✓		

▪Can a sightless person with a cane detect all protruding objects with in the corridor?		✓		
▪Are all over hanging obstructions mounted above a minimum height of 2200mm?		✓		
▪Can a person with low vision, identify all obstacles in the corridor?	✓			

7.LIFTS	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Is there an accessible path leading to the elevator?			✓	
▪Is the clear door opening width 1m or more?			✓	
▪Are the minimum internal dimensions of the elevator 1500mmx1500mmminimum or having 13 persons capacity?			✓	
▪Is the height of the call button (outside the lift) between 800 mm– 1m, from the floor level?			✓	
▪Is the control panel placed at a height between 800mm– 1m, from the floor level?			✓	
▪Is there an audio and video system installed in the lift Indicating arrival at a floor?			✓	
▪Are there Braille/raised numbers on the control panel?			✓	
▪Is the elevator provided with a handrail on the three sides?			✓	
▪Are the handrails mounted at a height between 800 mm and 1m?			✓	
▪Is the elevator door easy to identify?			✓	
▪Is the emergency intercom provided inside the elevator?			✓	
▪Are there tactile or Braille instructions for the communication system?			✓	
▪Is the emergency intercom usable without the voice communication?			✓	
▪Is the door opening/closing interval long enough?			✓	
▪Isthefinishoftheelevatorfloor skid-resistant?			✓	

8.STAIRS	YES	NO	NOTAPPLICABLE	REMARKS
▪Is the minimum width of the stairs 1200mm?	✓			
▪Are there continuous handrails, on both sides, at a height between 760mm-900mm?		✓		
▪Is the handrails installed in the centre of the stair width, which is more than 3mwide?			✓	
▪Is the landing length not less than 1200mm?	✓			
▪Are the step edges of a different colour or texture easily identifiable by low-vision& vision impaired persons?		✓		
▪Are there warning blocks installed at the beginning and end of all flights?		✓		
▪Is the location of emergency (fire escape)stairs clearly identifiable?			✓	
▪Does the height of the risers is 150mm maximum &t read 300 mm minimum?	✓			
▪Do treads have a non-slip surface?	✓			
▪Are the risers having open gaps in the steps?		✓		

9.HANDRAILS	YES	NO	NOTAPPLICABLE	REMARKS
▪Are handrails mounted at a height between 760mm–900 mm?		✓		
▪Are handrails easy to grip?	✓			
▪Are handrails securely attached?	✓			
▪Do handrails extend horizontally 300mm at the top and bottom of every stair case or ramp?		✓		

▪Are the ending of the handrails grouted in the ground or turn downward?	✓			Except at entrance
▪Is the space between the handrails and the wall no less than 50mm?	✓			
▪Are the handrails painted in contrast colours to be easily indefinable?		✓		
▪Are there tactile strip/Braille plates identifications on the handrails for emergency stairs & floor levels?		✓		

10.TOILETS	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Are there accessible toilets for Persons with Disabilities?	✓			
▪Are the toilets easily identifiable?		✓		
▪Istheresufficientspaceof2mx 2.2m inside the toilets to manoeuvre a wheelchair?		✓		
▪Are water closet (WC) and bidets mounted at a height between 450mm– 480mm?		✓		
▪Is the space between the WC and the closest adjacent wall, fitted with a grab bar is between 450 mm– 500mm?			✓	
▪Is the accessible washbasin mounted at a height between 750mm– 850mm?	✓			
▪Is the lower edge of the mirror positioned at a height not exceeding 1m?	✓			
▪Are the accessible showers provided with a folding seat?		✓		
▪Are the grab bars installed near WC and showers at a height between 750 – 850mm?		✓		Grab bars notprovided
▪Do grab bars have a diameter of 38 mm?			✓	
▪Do wall mounted grab bars have knuckle space 50 mm?			✓	
▪Are grab bar non slippery?			✓	
▪Can the grab bars withstand the load of 200kg minimum?			✓	

▪Are faucets easy to grip and operate with one hand?	✓			
▪Are shower fixtures with at least 1500 mm long hoses?			✓	
▪Are hot water pipes insulated or covered?			✓	
▪Is the toilet equipped with an emergency alarm system?		✓		
▪Can doors be locked from inside and releasable form outside under emergency situations?		✓		

11.CANTEEN	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Is the eating outlet accessible for PwD's?			✓	
▪Is there a circulation path of at least 900mm wide to allow a wheelchair user to move around the eating outlet?			✓	
▪Are the cash and service counter height below 800mm?			✓	
▪Is the table accessible with a height of 750mm to 850mm and knee space of 750mm wide and 480mm deep?			✓	
▪Do the table with fixed stools have accessible spaces for wheelchairs?			✓	

12.DRINKING WATER	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Is the Water tap accessible?		✓		
▪Can it be easily manoeuvred by a person with poor hand function?	✓			
▪Is the area dry?	✓			
▪Are glasses provided?		✓		

13.SIGNAGES	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**

▪Are accessible spaces identified by the international symbol of accessibility?	✓			
▪Are there directional signs indicating the location of accessible facilities?	✓			
▪Are maps, information panels and wall-mounted signs placed at a height between 900mm and1800mm?		✓		1900mm
▪Are signs clear, simple and easy to read?	✓			
▪Is the colour of signs clearly distinguishable?	✓			
▪Is the surface of the sign processed so as to prevent glare?	✓			
▪Is the sign supplement by a text in embossed letters or in Braille available next to information signs?		✓		
▪Is the lettering size proportional to the reading distance?				Could not assess

14.EMERGENCYEXITS	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Are emergency exits clearly marked with directional arrow signs?		✓		

15.PUBLICTELEPHONES	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Are there public telephones accessible to wheel chair users?			✓	
▪Is there atleast one telephone in the building equipped with a loop induction unit?			✓	
▪Are the numerals on the telephone raised to allow identification by touch?			✓	
▪Is there proper signage directing to the public telephone?			✓	

▪Are the heights of the operable parts of the telephone between 800mmand 1m?			✓	
▪Is there a clear knee space of 750mm?			✓	

16.RESTINGFACILITIES	YES	NO	NOTAPPLICABLE	REMARKS
▪Where there are large spaces, are resting facilities provided at 30 meters of intervals?		✓		
▪Is there an adjoining space for a wheelchair next to benches and public seats?		✓		
▪Are public seats with height of 450-480mm?		✓		370mm
▪Are knee spaces at accessible tableswithaheightof750mm and knee space of 750mm wide and 480mmdeep?			✓	

4. OBSERVATIONS & RECOMMENDATIONS

4.1MAIN ENTRANCE



OBSERVATIONS	RECOMMENDATIONS
1. The accessible entrance is clearly identifiable 2. Brown colour mat is placed at the entrance 3. The landing surface is non-slippery 4. There is no door at the entrance 5. It has no tactile guiding path including directional, hazard warning and positional tiles directing from the entrance till inside the building 6. There is no accessible identification signage to identify the accessible entrance	1. There should be no obstacles on the floor such as floor mats 2. It should have a tactile guiding path including directional, hazard warning and positional tiles directing from the entrance till inside the building 3. There should be accessible identification signage to identify the accessible entrance 4. Signage at the entrance should be multi lingual and tactile

STEPS

OBSERVATIONS	RECOMMENDATIONS
1. There are three steps at the entrance 2. There is no color contrasting strip at the edge of the stairs 3. Hand rail is installed on right side only 4. The handrail of main stairs does not project beyond the end of the flight and curve back in accordance with section on handrails	1. There should be a color contrasting strip at the edge of the steps/stairs 2. The steps should have handrails on both sides that should be continuous on the landing 3. Height of handrails should be between 760 mm- 900 mm 4. Handrails must extend 300 mm at top

5. Height of handrail= 960 mm 6. No warning blocks at beginning and end of stairs	and bottom of stairs 5. Install warning blocks at beginning and end of the stairs
RAMP	
OBSERVATIONS	**RECOMMENDATIONS**
1. There is a ramp at the main entrance 2. The location of the ramp is clearly identifiable 3. Ramp gradient is more than 1:12 4. Ramp width= 1390 mm 5. Grating is present 6. Handrails are provided on both side of the ramp but not continuous on the landing 7. Height of handrails= 330 mm-990 mm	1. Increase ramp width to minimum of 1500 mm 2. Adjust the height of handrails (between 760 mm- 900 mm) 3. Handrails must extend 300 mm at top and bottom of ramp 4. Handrails should be continuous on the landing
HANDRAILS	
OBSERVATIONS	**RECOMMENDATIONS**
1. Handrails have been provided on both side of the ramp and right side of steps 2. Handrails of ramp and stairs are securely attached 3. Handrails of ramp are circular and non-slippery 4. Handrail is not in contrast color 5. Handrail neither extend beyond the steps/ ramp nor turned downwards	1. Handrails should be provided on both sides of the stairs 2. Handrails should be provided at the height of 760 mm and 900 mm 3. The handrails should extend horizontally 300mm at the top and bottom of steps& ramp 4. Handrails should contrast in color from the background wall and the floor 5. The end of the handrail should be either grouted or turned downwards 6. There should be at least 50mm hand clearance between the wall and the handrail
4.2 RAMP	
OBSERVATIONS	**RECOMMENDATIONS**
1. There is no ramp provided to access different floors 2. No provision in future	Not applicable
4.3 PARKING	



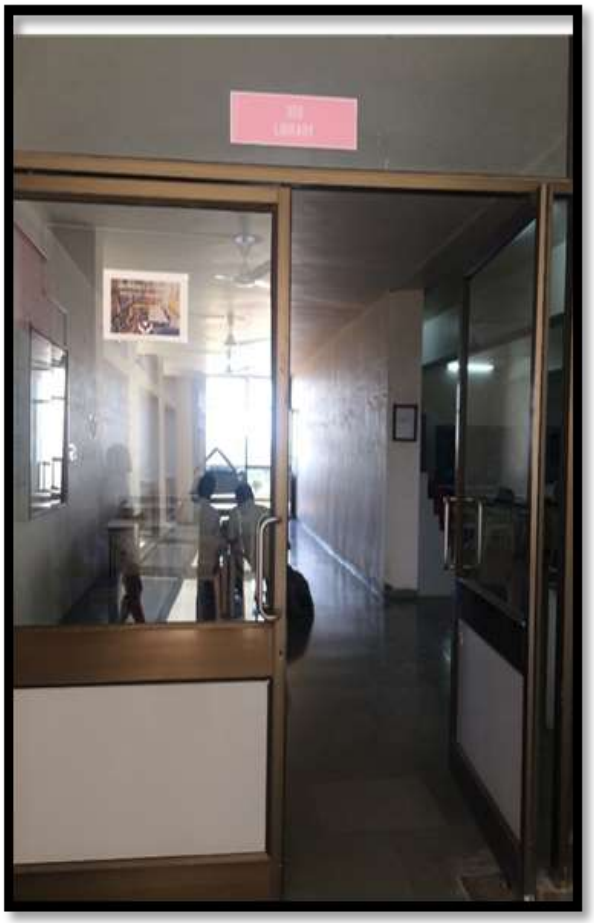
OBSERVATIONS	RECOMMENDATIONS
1. There is parking space provided but the distance is more than 30m from the accessible entrance. 2. There is no parking lot available for visitors and staff within 30m 3. There are no accessible parking bays reserved for persons with disabilities 4. The parking provided has no shelter 5. There is no tactile floor guidance. 6. There is inadequate artificial light in the outside parking after sunset 7. No signage provided.	1. There should be a parking lot available for visitors and staff within the campus 2. There should be sufficient accessible parking bays reserved for persons with disabilities 3. The size of the bay should be 3600mm x 5000mm 4. The parking bay should have firm and leveled surface 5. Parking should be located within 30m from the accessible entrance 6. There should be a drop off point for persons with disabilities next to the accessible parking 7. Minimum accessible route width should be 1200mm 8. There should be a tactile floor guidance including directional, hazard warning and positional tiles in the parking area for independent mobility for persons with blindness and low vision specifically routes guiding from parking area to entry points of buildings, emergency exits 9. Appropriate signage and international symbol of accessibility should be

	clearly marked 10. Car parking at entrance must have height clearance of minimum 2400 mm 11. At least 2 accessible parking for every 25 car parking 12. Signage of the parking at the entrance gate should be multi lingual and tactile 13. The accessible parking spaces should be marked by international symbol of accessibility

4.4 RECEPTION & INFORMATION COUNTERS

OBSERVATIONS	RECOMMENDATIONS
1. Not available	1. Not applicable

4.5 DOORS





OBSERVATIONS	RECOMMENDATIONS
1. The glazed doors are not marked with the colour band at eye level 2. Door handle type is D-shape 3. Resistance to open the doors is more (Room no. 108, 109, 110, 201, 302, 303, terrace door) 4. Double leaf doors- width of one leaf is < 1m 5. Door accessories (handles, lock etc.) are	1. Mark the glazed doors with colour band at eye level 2. Reduce the resistance to open the doors 3. Increase the width of the leaf of doors (which is frequently used for opening) to at least 1m 4. Readjust the door accessories at height lower than 800 mm

placed at a height more than 800 mm (Room no. 101, 103, 105, 106, 107, 108, 109, 110, 201, 202, 203, 204, 205, 206, 206A, 207, 301, 302, 303, 306, 404, administrative office, terrace door, sports room) 6. Door handle is not fastened tightly 7. There is inadequate space available to open the door by a wheelchair user from inside	5. Fasten the door handle tightly (Room no. 303) 6. Adjust the benches in the lecture hall to provide adequate space to open the door by a wheelchair user from inside
4.6 CORRIDORS	
	
	
OBSERVATIONS	**RECOMMENDATIONS**
1. The corridor width is appropriate	1. Make the floor even or mark the dip

2. The corridor width allows maneuvering through doors located along its length 3. There is difference in level of the floor 4. There are no tactile warning blocks at level differences 5. The doors are not opening in the corridor 6. The floor finish is non-slip, non-reflective and without any heavy patterns 7. The corridor is well illuminated 8. The clear circulation space in corridors are kept free of unwanted barriers 9. No tactile floor guidance in the corridor 10. Overhanging obstructions are at a height between 1400 mm to 1510 mm	with contrast colour tape 2. There should be no protruding elements such as display boards, notice boards, control panels, switch boards in the pathway below a clear headroom of at least 2200 mm 3. There should be tactile floor guidance in the corridor for independent mobility for persons with blindness and low vision specifically routes guiding from corridors to the various of rooms, emergency exit 4. There should be accessible directional signage directing to various building facilities like toilets, drinking water fountain, emergency exits etc in the corridor
4.7 LIFT	
OBSERVATIONS	**RECOMMENDATIONS**
1. There is no lift provided to access different floors 2. To be built in future	1. There should be a lift that connects all floors of the building. Probable location can be in the landscaped court adjoining entrance lobby. 2. It should have a step free access from the entrance to the lift 3. The door should be easy to identify 4. The clear door opening width should be 1m or more 5. The minimum internal dimensions of the elevator should be 1500 mm x1500 mm minimum 6. The finish of the lift floor should be skid-resistant 7. The floor finish of the car should be non-slippery 8. There should be handrails on both the sidewalls and the rear wall of the lift car 9. The Lift handrails should be mounted at a height between 800 mm and 1m 10. There should be no level difference between the landing and the lift 11. Horizontal gap between the lift and the landing should be no more than 12 mm 12. There should be a landing 1500 mm x 1500mm in front of the lift 13. There should be signage directing to the accessible lift

	14. There should be floor number and floor directory signage on the lift lobby which should be visible from all lift cars 15. The lift control panel should have buttons and not a touch panel. 16. The elevator controls in the lift (including alarms /speakers/phones) should be between 800mm to 1000mm 17. The walls of the car should be non-reflective 18. A rear mirror should be present in the car 19. The lift should have a live attendant when required and always for public buildings with a heavy footfall 20. Control panel should have a good contrast and buttons should be self-illuminating, in raised numbers and Braille 21. There should be an audio and video system installed in the lift indicating arrival at a floor 22. There should be Braille/raised numbers on the control panel 23. The emergency intercom should be provided inside the elevator 24. The Emergency information given inside the lift car should be mounted at eye level and should be in both tactile and Braille format 25. The emergency intercom should be usable without the voice communication 26. There should be accessible identification signage to identify the elevators 27. Signage should be multi lingual and tactile 28. All signage should be simple, clear and easy to read
4.8 STAIRS	

	
OBSERVATIONS	**RECOMMENDATIONS**
1. There are two staircase blocks present in the building 2. The risers of stairs are mm high and tread are mm wide 3. There is no contrast between rise and tread of steps 4. There is no color contrasting strip at the edge of the stairs 5. Handrails are installed on one side only 6. The handrail of stairs does not project beyond the end of the flight and curve back 7. The handrail starts at second step 8. Height of handrails vary between 980 mm to 1200 mm 9. There is insufficient illumination on the main stairs 10. The floor surface of the steps/stairs is non-slippery and non-glary 11. Stairs are uniform in width 12. No warning blocks at beginning and end of stairs	1. Adjust the height of handrails between 760 mm- 900 mm 2. The handrails should project beyond the end of the flight and curve back in accordance with section on handrails 3. There should be a color contrasting strip at the edge of the stairs 4. Install warning blocks at beginning and end of the stairs

4.9 HANDRAILS





OBSERVATIONS	RECOMMENDATIONS
1. Handrails have been provided on one side of the stairs 2. Securely attached 3. Circular and non-slippery 4. Extent of handrails is not proper 5. Contrast colour is not used	1. Handrails should be provided on both sides of the stairs 2. Handrails must extend 300 mm at top and bottom of stairs 3. Handrails should contrast in color from the background wall and the floor 4. There should be at least 50mm hand clearance between the wall and the handrail

4.10 TOILETS





	
OBSERVATIONS	**RECOMMENDATIONS**
1. Accessible toilets are only on the ground floor 2. Not easily identifiable 3. Direction of door opening is inside 4. Doors have D-shaped and knob type handles 5. Insufficient space to manoeuvre a wheelchair inside toilet 6. Doors can be locked from inside but not releasable from outside under emergency situations 7. There is no color contrast between the floor, wall and sanitary fittings 8. Not designed appropriately for disabled 9. The accessible washbasin is mounted at a height 830mm 10. Mirror is present in accessible toilet 11. Flush is behind the seat 12. No grab bars 13. No emergency alarm system provided	1. Accessible toilets should be present on all floors of the building in ladies and gents block 2. The toilets should be easily identifiable 3. The wash basin should have lever type taps 4. Install horizontal grab bars inside the toilet at a height of 200mm from the WC seat 5. The grab bars should be installed near WC at a height between 750 – 850 mm 6. Grab bars should be non-slippery 7. There should be an alarm system within easy reach to alert persons outside, in case of emergency 8. There signage using the international symbol of accessibility to identify the accessible toilets
4.11 CANTEEN	
OBSERVATIONS	**RECOMMENDATIONS**
1. Not available inside the building	1. Not applicable
4.12 DRINKING WATER	



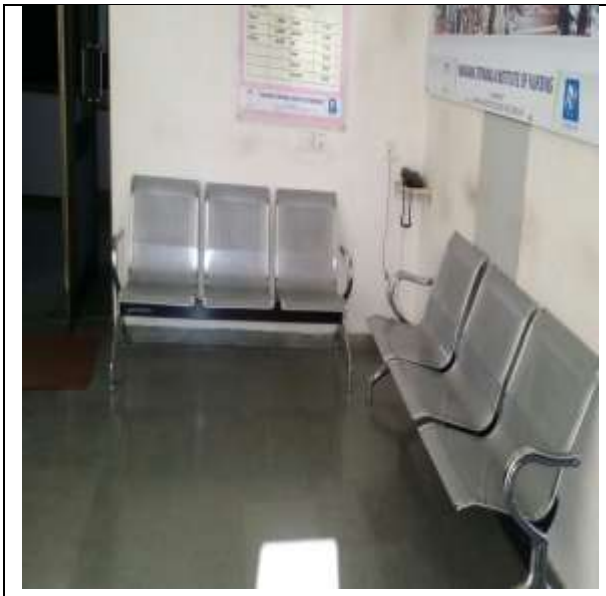


OBSERVATIONS	RECOMMENDATIONS
1. The drinking water facility is not easily accessed by persons with disabilities 2. There is no sufficient maneuvering space in front of drinking water area at ground floor 3. The drinking water fountains are located at both end of the corridors 4. Area is not always dry 5. Tap is not of lever type 6. Glasses are not provided 7. Tap is not of lever type	1. There should be sufficient maneuvering space in front of drinking water fountain 2. Water tap should be accessible for all 3. The tap should be of lever type 4. Provide at least 3 glasses 5. Glasses should be kept at accessible height not higher than 1200mm 6. There should be identification signage to identify the drinking water fountain

4.13 SIGNAGES

	
OBSERVATIONS	**RECOMMENDATIONS**
1. Signage is provided in English 2. No other signage 3. Height varies between 1470mm-2370mm	1. There should be no signage protruding outside the wall below clear headroom of 2200mm 2. All signage should be multi lingual and provided in English, Hindi and local language 3. Supplement by a text in embossed letters/ Braille 4. All Braille and tactile signage placed between the height of 900 mm and 1500mm, with ideal location at 1050 mm above the finished floor level
4.14 EMERGENCY EXIT	
OBSERVATIONS	**RECOMMENDATIONS**
1. Fire extinguishers are mounted on the wall at the height lower than 1000mm 2. No emergency exits identified 3. Evacuation plans displayed are not appropriate for persons with disability.	1. The emergency evacuation provision should consider people with disabilities 2. There should be a step free or ramped accessible evacuation route identified leading to the exit or the ramp or to the refuge area 3. The emergency exits should be clearly marked with directional arrow signs 4. The fire extinguishers should be fixed at the height between 1000mm and 1500mm 5. The alerting system should be provided, both visual and audible

	6. The alerting buttons should be between 600 mm and 1200mm from the floor and have a high contrast with the background wall 7. A refuge area identified should be signposted for wheelchair users 8. There should be a directional signage leading to the refuge area and the evacuation plans have the refuge area marked on them 9. All emergency and directional signage should be accessible 10. There should be an audio and visual two way communication system in the refuge area at the height of 1000mm 11. Evacuation plans should be prominently displayed on all floors 12. The evacuation plans and building maps should be available in tactile Braille formats 13. The accessible evacuation route and the refuge points should be shown on the plan 14. The plan should have 'you are here' point identified on it 15. The plan should contrast well with the background wall 16. The Staff should be trained to assist persons with disabilities in evacuation 17. There should be evacuation chairs available 18. There should be smoke barriers around the refuge area that can hold the smoke for at least one hour
4.15 PUBLIC TELEPHONES	
OBSERVATIONS	**RECOMMENDATIONS**
1. Not available	1. Not applicable
4.16 RESTING FACILITIES	

	
OBSERVATIONS	**RECOMMENDATIONS**
1. Available outside the Principal's office 2. Not available at 30 m interval of corridors 3. Height of chairs- 370mm	1. Recommended height of chairs is between 450-480 mm 2. If possible, provide chairs of appropriate design at every 30m interval

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

[CHARUSAT]

EQUAL OPPORTUNITY CELL

MANIKAKA TOPAWALA INSTITUTE OF NURSING

REPORT OF EXPERT SESSION ON HEALTH AWARENESS ON AIDS

Date of event : 30th January, 2017

Date of submission : 22/02/2017

Organizers: Manikaka Topawala Institute of Nursing

Venue: MTIN, Auditorium

Submitted by:

Name: Alpna Patel
Designation: Clinical Instructor
Email: alpnapatel.nur@charusat.ac.in

Endorsed By:

Principal

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT),
CHANGA – 388 421

Event Report

Name of Department: Manikaka Topawala Institute of Nursing

Name of Event : Health awareness on AIDS

Date and Time of Event : 30/01/2017

Event coordinator : Ms. Alpna N. Patel

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1.	Dr. R. R. Fulmali	**District TB Officer** District TB center, Petlad, Dist- Anand

Event Schedule:

Date	Time	Session	Activity
30/01/2017	10.30am to 12.30pm	Expert session on Health awareness on AIDS	Expert session on Health awareness on AIDS

Summary of the Event (Maximum 200 words):

Report

We MTIN organized an Expert session on Workshop/Expert session on "***Health awareness for students on AIDS"*** on 30th January, 2017 at MTIN auditorium. We have invited 01 expert from outside to deliver their expertise on this theme. The participants were nursing students, nursing teachers. 1st & 2nd 3rd year General nursing & midwifery students & 1st year B.Sc. Nursing students from MTIN. 93 nursing students were participated from MTIN, 07 Nursing faculties were participated in expert session. Total 100 delegates were participated in this expert session. The registration was started at 10.00am 0n wards & sessions was started at 10.30 am & end at 12.30pm.

The session about theme and its importance was delivered by Mrs. Alpna Patel. Moreover, She also introduced about EOC, MTIN & todays guest to all.
Mr. Anil Sharma, Principal MTIN welcomes the speaker with flowers as a token of love & appreciation.

The session was delivered by Mr. R. R Fulmali sir, District T.B. Officer, District T.B. center, Petlad, Anand. He acquired his Degree in Bachelor of Medicine and Bachelor of Surgery, Doctor of public health, & AHA. He is having more than twenty years of experience in medical field. He explained on AIDs. He explained about what is AIDS, worldwide & state wise statistical data related to AID, causes, clinical symptoms, diagnostic evaluation, precaution to be taken, treatments, prevention of AIDS.
He is also explained about Tuberculosis with AIDS & AIDS with tuberculosis because this both diseases are vice versa. He explained in details about 99 dots especially for these condition patients. How this is helpful to patients & health workers
Overall the session was interesting; knowledgeable. The expert appreciates effort to organize this session.

Registration fee (if any): No registration fees.

No. of Participants: 100

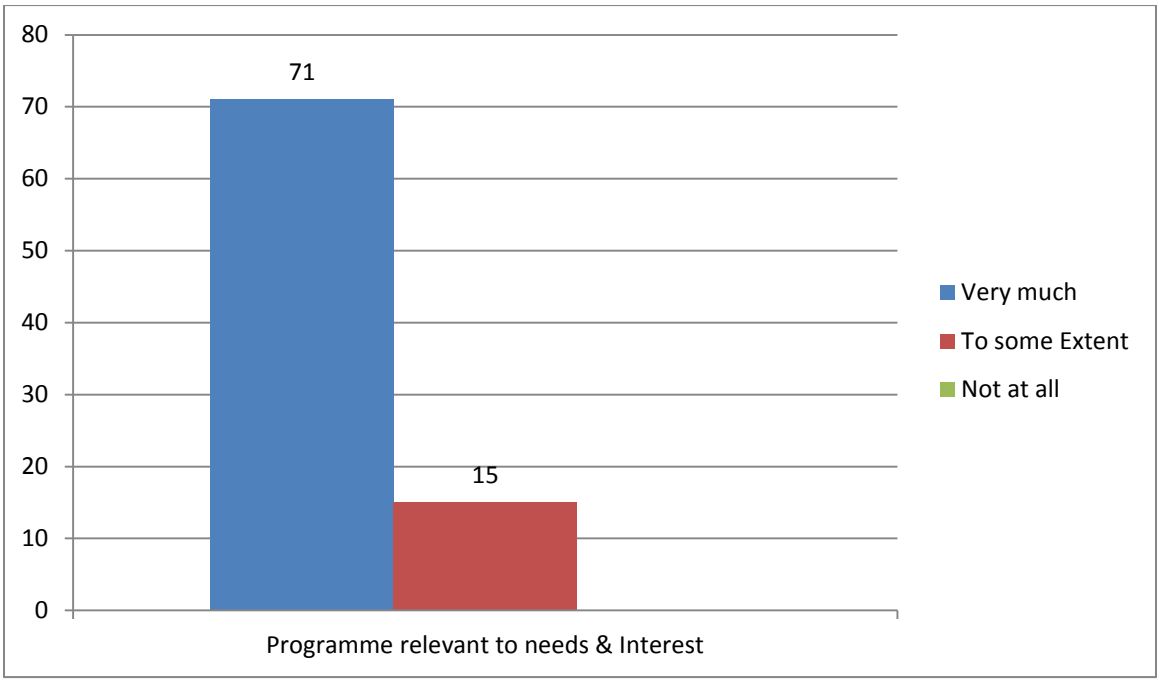
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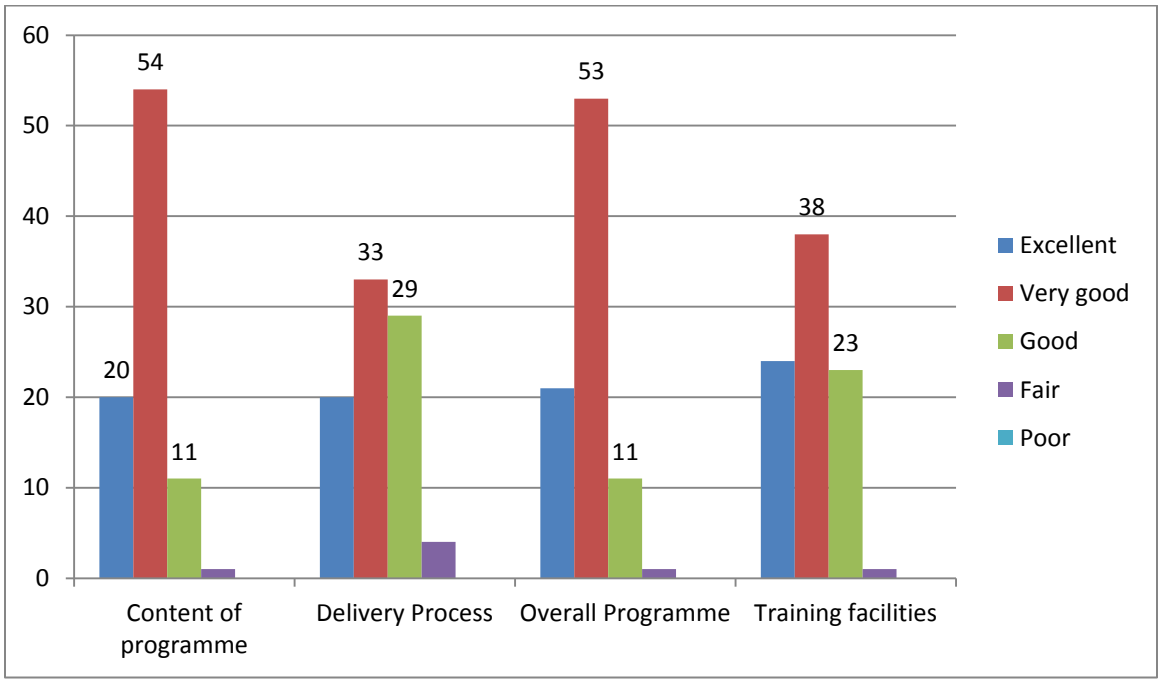
Sr. No.	Details	Rupees
Income		
1.	CHARUSAT, Changa	19000/-Rs.
Expenses		
1.	Expert remuneration & Petrol allowance	2500/-
2.	Banner	500/-
3.	Bouquets	50/-
4.	Certificates	1000/-
Total	**Four thousand fifty rupees**	**4050/-Rs**

Overall impact of workshop: Very Good

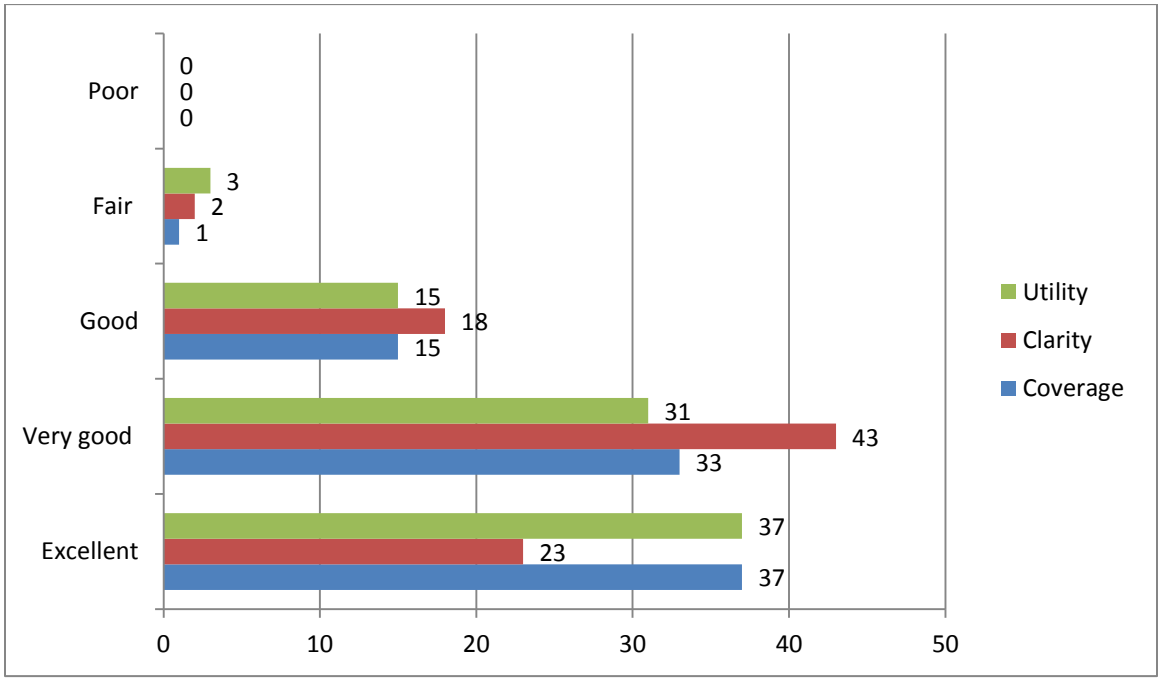
ANALYSIS REPORT OF FEEDBACK FORM

Programme relevant to needs & Interest

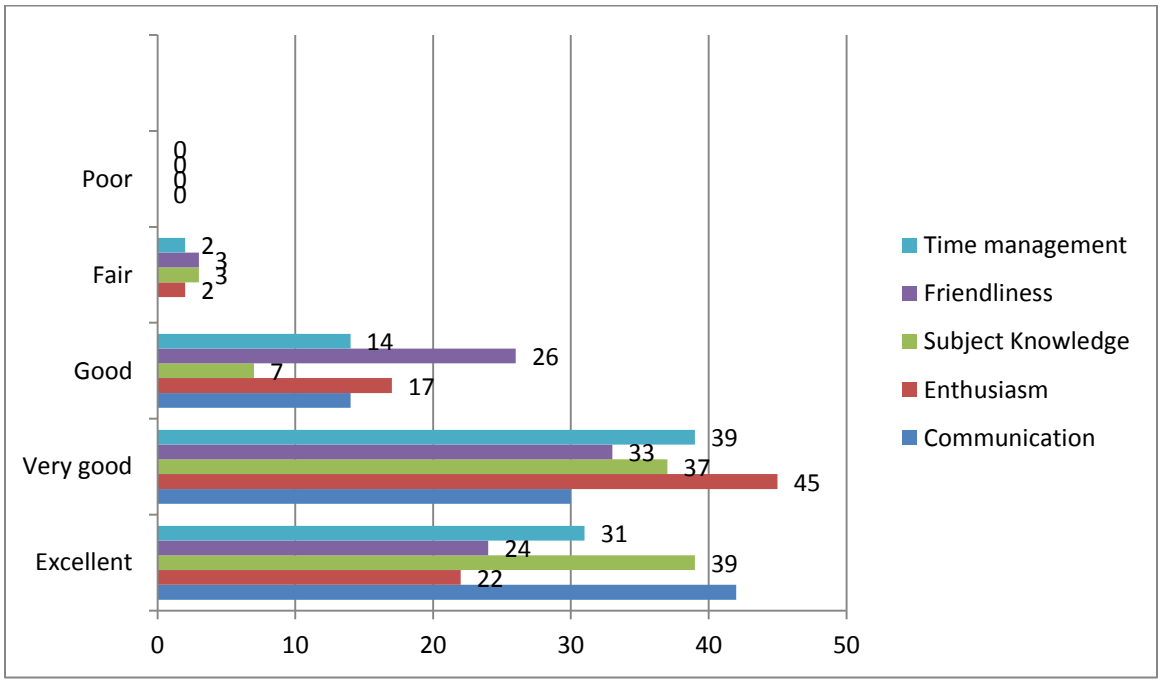




Rating of programme for Content



Rating of facilitator:-



Photographs of the event with captions (at least six photographs):



Welcome & introduction of Dr. R.R. Fulmali sir by Ms. Alpna Patel



Well come of Dr. R.R. Fulmali sir with Bouquets by Dr. Anil Sharma, Principal, MTIN.



Students participated in expert session on AIDS.



Students participated in expert session on AIDS.



Faculties & Students participated in expert session on AIDS.



Dr. R.R. Fulmali sir delivering the session

CHARUSAT
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Hardik Jayswal <hardikjayswal.it@charusat.ac.in>

Paragraph writing competition

Hardik Jayswal <hardikjayswal.it@charusat.ac.in> Tue, Jan 24, 2017 at 9:15 PM
To: Vijay Makwana <vijaymakwana.cs@charusat.ac.in>
Cc: Vijay panchal <vijaypanchal.cv@charusat.ac.in>, Ayesha Shaikh <ayeshashaikh.it@charusat.ac.in>, Sonal Rami <sonalrami.it@charusat.ac.in>, Head IT CHARUSAT <hod.it@charusat.ac.in>

Dear Sir

Under the aegis of Equal Opportunity Cell (EOC), CHARUSAT, Department of Information Technology , has arranged Paragraph writing competition (Views on effect of Demonetization With Suitable Slogan) , In this competition we have received entries from various departments , As per our conversation related to assess the paragraph, here i attached the file which consist of participation entries , kindly assess all the paragraph and select best paragraph out of this .

please find the guidelines and judging criteria

for any query please contact me

Guidelines :

- Paragraph should correspond to the Effects of Demonetisation
- Your words cannot be exceed more than 2000 words
- Preferably relate to Demonetisation in India
- Slogan must include the words, “Demonetisation”
- Submission Must via Online, No printed copy will be accepted.
- No entry will be considered after 24th January , 2017 11.59 p.m.

Judging Criteria:

Areas	Percentage
Effects : Positive or Negative	25%
Uniqueness of Paragraph	45%
Slogan	30%

--

Hardik S. Jayswal

Assistant Professor,

Training & Placement Representative - Career Development and Placement Cell

Coordinator: Equal Opportunity Cell, Entrepreneur Development cell

B.E(IT),M.Tech(CE)

Chandubhai S Patel Institute of Technology,

Department of Information Technology,

Charotar University of Science & Technology (CHARUSAT)

Accredited Grade 'A' by NAAC & KCG

(M) : +91-9825961830

effects of demonetisation.docx
31K

Name : Malav Desai	IDNO : 15IT019

Effects of Demonetization :

â€œLike chemotherapy for cancer, Demonetisation was required to curb black moneyâ€• says Venkaiah Naidu (Minister of Information and Broadcasting), but does Mr. Naidu know that chemotherapy fails 97% of the times it is used for fighting the cancer-causing cells. The same thing is happening with Demonetisation in India, Rs 14.38 lakh crore out of Rs 15.42 lakh crore are deposited in banks till date (Source: hindustantimes). Has the government really succeeded in curbing the black money in our nation? The numbers above tell a different story. Demonetisation has had almost no effect on the rich and upper middle class of the society, itâ€™s the lower middle class and poor who have suffered the most. Many stood in line in front of banks, young and old, practically the whole day from sunrise to sunset before getting a handful of their own money. They had to repeat the tiresome act day after day for the small amount. In the end, dejection, heart attack, despair, suicide has befallen the unfortunate. The black money hoarders have escaped the Demonetisation and have got their money safe in banks, itâ€™s the poor who now have to face whatever comes in their way.

Slogan :

the rich gets richer and the poor gets poorer

Name : Deepali D Patel	IDNO : D14ce148

Effects of Demonetization :

Pros: The Move will help India economically. Iâ€™ll explain you why. Till now an approx. of 65,250 crore worth of black money has been recovered. This money will be used to lift up India economically and the government politically. Well you guys might be thinking what if the govt. is not that loyal and keeps some amt. to itself or uses some of it for personal benefits, guys if so the govt. would not have taken the move in the first place.
This move will also help India revolutionize digitally. The poor who till now have not open bank accounts will move towards it, people will make use of plastic money, also for those who donâ€™t have an internet connection has a way to transfer money using a number provided by the government also PayTM has announced a toll free number to make payments offline. Forcing business to use the plastic money and digital payment will make them pay tax where only 5% of the Indian workers pay actual true income tax, only 15% of the Indian economy is reflected in the tax net and our tax-GDP ratio of 17% is 5 points less than other countries.

Slogan :

Be Patient; Demonetization is like finding lots of needle from a bunch of haystacks!

Name : Hetal Patel	IDNO : 16pgce017

Effects of Demonetization :

"Demonetization effect, the ground topic is after all currency. One need to know the currency system first. Then will able to see the negative side of Demonetization. It's a new scam you will get to know at the end. Let's divide the system in parts. It's purposely made complicated. Will try to simplify. It start from election, the fake promises, spending more money than country's income technically called ""DEFICIT PENDING"". Now to fulfill those promises gov needs money too. They borrow some money from country's treasury by issuing
a bond. Bond is a I.O.U. basically a simple paper which say gave me 1 arab will gave you in 10 years with interest. These bonds are National Debt. The payer are us. The bonds are just to make better present destroy future. Second thing is Treasury auction those bond to the bank. Bank goes to Federal Reserve System. Talking about Fed it's a private corporation owned by stakeholders who got 6% dividend mostly stakeholders are bank owner. The actual balance is zero of Fed. They just provide a cheque or I.O.U. With this money bank again buy another bond, cycle repeats. Actual deal is between treasury and Fed, bank's are just middle man who got commision on each deal. Now gov spends this currency on public war,program and people. People deposit their money in bank. Policy of bank is if you deposit 100$,the bank will only have 10$, with 90$ they can legally do anything like stake gambling or loan because all banks work on Fractional Reserve Banking. The money they kept in this case 10$ called as Walt Money. In a country now 190$ exists. The 100$ you see in account are I.O.U basically a digital number in computer. Bank provide loan by this extra money. . Because of these supply of money increases and the value of the money decreases. That's
the main cause of inflation. Bank are actually not safe in 20% of population got to the bank they would be out of cash. The excess money in this digital world created by the bank only. Can say that it only have a negative impact. Today's monetary system is unconstitutional, theft of prosperity, libearty. Our purchasing power reduces because of inflation. Because of not using the real money, people who actually work hard pay taxes became slave who stood in those queue at ATM, which is worthless. In future National debt will increase it's a burden on people like us only.
"

Slogan :

Mostly negative but cashless system is real gold

Name :	IDNO :
Milap Parmar	14CE076

Effects of Demonetization :

"On November 8th 2016, PMO made a Blunt and risky move of turning down the high value currency from the Indian market.Demonitisation has surely shrinked the black economy while affecting all India's 1.3bn citizens, the poorest most of all.Demonitisation has directly hit trade and consumption. Consumption makes around 56% of India's GDP, as not much cash flow is available a drop in GDP will be seen. Many have militated this move. Demonitisaion has the potential to raise government revenue and encourage bank lending and thus a large amount would be subtracted from RBI's liabilities. Demonitisation indeed has a positive effect because a lot of money that was operated in shadow economy will now be a part of banking structureand as of this bank will have lot more money to support the economy. The banks were struggling because of non-performing assets and now will have more money to lend for agriculture, infrastructure and social sector, as also for trade and industry. Even the private sector investors which were so far lacking behind will now get back into the economy."

Slogan :

"Cash was the new trash after DEMONITISATION

Black money was PMO's perfect PRIORITISATION"

Name : Ajay Agrawal	IDNO : D15CL150

Effects of Demonetization :

As, we know that the govt. have sanctioned a effective step towards black money, terrorism, fake currency, cashless transactions and many more by demonetizing 1000 and 500 rs notes. This step by govt. leads to merits and demerits equally which are faced by normal public resident in this country. due to this demonetization many of the fake notes circulating in the market is now just a piece of paper, black money holders are having problems to renew there old currency to new one due to non taxed money, the notes which were supplied to communist or communal terrorist is totally vanished. Demerits of this demonetization is the rate of fall of GDP of the country from past few years, inconvenience to local resident public to change their money, Trade of locals like merchant shops, market shops, small and large scale industries etc are affected, miscellaneous demerits like emergency, agricultural aspects, occasions etc are also inversely and directly affected. Thus, according to my view new beginning of anything has its on merits and demerits which can be resolved my measures and effective planning.

Slogan :

" Every good thing takes time to come in existence"

Name : Borad Fenil R	IDNO : 15CL007

Effects of Demonetization :

The first impact shall be that people will have lower expenditure power. with that they will not be able to purchase luxurious things. There shall be no ostentatious expenditures on marriages and other ceremonies. So the society will grow lesser materialistic and people more prudent. with the fake money destroyed, the economy will see a big boom and the so far booming real estate sector shall fall on the ground. The things shall be cheaper. The currency shall get respect at the international market. There shall be a great check on the terror- related funding and therefore on terrorist activities. Corruption shall be down to a great extent as people will stop the tendency of accumulating money using wrong means. It will abridge the gap between the haves and the have nots. However, there may be some difficulties for a couple of months. But this inconvenience shall be temporary and for short- term.

Slogan :

"DEMONetisation - Drubbing the Demons of Development"

Name : Jash Kavya	IDNO : 13BPH013

Effects of Demonetization :

With the announcement by PM Modi on 8th Nov.,the entire country complained but nobody thought about the positive outcome â€“â€˜Getting Cash to cashlessâ€™. People were much affected by this move & faced a lot of inconvenience but they welcomed the move at the end. It helped the less privileged people as many people gave advanced salary,hired labour etc. to convert their black to white.People lowered their expenditure on unnecessary things & made a great cut-off in their needs. This troubling scenario of â€œDemonetization in Indiaâ€• after 50 days looks fruitful. Every organization got their online websites done(AMUL),got the debit card machines installed,started using apps(Paytm), started net banking facility, stopped taking extra charge & many more advancements.There has been creation of digital infrastructure & delivering services digitally.People 1st criticized the PM and Indian government about Demonetization but now they are applauding the work Indian economy did to raise respect in the international market. It was all after Demonetization that India moved a step ahead towards Digitization & arose a ray of hope for a DIGITAL INDIA in the near future!

Slogan :

Demonetization is the key to Digitization•

Name : Shivang Bachubhai Rathva	IDNO : 11CL044

Effects of Demonetization :

Let start with what is demonetization….??
Name indicates Demonetization is the combination of DE & Monetization.
Monetization means increase the flow of cash in the economy.
But Demonetization means calling of the currency from the economy. Or
We can say ban of currency in the economy.

Effects of Demonetization

There are multiple reasons why nations demonetize their local units currency, some reasons include to combat inflation to combat corruption and to discourage a cash system.
So let see the impact of Demonetization:-

- After demonetization the circulation of currency become less so GDP will automatically become less, because spending will be less, consumption will be less, investment will be less and net export will become down…that's why GDP will become down
- Due to cash crisis from input is not available in agriculture sector.
- India is more reliant on cash.
- PM Modi's currency purge.
- Effect on parallel economy.
- Effect on money supply.
- Effect on demand.
- A comma on corruption.
- Recession.
- Softening of interest rates chances of rate cut (by RBI).
- Most goods & services will offer discounts ate the end of festive seasons.
- Bank deposit tares to come down with liquidity will go up
- Improve demand scenario in medium to little longer term.
- Price of gold to come down further with this step.

Short term Impact
- Real estate
- Gold
- Consumption

Direct Impact
- Fake currency out of circulation in one stroke.
- Real estate prices dip to be seen in the long run.
- Reduction in inflation.
- Reduction in fiscal deficit.
- Reduction in landing rates.
- Increase in GDP.

Indirect Impact
- Kashmir moved to normalcy.

- Use of apps and cards.
- Increase in revenue collection by the government authorities.
- Simplification in tax policies & reduction in tax rates in the upcoming years.
- Scarity of cash due to demonetization.

Negative Impact of Banning notes in the Economy
- Less business activities.
- Chance of losing business customers.
- Chance of losing job for daily worker.
- Insufficient funds for trade.
- Foreign money still remains untapped.

General Views on Demonetization
- Cashless future is the real Goal of India's Demonetization move.
- The demonetization move could change the face of the Indian Economy.
- Demonetization is the smallest weapon to fight against black money.
- Recession
- Temporary disruption of payments-cycle.
- It will take some time for the cycle to resume normalcy.
- Inconvenience/Harassment of common people.
- Slowdown of rural economy in the short term.
- Details of all bank accounts in the income tax returns.
- Linking of PAN and Aadhar numbers
- Introduction to JAN DHAN YOJANA.
- Income declaration scheme.
- Passing of Benami transaction Act.
- Recalibration of ATM'S

What Next…??
- Details of Swiss/Foreign bank account holders, foreign asset holders etc.
- Jewelary, bullion purchased and hoarded from black money.
- Benami properties.
- Digitization of Indian economy and maintain transparency in the long run.
- Transforming India into a cashless economy.

A Real Big Leap towards Cashless India.

Slogan :

A Surgical Strike on Blackmoney

Name :	IDNO :
Vidhan Dholakia	15ce027

Effects of Demonetization :

The term demonetisation has become a household name since the government pulled the old Rs 500 and Rs 1,000 notes out of circulation. While as per dictionary demonetisation means "ending something (e.g. gold or silver) that is no longer the legal tender of a country", one needs to see if there is anything more to the word.
Following are the main impacts :-

1.) Demonetization is not a big disaster like global banking sector crisis of 2007; but at the same time, it will act as a liquidity shock that disturbs economic activities.

2.) Most active segments of the population who constitute the â€˜base of the pyramidâ€™ uses currency to meet their transactions. The daily wage earners, other labourers, small traders etc. who reside out of the formal economy uses cash frequently. These sections will lose income in the absence of liquid cash. Cash stringency will compel firms to reduce labour cost and thus reduces income to the poor working class.

3.) Prime Minster Narendra Modi's decision to scrap high value notes of Rs 500 and Rs 1,000 has created a shortage of cash in the system, leading to a lot of discomfort for the general public and businesses. Also, since there is a shortage of newly printed Rs 500 and Rs 2,000 notes, the situation has worsened. The move has also led to a shortage of lower denomination notes such as Rs 100 and Rs 50 that are still legal tender, as people have taken to conserving whatever cash they have in hand.

Slogan :

There no shortage of money in India, problem lies
in where the money is.

Name : Adarsh Patel	IDNO : 13ce069

Effects of Demonetization :

The Prime Minister of The Republic of India, Mr. Narendra Modi declared demonetization of the five hundred rupees and the thousand rupee currency notes. This initiative was taken to clean out the black money possessed in and outside India. But, it took a major toll on the Indian economy. The growth of the Indian economy was solid in the quarter from April to June 2016. But this solidity is weakened because of demonetization. This weakness is hailed from the cash-intensive sectors like Fast-moving consumer goods (FMCG's), real estate, construction has taken a major hit in the short term as the consumers are postponing their purchases. So, the GDP growth in the quarters from September to December 2016 and even further few quarters will be less than the previous years. As they say, there are always two opposite sides of the same coin. The Indian economy can grow considerably after curbing the debilitation caused by counterfeit money and an increase in economic activity. A rise in tax flow and lower interest rates are expected to help as well. The effects of demonetization are going to last long in the most positive way as change happens for betterment.

Slogan :

DEMONETIZATION: INDIAS GREATEST ECONOMIC
"BOOM"

Name : jatin daswani	IDNO : 16cl012

Effects of Demonetization :

Our prime minister shri Narendra Modi announced that Rs with the demonetization of 500/- and 1000/- would cease to be the legal tender from 9th of Nov .The great news that stunned India. The main objective of this move was to curb the black money, corruption and fake money.As we know if there is a good side at the same there is also a bad impact. In the running time of demonetization people faced lots of problems, many people lost their lives, our gdp gone down which was even unexpectable by our govt.Though the people faced a lot of inconvenience they lauded the Modi govt for this big move. The housing market known as hot-bed for the indiscriminate use of black money now it seems to be getting down, peoples dream of buying their own houses are going to come true. As indian people wish with the fake money destroyed, Indian economy will see a big change that can bring up India to an another level.

Slogan :

poor people are going to sleep peacefully while
blackmoney holders are going for sleeping pills.

Name :	IDNO :

Jay S. Chauhan	16CL005

Effects of Demonetization :

As everyone already know about what demonetization is. Its the change of the the currency notes of 1000 and 500 rupees. Which apparently our government took to get all the black money out, at least as much as they can or possible.

This step by the government has wildly influenced our daily life in many different ways and being honest it had even created number of problems for the common man too. People were running out of cash and it wasn't even that easy to get cash from the atm too cause of the never ending que in front of atms too. People were facing problems organizing big and important event like weddings and stuff too because of the lack of cash. And the list goes for few more effects.

Demonetization may have had "considerable negative effect" in the first few days but the situation now has improved and it will have a positive impact on the economy.

Some of the important effects are:

Black Money stored in the form on 500 and 1000 rupees notes will be of no use.

Fake Indian Currency Notes (FICN) network will be dismantled by the demonetisation measures.Taking out 500 and 1000 rupee notes out of circulation will have a lasting impact on the syndicates producing FICN's, thus affecting the funding of terror networks in Jammu and Kashmir, North-eastern states and Naxalite hit states.

Demonetization will likely result in people adopting virtual wallets such as Paytm, Ola Money etc.: This behavioural change could be a game changer for India. Which means less of cash transaction so less chances of redevelopment of black money. And less chances of corruption.

Slogan :

Demonetization key to a better and corruption free india

Competition Guidelines, Rules, Terms and Conditions

About the Competition:

The "Equal opportunity cell , Paragraph writing competition " ("The Contest"), is organized by , Equal opportunity cell at CHARUSAT.

Eligibility:

Open to all CHARUSAT Current Undergraduates, Post Graduate Students. The Competition is not eligible to employees of CHARUSAT. Equal opportunity and CHARUSAT cell reserve the right to disqualify entries that do not meet the eligibility terms and conditions of the Competition.

Duration of Competition:

The Competition begins at 10.00 a.m on 30th December, 2016 to 10th January, 2017 11.59 p.m. No entry will be considered after 10th January, 2017 .

Joining the Competition:

Participants can submit Paragraph as an individual or as Group Entry. Participants are allowed to submit a maximum of 2 entries. The Contest is free of charge for the participants.

Submission Guidelines for Submit a Paragraph:

- Paragraph should correspond to the Effects of Demonetisation
- Your words cannot be exceed more than 200 words
- Preferably relate to Demonetisation in India
- Slogan must include the words, "Demonetisation"
- Submission Must via Online, No printed copy will be accepted.

- No entry will be considered after 10th January , 2017 11.59 p.m.

Selection of Winner:

Judging Criteria:

The entries will be assessed in the following areas:

Areas	Percentage
Effects : Positive or Negative	25%
Uniqueness of Paragraph	45%
Slogan	30%

Scrutiny committee 1 will Evaluate all Paragraph and select the top ten (10) Paragraph Based on above guideline .

Scrutiny committee 2 will decide best Paragraph out of top 10 Paragraph selected by Scrutiny committee 1.

Prizes :

Winner will receive the Cash Prize

Cash Prizes	
Winner	500 RS.

The prizes are not transferable or redeemable for other goods or services.

Announcement of Result

All prize winners will be notified by email.

All prizes must be collected by the winner or his authorized representative within 30 days from the date of notification.

The judges' decision pertaining to the judging, process and award of the prizes is final and no correspondence will be entered tained.

Date: 26th December, 2016

To
The Principal,
CSPIT, CHARUSAT.

Subject: Permission for organizing Paragraph writing competition under the Equal opportunity cell.

Respected sir,

As you are aware that Equal opportunity cell has been constituted to provide Equal opportunity to every Charusat family member. In this regard a meeting had been conducted of cell on 12th July 2016 1.30 p.m.

It has been decided to involve CHARUSAT Students for the same. A competition to *writing Paragraph With Slogan will* be organized and best Paragraph would be selected. Also student would be awarded with Prize money.

Subject of the Competition is Effects of Demonetisation.

So kindly grant the permission for organizing the competition.

Yours Sincerely

Hardik S. Jayswal
Dept. Coordinator, EOC

Forwarded Through

27/12/16

Prof. Parth D. Shah
Head of the Department
Information Technology

Dr. V. R. Panchal
Chairperson, EOC
Dept. of Civil Engineering

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : CHAMOS Matrusantha Department of Mechanical Engineering

Name of Event : Expert Talk on "Science & Spirituality" by Dr. Pradip Lalwani, Rajkot.

Date and Time of Event : Saturday 04 February, 2017 and 10.00 am – 11.00 am, CE/IT Seminar Hall Room 412

Event coordinator : **Mr. Dattatraya Ganpatrao Subhedar**

Resource person details :

Sr. No.	Name of the resource person	Organization of resource person
1	Dr. Pradip Lalwani	Samarpan Meditation, Rajkot

Event Schedule:

Date	Time	Session	Activity
04/02/2017	10.00 am – 11.00 am	1 hour	Expert Talk

Summary of the Event:

Regular meditation helps in relieving stress and thus improves the quality of sleep. Less stress means more happiness. You will live a happier and healthier life with meditation.

It is believed that meditation improves the immune system and thereby helps in controlling blood pressure and lowering blood cholesterol.

To make aware connection between Spirituality & Science, CHAMOS Matrusanstha Department of Mechanical Engineering and Samarpan Meditation Center, Anand jointly

organized an Expert talk on "Science & Spirituality" for the CHARUSAT teaching and nonteaching staff. Dr. Pradip Lalwani, Samarpan Meditation center, Rajkot delivered a talk.

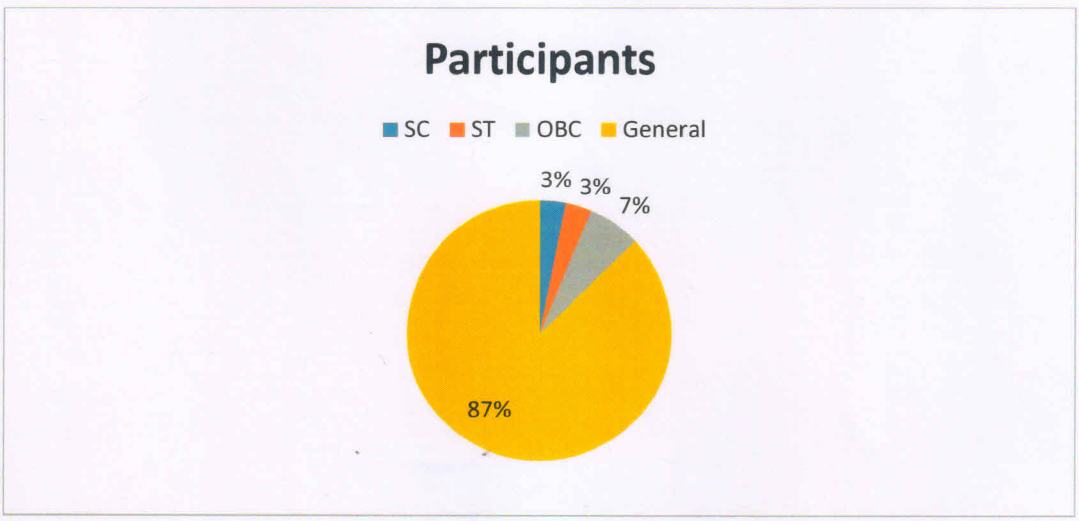
The key points of his talk were:

1. Metaphysics: Science to study beyond our physical body
2. Science of Bioenergy field : Human Energy Pattern
3. Human Biofield
4. Aura, Channels, Energy Centers, Kundalini
5. Cleaning of Aura: By joy of giving, By in contact with Panchmahabhut, By spending time with pets, spending time with peers, and from Living Sadguru.
6. Samarpan Meditation

He also taught the simple meditation technique at the end of his session.

Registration fee (if any): Nil

No. of Participants:62



List of Participants: Registration sheet is attached

Accounts details:

Sr. No.	Details	Rupees
Income		
1.	Nil	Nil
Expenses		
1.	Honorarium /Gift	Nil
2.	Traveling allowance	1500.00
3.	Tea, Snacks, Lunch, etc. for an experts and coordinators of EOC	720.00
4.	Bouquet	200.00
5.	Certificates & Bharat Mata photo and Frame	620.00
6.	Banner & other expenses	250.00
Total	**Amount in words Rs. Three Thousands Two Hundred & Ninety only.**	**3290.00**

Overall impact of workshop: Very Good

Photographs of the event with captions:



Bharat Mata Pujan and Dip Prajwalan by Chief Guest Dr. Pradip Lalwani, Samarpan Meditation Centre Members and Head of Mechanical Dept., Dr. Vijay Chaudhary



Brief Introduction of Equal Opportunity Cell and Swagat Geet by Mr. Dattatraya Subhedar



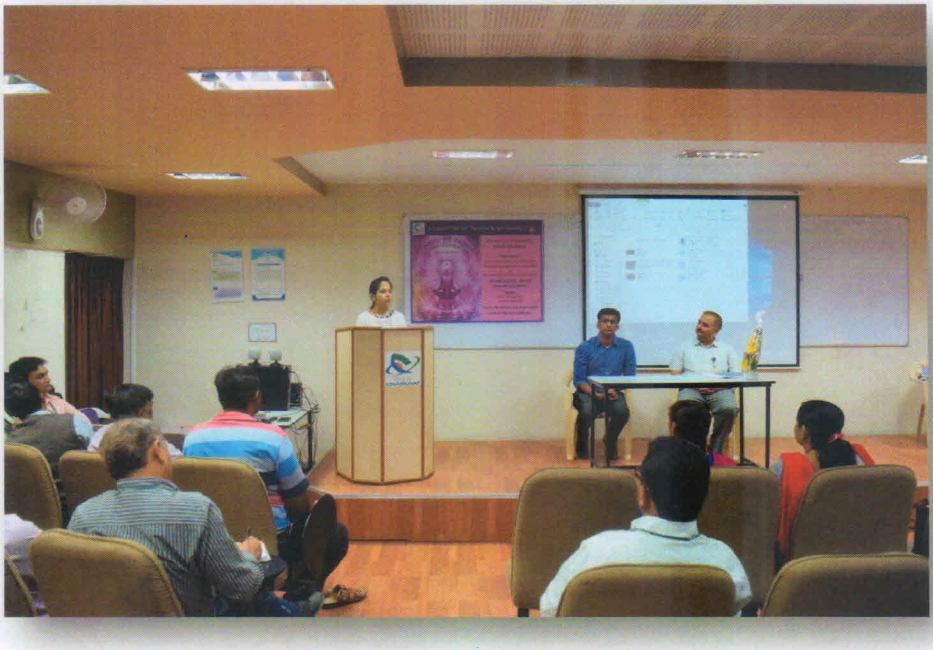
Felicitation of a chief guest, Dr. Pradip Lalwani by Dr. Vijay Chaudhary



Felicitation of Samarpan Parivar, by Mr. Zankhan Sonara



Felicitation of Samarpan Parivar, by Mr. Anand Patel



Brief Introduction of Chief Guest, Dr. Pradip Lalwani and Information about Samarpan Meditation centre Anand by Mrs. Puja Patel



Expert talk by Dr. Pradip Lalwani on "Science & Spirituality"

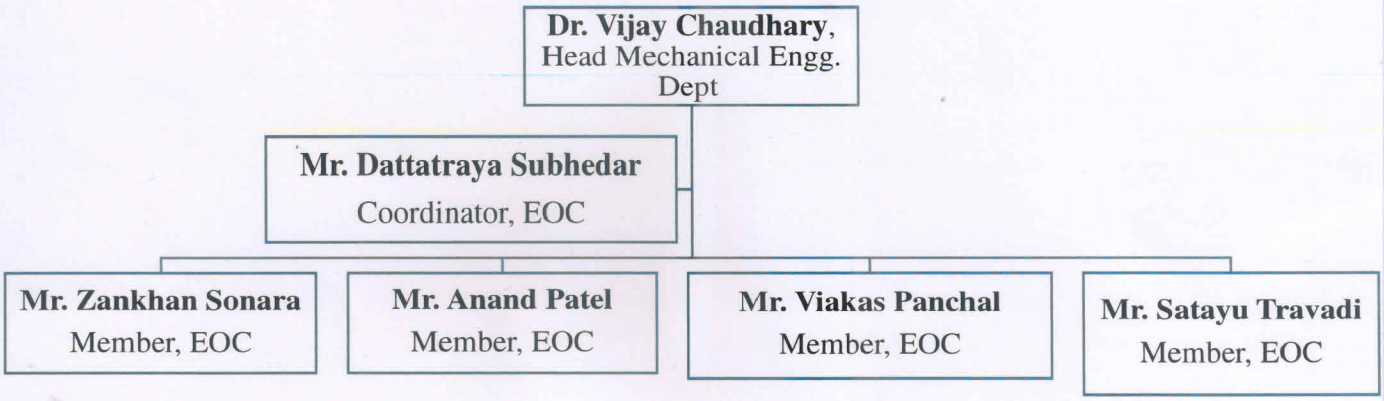


Participants (Faculties and students of Charusat) for the Expert Talk



Participants (Faculties and students of Charusat) for the Expert Talk

EOC Event Committee, Mechanical Engineering Department:



Department Coordinator Sign : Mr. Dattatraya Subhedar

Head of Department/Institute Sign : Dr. Vijay Chaudhary

To
Chairperson
EOC
CHARUSAT, Changa

: Dr. Vijay Panchal 22/02/2017

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Institute : Chandubhai S. Patel Institute of Technology

Name of Department: U & P U. Patel Department of Computer Engineering

Name of Event : An expert session on "Introduction to Research & its Significance"

Date and Time of Event : 30th January, 2017, 11:10 a.m. to 12:10 p.m.

Event coordinator : Dhaval Bhoi

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1	**Dr. Gaurang Panchal**	Assistant Professor, U & P U. Patel Department of Computer Engineering

Event Schedule:

Date	Time	Session	Activity
30th January, 2017 [Monday]	11:10 a.m. to 12:10 p.m.	• Introduction • Welcome Address • Content delivery by guest speaker • Vote of Thanks	An expert talk on "Introduction to Research & its Significance"

Summary of the Event:

Introduction to Research & Its Significance
- Equal Opportunity Cell

Date: 30/01/2017
Seminar Hall[412]

- Research leads to an expansion of knowledge & this event was organized to help students to improve their research work.

On 30/01/2017, 11:10 am, students were given talk regarding "Introduction to Research & Its Significance". From CHARUSAT overall 41 students and 04 faculty members registered for this event. In the beginning Mr. Dhaval Bhoi, EOC Coordinator CE Department, introduced Dr. Gaurang Panchal [Ph. D from IIT Kharagpur] and requested him to deliver talk on "Introduction to Research & Its Significance". Dr. Gaurang Panchal started with explaining "*what is not research*". Then he explained about what is research, its types, research flow, and various methods to do research He guided & motivated students for publishing their work in various conferences & journals. He also gave brief talk on plagiarism and how to check it before publishing. Students were found interactive during session. They raised various questions related to research and its importance. Dr. Gaurang Panchal sir gave them proper guidance to do research and explained its importance.

Mr. Dhaval Bhoi ended the session by showing gratitude to Dr. Gaurang Panchal on behalf of all students. All were motivated and had a clear vision of doing their research work after the enlightening talk.

Registration fee (if any): No registration fees.

List of Registered Participants:

Sr No.	**Student ID**	**Student Name**	**Department**	**Institute**
1	14ce035	Niraj Gohel	CE	CSPIT
2	14CE099	Pooja Patel	CE	CSPIT
3	13ce110	Yamini Savalia	CE	CSPIT
4	14CE033	DAKSHESH GARAMBHA	COMPUTER ENGINEERING	CSPIT
5	14ce117	Urvish Rana	Computer engg	CSPIT
6	14ce025	Avadh Dhamsaniya	CE	CSPIT
7	14ce041	Dixit Hihoriya	CE	CSPIT
8	14ce105	Shivam patel	Computer engineer	CSPIT
9	14CE090	Jay Patel	CE	CSPIT
10	14ce111	vishal patel	compouter engineering	CSPIT
11	14ce088	Hemali A Patel	CE	CSPIT
12	14CE133	Shah Shikhar Sanjay	Computer Engineering	CSPIT
13	14CE125	Heta S Shah	CE	CSPIT
14	14me112	Shreeji	Mechanical	CSPIT
15	14ME089	Patel Sujitkumar S.	Mechanical Engineering	CSPIT
16	D15ME134	Nil B Patel	Mechanical	CSPIT
17	14ce115	Divyesh Rajpura	Computer Engineering	CSPIT
18	14ME046	CHINAR MAHADEVIA	MECHANICAL	CSPIT
19	16PGCE014	Akshay Patel	Computer engineering	CSPIT
20	16PGCE020	Mit Patel	CE	CSPIT

21	16pgce027	jay shankar sevak	computer	CSPIT
22	16pgce019	Patel Kishan	Computer	CSPIT
23	D15ME132	Karan Parikh	Mechanical	CSPIT
24	15ce140	Jaydeep Thik	Computer Engineering	CSPIT
25	16pgce017	HETAL PATEL	M.Tech-CE	CSPIT
26	15ce139	Shivam K Thakkar	CE	CSPIT
27	14CE116	SANDEEP RAJPUT	CE	CSPIT
28	13ce104	Shivam ray	Computer engineering	CSPIT
29	D15CE155	Bhumi Bhatt	CE	CSPIT
30	14ce086	Dhruten S. Patel	Computer Engineering	CSPIT
31	14ce140	Divakar Jitendrabhai Thakkar	Computer Engineering	CSPIT
32	13ME050	Rutvik Vasudev Lathia	Mechanical Engineering	CSPIT
33	14CE081	BHAUMIK JAGDISHBHAI PATEL	COMPUTER ENGINEERING	CSPIT
34	14me026	Yash Desai	mechanical engineering	CSPIT
35	14me025	Vaibhav desai	mechanical	CSPIT
36	14ce112	Yash T. Patel	Computer Engineering	CSPIT
37	14me077	KRISHNAKUMAR VIJAYKUMAR Patel	Mechenical engg	CSPIT
38	14CE114	Swara Prajapati	Computer Engineering	CSPIT
39	14ce142	Kresha Vaidya	Computer Engineering	CSPIT
40	14ce098	Mikin B. Patel	Computer Engineering	CSPIT
41	15ME096	Vishva Patel	Mechanical Engineering	CSPIT

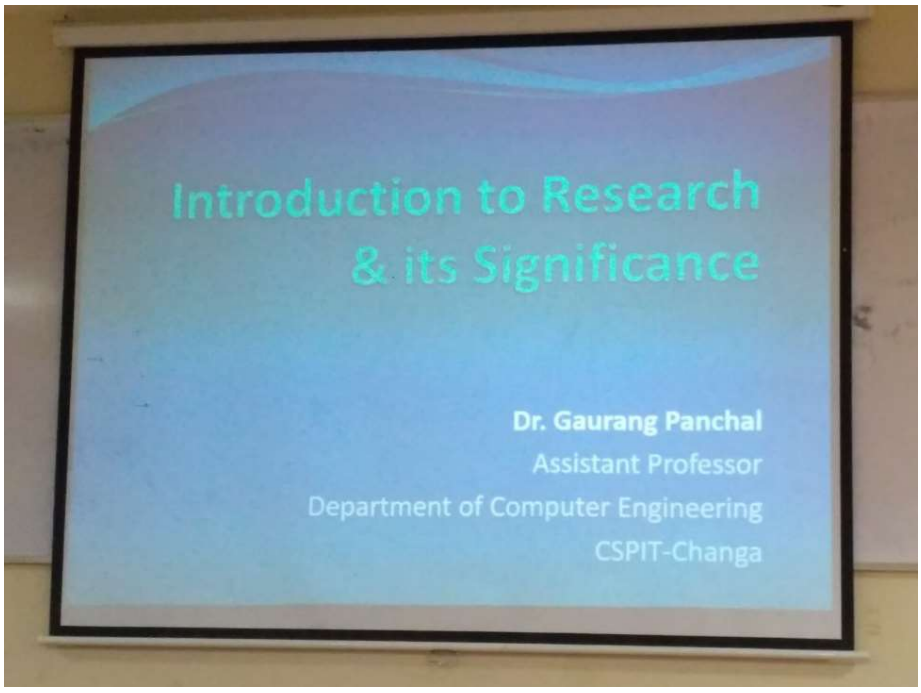
List of Faculty Members who attended session:

Vaishali Mewada	CE	CSPIT
Padmavathi B	CE	CSPIT
Minal Maniar	CE	CSPIT
Chandni Shah	IT	CSPIT

Overall impact of Talk: Excellent/Very Good/Good/Average/Poor

Photographs of the event with captions (at least six photographs):











CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Institute : Chandubhai S. Patel Institute of Technology

Name of Department: U & P U. Patel Department of Computer Engineering

Name of Event : Sharing Swami Vivekananda's Concepts on "Contributor Personality"

Date and Time of Event : 7th February, 2017, 11:10 a.m. to 12:10 p.m.

Event coordinator : Dhaval Bhoi

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1	**Dr. Kamal Chakraborty**	Head, HRDC, CHARUSAT

Event Schedule:

Date	Time	Session	Activity
7th February, 2017 [Tuesday]	11:10 a.m. to 12:10 p.m.	• Introduction • Welcome Address • Content delivery by guest speaker • Vote of Thanks	Sharing Swami Vivekananda's Concepts on "Contributor Personality"

Summary of the Event:

Contributor Personality
- Equal Opportunity Cell

Date: 07/02/2017
Seminar Hall[412]

To progress in one's life, it is important to make sure that one always stands out in a crowd. This session was organized to introduce the concept and benefits of having a Contributor Personality to the students & faculty members.

On 07/02/2017, 11:10 am, students were given talk regarding "Contributor Personality". From CHARUSAT overall 50 students and 20 faculty members registered for this event. In the beginning Mr. Ashwin Makwana, from CE Department, introduced Dr. Kamal Chakraborty [Head of HRDC, CHARUSAT] and requested him to deliver talk on "Contributor Personality". Dr. Kamal Chakraborty started with explaining "what is the purpose of life?". Then he explained about what it means to have a Contributor Personality and why does it matters? He carried on by giving examples from real life incidents which he had witnessed and also a short story from Swami Vivekananda's life which gave birth to concept of Contributor Personality. He guided & motivated students to help others. He also made students realise how we often stay confined in our own small world following which he guided students to always walk an extra mile out of our comfort zone. Students were found mesmerized by the new point of view which was introduced to them.

Mr. Dhaval Bhoi ended the session by showing gratitude to Dr. Kamal Chakraborty on behalf of all students & faculty members. All were motivated and had a clear vision of contributor personality.

Registration fee (if any): No registration fees.

List of Registered Participants:

Sr No.	Student ID	Student Name	Department	Institute
1	15ee066	Harsh Patel	EE	CSPIT
2	15ee066	Harsh Patel	EE	CSPIT
3	15ee066	Harsh Patel	EE	CSPIT
4	14me024	AKSHALI DESAI	Mechanical Engineering	CSPIT
5	14BPH038	Karan Patel	RPCP	RPCP
6	14bph068	mohmmadiqbal	rpcp	RPCP

7	14me112	shreeji	mechanical	cspit
8	13me036	Jaggi KHARANSHU	Mechanical Engineering	CSPIT
9	15ce043	Dharmesh Jadav	computer	c.s.p.i.t.
10	15ce042	Kishan Itoliya	ce	cspit
11	14CE133	Shah Shikhar Sanjay	Computer Engineering	CSPIT
12	14CE034	Yash Gautami	CE	CSPIT
13	14BPH025	Patel Dhruv Kalpeshkumar	Pharmacy	RPCP
14	14BPH036	JENISHA PATEL	PHARMACY	RPCP
15	14BPH059	SHARON SAMKUTTY	PHARMACY	RPCP
16	14BPH003	VARUN CHAVDA	PHARMACY	RPCP
17	14BPH011	PARTH JOSHI	PHARMACY	RPCP
18	15ce145	Jaymin Trivedi	CE	CSPIT
19	14BPH008	GORI POOJA	PHARMACY	RPCP
20	14BPH046	PARITA PATEL	PHARMACY	RPCP
21	14BPH004	DARSHAN CONTRACTOR	PHARMACY	RPCP
22	14BPH062	SHETH SRUSTI	PHARMACY	RPCP
23	16CE026	Krutarth Ganatra	CE	CSPIT
24	14CE090	Jay Patel	Computer Engineering	CSPIT
25	14it013	Butani Jinal	IT	cspit ,changa
26	15IT031	Dhrumil Gosaliya	Information Technology	CSPIT
27	15IT041	Smit Khanpara	Information Technology	CSPIT
28	16it041	NIKUNJ KHANDAR	IT	CSPIT
29	14CE116	SANDEEP RAJPUT	COMPUTER ENGINEERING	CSPIT
30	15bca015	Rutul Dave	mca dual	CMPICA
31	16ce035	Shyam Joshi	CE	CSPIT
32	15ce138	Nitin Thakkar	COMPUTER ENGINEERING	C.S.P.I.T.
33	16ee101	DHRUVI VYAS	Electtial eng.	CSPIT, CHANGA
34	d15it151	PANDEY DEEPAK	IT	CSPIT
35	d15it151	PANDEY DEEPAK	IT	CSPIT
36	d15it149	BHADANE DNYANESHWAR	IT	CSPIT
37	d15it150	DHORAJIYA CHIRAG	IT	CSPIT
38	14BPH024	PATEL DHRUMI K.	B.Pharm	RPCP
39	14BPH032	PATEL HINAL B	B.PHARM	RPCP
40	13BPH022	Parth N. Parekh	B.Pharm.	rpcp
41	14bph071	soaeb ali p saiyad	pharmacy	rpcp

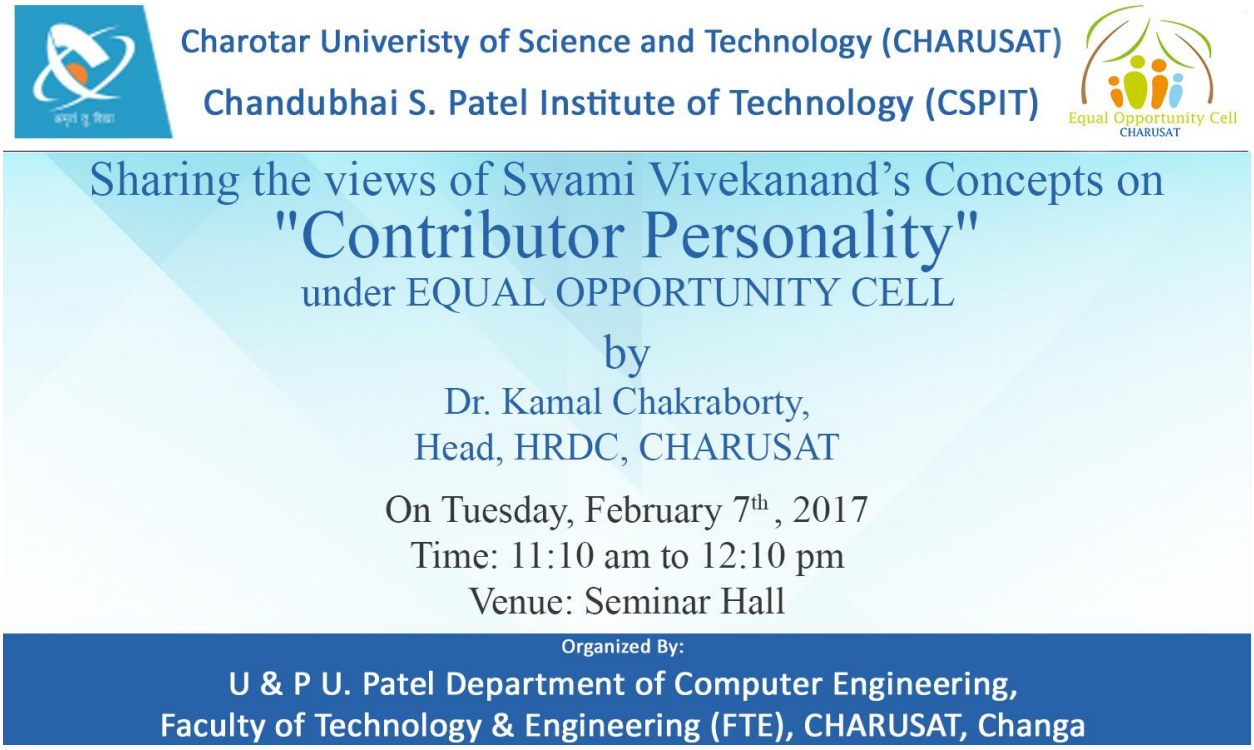
42	14bph066	rachit trivedi	pharmacy	rpcp
43	14bph054	vatsal patel	pharmacy	rpcp
44	14bph069	chirag wadhwani	pharmacy	rpcp
45	14bph065	drupad thacker	pharmacy	rpcp
46	14bph020	jenil panchali	PHARMACY	rpcp
47	14bph070	parthvi bhatt	pharmacy	rpcp
48	14bph026	dhruvi patel	pharmacy	rpcp
49	14bph044	nehali patel	pharmacy	rpcp
50	14bph048	riya patel	pharmacy	rpcp

List of Faculty Members who attended session:

Sr. No.	RONAK PATEL	CE	CSPIT
1	ASHISH PATEL	CE	CSPIT
2	RAJESH PATEL	EC	CSPIT
3	HEMANT YADAV	IT	CSPIT
4	DIVYESH PATEL	CE	CSPIT
5	HARDIK MANDORA	CE	CSPIT
6	MARTIN PARMAR	CE	CSPIT
7	MRUGENDRA RAHEVAR	CE	CSPIT
8	VINAY VIRADIYA	CE	CSPIT
9	NILESH DUBEY	CE	CSPIT
10	CHINTAN BHATT	CE	CSPIT
11	KHUSHBOO KAVAR	CE	CSPIT
12	VISHWA VALA	IT	
13	TRUSHA PATEL	CE	CSPIT
14	KRUTI DHYANI	CE	CSPIT
15	MAYURI POPAT	CE	CSPIT
16	DEVYANI PANCHAL	CE	CSPIT
17	ASHWIN MAKWANA	CE	CSPIT
18	DHAVAL BHOI	CE	CSPIT
19	SAGAR PATEL	CE	CSPIT
20	VAISHALI MEWADA	CE	CSPIT

Overall impact of Talk: Excellent/Very Good/Good/Average/Poor

Photographs of the event with captions (at least six photographs):











CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Institute : Smt. Chandaben Mohanbhai Patel Institute of Computer Applications

Name of Event : Expert Lecture on Ability to listen and document what you have heard.

Date and Time of Event : 1st February,2017, 10:10 a.m. to 12:10 p.m.

Event coordinator : Dr. Nirali Honest

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1	**Dr. Bhaskar Pandya**	Department of Humanities and Social Sciences, I^2 IM , CHARUSAT

Event Schedule:

Date	Time	Session	Activity
1st February , 2017	10:10 a.m. to 12:10 p.m.	• Introduction • Floral Welcome • Content delivery by guest speaker • Vote of Thanks	Lecture and Interaction session with the students on how to be an effective listener and document what you have listened and understood.

Summary of the Event:

- The event was organized to understand the value of listening and enhance the ability to listen and document the important and abstract content. The session was commenced with a brief introduction of the guest and speaker Dr. Bhaskar Pandya, which was followed by the floral welcome. Dr. Bhashar

Pandya shared the information that we share total 70% of time in communication, out total communication time, we spent 9% time in writing, 16% time in reading, 30% time in speaking and 45% time in listening. Dr. Bhaskar Pandya explained the concept by giving examples and effective videos. The major topics covered during the Improving Learning in a Classroom, Develop Effective Listening Skills, Documenting what is Heard in the form of Note Taking, Note Making, Summarizing and Paraphrasing

Dr. Bhaskar shared his knowledge on how meditation can increase a concentration and help us remember the things that we listen. He demonstrated the power of meditation through the video lecture, Dr. Pandya added that music therapy also helps to increase in concentration. The session was ended by giving a vote of thanks to Dr. Bhaskar for delivering very valuable content in a very simple and pleasant manner and sharing his content with all, to all the participants for being very good audience and respecting Sir by listening him very carefully and silently, to the Chairperson of EOC for giving the opportunity to host the event , to the Principal CMPICA, for giving permission to carry out the event , to the HOD Sir and staff members of CMPCIA for making all the necessary actions and adjustments required to handle the event smoothly and last but not the least to all the student volunteers for managing the entire event very responsibly.

Registration fee (if any): No registration fees.

Sponsored by Charotar University of Science and Technology (CHARUSAT)

No. of Participants: 129

List of Participants:

Sr. No.	Name Of Participant	id no.
1	Shivani Prajapati	16msit027
2	Dave Shreya	16msit004
3	Modi Dharti	16msit017
4	Manu Saxena	16msit031
5	Payal Patel	16mcal084
6	Riddhi Pitroda	16mcal094
7	Rana Amrita K	16mcal097
8	Anjali B Tandev	16mcal117
9	Payal H Dabhi	16msit003
10	Parekh Ishani P	16msit041
11	Maitry Patel	16mcal077
12	Priyanka Panchal	16mcal052
13	Yashvika Bhaliya	16mcall132
14	Vijaysinh Chauhan	16mcal130
15	Deep Ghandhi	16mcal020
16	Mihir Kachhia	15bph023
17	Rahul D Lalwani	15bph028
18	Kureshi Mohammad Tofik S	16mcal039
19	Matya Makwana	16mcal042
20	Kapatel Parth V	16mcal033
21	Mendawala Jenie	16msit015
22	Parmar Nimisha	16msit019
23	Faharana Kapadiya	16msit011
24	Ashifa Lakhi	16msit014
25	Nirali Thakkar	16mcal119
26	Neel Patel	16mcal081
27	Amit Ghori	16mcal024
28	Jani Ketan	16mcal029
29	Ketul Patel	16mcal075
30	Mira Bhavsar	15mca003
31	Jiten Thakkar	16bca101
32	Parth Soni	16bca096
33	Devani Nimesh	16bca017
34	Madhav Dihora	16bca019
35	Shivam Patel	16bca075
36	Urvi Khatri	16mcal038
37	Solanki Birva	16mcal107
38	Saija Sajni	16mcal101
39	Trupti Chawla	16mcal008
40	Patel Divyangini	16bca067

Sr. No.	Name Of Participant	id no.
41	Mistry Jinal B	16mcal048
42	Master Rizwan	16mcal044
43	Soni Hiren	16mcal112
44	Patel Dhruval	16mcal128
45	Lad Nimesh	16mcal129
46	Parmar Harshil	16bca038
47	Joshi Jay	16bca021
48	Parmar Abhishakek	16bca037
49	Sagar Prajapati	16mcal095
50	Vaidk Rushik	16mcal123
51	Saddam Vahora	16mcal122
52	Parth Shah	16mcal103
53	Meet Patel	16bca064
54	Patel Tirth	16bca078
55	Patel Manan	16bca061
56	Shah Krupal	16bca090
57	Patel Tilak	16bca077
58	Barot Jaimin	16bca003
59	Vyas Jinal	16bca107
60	Patel Raj	16bca073
61	Panchali Aashaka	16mcal054
62	Joshi Unmesh	16mcal032
63	Raichura Kinjal	16mcal096
64	Kachhiya Parth	16mcal035
65	Nishant Patel	16mscit023
66	Prajapati Ravi	16mscit028
67	Darpan Rana	16mscit029
68	Yash Jadav	16mscit007
69	Yash Panchal	16mcal053
70	Raj Janiwala	16mcal030
71	Namrata Patel	16mcal080
72	Monal Patel	16mcal079
73	Nilam Onami	16mcal016
74	Pitroda Amit	16mcal093
75	Riken Amin	16mcal001
76	Urvish Patel	16mcal091
77	Jinal Patel	16mcal074
78	Dake Rupal	16mcal009
79	Manan Solanki	16mcal0109
80	Vaibhav Dhamshl	16mcal018
81	Mit Desai	16mcal015
82	Aakash Thakkar	16mcal0118
83	Sameer Parekh	16mcal058
84	Gaurav Mistry	16mcal047
85	Jigisha Pandy	16mcal055

Sr. No.	Name Of Participant	id no.
86	Jinender Khandelwal	16mcal021
87	Daminee Makwana	14mca012
88	Mitesh Purohit	14mca026
89	Samir Thaker	15msit049
90	Arpita Megha	16mcal045
91	Mamta Megha	16mcal046
92	Dipali Gohel	16mcal026
93	Kamal A Patel	16mcal076
94	Honey Patel	16mcal071
95	Snehal K Patel	15mcal015
96	Komal R Parmar	16mcal061
97	Janki Y Patel	16mcal073
98	Mitali R Patel	16mcal078
99	Yashpalsinh Vaghela	16msit037
100	Vaishali Trivedi	16msit035
101	Arpita Trivedi A	16mcal114
102	Priya Patel	16msit024
103	Patel Rohan	16msit026
104	Manali Tailor	16msit034
105	Jani Megha	16msit008
106	Kajal Patel	16msit021
107	Siddhi Brahmbhatt	16msit002
108	Gor Vandana	16msit005
109	Brijesh Shah	15mca004
110	Viraj Undaviya	15mca024
111	Santosh Shinde	15mca022
112	Bhavik Shah	15mca021
113	Dipak Purani	15mca019
114	Viral Bhavsar	16mcal028
115	Akash Parmar	16mcal059
116	Sonu Buddh	15mcal005
117	Himanshu	15mca006
118	Manish Ghevariya	16mcal022
119	Dharva Patel	16mcal066
120	Kishan Bhagat	16mcal005
121	Dharmik Savani	16mcal102
122	Viren Modi	16mcal049
123	Vishal Barot	16mcal004
124	Viral Tailor	16mcal116
125	Manishgupta	16mcal027
126	Fenil Docter	16mcal019
127	Vivek Patel	15bca069
128	Mansuri Arshar	15bca029
129	Mustafa Mahetar	16mcal041

Accounts details:

Sr. No.	Details	Rupees
Expenses		
1.	Bouquet	100
2.	Certificates	994
Total		**1094**

Overall impact of workshop: Excellent/Very Good/Good/Average/Poor

Photographs of the event with captions (at least six photographs):

Photographs of the event with captions:



Student Volunteer Niraj introducing the guest. (CMPICA Auditorium, 1st February,2017)



Student Volunteer Namrata felicitating guest with bouquet. (CMPICA Auditorium, 1st February,2017)



Dr. Bhaskar Pandya addressing students about the impact of listening carefully. (CMPICA Auditorium, 1st February,2017)



Dr. Bhaskar Pandya explaining the broad area in which the listening is concerned. (CMPICA Auditorium, 1st February,2017)



Students participants paying attention to the content delivered. (CMPICA Auditorium, 1st February,2017)



Dr. Bhaskar Pandya recommending students to do meditation to gain concentration and be an effective listener. (CMPICA Auditorium, 1st February,2017)

ACCESS AUDIT REPORT

SMT. CHANDABEN MOHANBHAI PATEL INSTITUTE OF COMPUTER APPLICATIONS (CMPICA), CHARUSAT



ABOUT ACCESS AUDIT

- **Accessible India Campaign (Sugamya Bharat Abhiyan)** is launched by the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment as a nationwide flagship campaign for achieving universal accessibility for persons with disabilities. In line with this campaign, ARIP team has conducted access auditing of the built Environment of MTIN for Persons with Disability and Elderly Persons.
- **ACCESS STANDARD:** "Harmonized Guidelines and Space Standards for Barrier Free Built Environment for Persons with Disabilities and Elderly Persons" 2016 by Ministry of Urban Development are sited.
- **DATE OF AUDIT:**14th April 2017
- **ACCESS AUDIT DONE BY:**
    1. Dr. Garima Gedamkar, Assistant Professor, ARIP
    2. Students of 8th Semester BPT, ARIP
- **ACCESS AUDIT REPORT PREPARED BY:** Dr. Garima Gedamkar (PT), Assistant Professor, ARIP

INDEX

Serial No.	Title
1.	Introduction
2.	Executive summary
3.	Access audit check list
4.	Observations and Recommendations

1. INTRODUCTION

NAME OF THE BUILDING: Smt. Chandaben Mohanbhai Patel Institute of Computer Applications

BUILDING TYPE AND USE: Educational Building

ADDRESS: CHARUSAT Campus, Gujarat State Highway 139, Anand, Gujarat- 388421



2. EXECUTIVE SUMMARY

MANDATORY IMPLEMENTATION:

1. Consider installing automatic door at entrance.
2. Improving accessibility of drinking water for PWDs on all floors.
3. Designate accessible parking near the building premises.
4. Consider building a ramp and/or lift inside the institute.
5. Securely fastened handrails on both sides of ramp and stairs at recommended height and painted in contrast color.
6. Accessible toilets on all floors.
7. Appropriate signage and international symbol of accessibility should be clearly marked
8. All signage should be multi lingual, tactile, and simple.
9. Consider having Emergency evacuation measures as per the guidelines provided.

3. ACCESS AUDIT CHECK LIST

1.MAIN ENTRANCE	YES	NO	NOTAPPLICABLE	REMARKS
▪Is the main entrance of the building accessible?	✓			
▪Are there any steps at the entrance?	✓			
▪Do the steps have a handrail?		✓		
▪Are there handrails on both the sides?		✓		
▪Is there a ramp?	✓			
▪Does the ramp have a railing?	✓			
▪Are there handrails on both the sides?		✓		Present only on left side
▪Is the clear door width at least 1000 mm?	✓			
▪Can the entrance door be operated independently?	✓			
▪Is the height of the door handle between 800 mm and 1000 mm?		✓		1800mm
▪Does the accessible entrance permit access to an elevator?			✓	Elevator not available
▪Is the accessible entrance clearly identifiable?	✓			
▪Is the landing surface non-slippery?	✓			

2.RAMPS (AT ENTRANCE)	YES	NO	NOTAPPLICABLE	REMARKS
▪Is there a ramp next to the stairs?		✓		At entrance only, not inside the building
▪Is the location of the ramp clearly identifiable?		✓		
▪Is the ramp gradient no steeper than 1:12?	✓			Around 1:8.7
▪Is there a landing of at least 1500mm x 1500mm, at 9m intervals provided?			✓	

▪Is there a landing at every change in direction?			✓	
▪Is there landing at the top and bottom of every ramp?	✓			
▪Is the minimum width of the ramp 1500 mm?	✓			
▪Are there continuous handrails, on both sides, at a height between 760 mm– 900 mm?		✓		
▪Is the surface of the ramp non-slip?	✓			Grating present
▪Is there an edge protection on both sides ofthe ramp?		✓		No edge protection on

3.PARKING	YES	NO	NOTAPPLICABLE	REMARKS
▪Are there accessible parking facilities?	✓			
▪Is the number of accessible Parking spaces sufficient?		✓		
▪Are the designated spaces wide enough 3600mm x5m?			✓	No designated space
▪Are accessible parking spaces marked by the international symbol of accessibility?		✓		
▪Accessible parking spaces are not misused or used by non-disabled people?			✓	
▪If the drop-off area has a kerb, is there a kerb ramp leading to the pathway?			✓	
▪Is the drop-off area marked by signage?			✓	
▪Is there an accessible path of travel form the drop-off area to the main entrance?			✓	

Note: Parking distance is approx. 142m from the entrance

4.RECEPTION&INFORMATION COUNTERS	YES	NO	NOTAPPLICABLE	REMARKS
▪Are the counters easily indefinable?			✓	
▪Is the counter at two height?			✓	
▪Is a part of the counter lowered to accessible height of 800 mm?			✓	
▪Is a loop induction unit installed at the counter?			✓	

▪Are there tactile pictographic maps of the building near the counter?			✓	
▪Is the counter well illuminated?			✓	

5.DOOR (AT ENTRANCE)	YES	NO	NOTAPPLICABLE	REMARKS
▪Are there any automatic doors at the entrance?		✓		
▪Can the doors be operated without much effort?			✓	
▪Do automatic doors have sufficient long opening intervals?			✓	
▪Are push buttons for automatic doors located at a maximum height of 1m?			✓	
▪Is there sufficient space beside The latch side of the doors(450-600mm)?	✓			
▪Are accessible door placed adjacent to the revolving doors And turns tiles?			✓	
▪Are glazed doors marked with a colour band at eye level?		✓		
▪For double leaf doors, is the Width of one of the leaves at least 1m?	✓			
▪Do doors fitted with spring closers have an extra pull handle?			✓	
▪Is manual door accessories/ hardware (handle, lock pull etc.) 800mm?		✓		1800mm

5.DOORS (INSIDE THE BUILDING)	YES	NO	NOTAPPLICABLE	REMARKS
▪Are there any automatic doors at the entrance?			✓	
▪Can the doors be operated without much effort?			✓	
▪Do automatic doors have sufficient long opening intervals?			✓	
▪Are push buttons for automatic doors located at a maximum height of 1m?			✓	

▪Is there sufficient space beside The latch side of the doors(450-600mm)?	✓			
▪Are accessible door placed adjacent to the revolving doors And turns tiles?			✓	
▪Are glazed doors marked with a colour band at eye level?		✓		
▪For double leaf doors, is the Width of one of the leaves at least 1m?	✓			
▪Do doors fitted with spring closers have an extra pull handle?			✓	
▪Is manual door accessories/ hardware (handle, lock pull etc.) lower than 800mm?	✓			Except- store room, classroom-3 & 5

6.CORRIDORS	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Is the minimum unobstructed width of corridors at least 1500 mm?	✓			
▪Does the corridors width allow manoeuvring through doors located along its length?	✓			
▪Are differences in level, bridged with by ramps or lifts?			✓	
▪Can a sightless person with a cane detect all protruding objects with in the corridor?	✓			
▪Are all over hanging obstructions mounted above a minimum height of 2200mm?		✓		
▪Can a person with low vision, identify all obstacles in the corridor?	✓			

7.LIFTS	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Is there an accessible path leading to the elevator?			✓	
▪Is the clear door opening width 1m or more?			✓	

▪Are the minimum internal dimensions of the elevator 1500mmx1500mmminimum or having 13 persons capacity?			✓	
▪Is the height of the call button (outside the lift) between 800 mm– 1m, from the floor level?			✓	
▪Is the control panel place data height between 800mm– 1m, from the floor level?			✓	
▪Is there an audio and video system installed in the lift indicating arrival at a floor?			✓	
▪Are there Braille/raised numbers on the control panel?			✓	
▪Is the elevator provided with a handrail on the three sides?			✓	
▪Are the handrails mounted at a height between 800 mm and 1m?			✓	
▪Is the elevator door easy to identify?			✓	
▪Is the emergency intercom provided inside the elevator?			✓	
▪Are there tactile or Braille instructions for the communication system?			✓	
▪Is the emergency intercom usable without the voice communication?			✓	
▪Is the door opening/closing interval long enough?			✓	
▪Is the finish of the elevator floor skid-resistant?			✓	

8.STAIRS	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Is the minimum width of the stairs 1200mm?	✓			
▪Are there continuous handrails, on both sides, at a height between 760mm-900mm?		✓		1070mm
▪Is the handrails installed in the centre of the stair width, which is more than 3mwide?			✓	
▪Is the landing length not less than 1200mm?	✓			

▪Are the step edges of a different colour or texture easily identifiable by low-vision& vision impaired persons?		✓		
▪Are there warning blocks installed at the beginning and End of all flights?		✓		
▪Is the location of emergency (fire escape) stairs clearly identifiable?			✓	
▪Does the height of the risers is 150mm maximum & tread 300 mm minimum?	✓			
▪Do treads have a non-slip surface?	✓			
▪Are the risers having open gaps in the steps?		✓		

9.HANDRAILS	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Are handrails mounted at a height between 760mm–900 mm?		✓		Between 995mm to 1070mm
▪Are handrails easy to grip?	✓			
▪Are handrails securely attached?		✓		
▪Do handrails extend horizontally 300mm at the top and bottom of every staircase or ramp?		✓		
▪Are the ending of the handrails grouted in the ground or turn downward?	✓			
▪Is the space between the handrails and the wall no less than 50mm?	✓			
▪Are the handrails painted in contrast colours to be easily indefinable?	✓			
▪Are there tactile strip/Braille plates identifications on the handrails for emergency stairs & floor levels?		✓		

10.TOILETS	YES	NO	NOTAPPLICABLE	REMARKS
▪Are there accessible toilets for Persons with Disabilities?	✓			
▪Are the toilets easily identifiable?		✓		
▪Istheresufficientspaceof2mx 2.2m inside the toilets to manoeuvre a wheelchair?		✓		
▪Are water closet (WC) and bidets mounted at a height between 450mm– 480mm?		✓		Between 580mm-1290mm
▪Is the space between the WC and the closest adjacent wall, fitted with a grab bar is between 450 mm– 500mm?		✓		
▪Is the accessible washbasin mounted at a height between 750mm– 850mm?		✓		870mm
▪Is the lower edge of the mirror positioned at a height not exceeding 1m?		✓		1.15
▪Are the accessible showers provided with a folding seat?		✓		Showers & seat not provided
▪Are the grab bars installed near WC and showers at a height between 750 – 850mm?		✓		600mm-700mm
▪Do grab bars have a diameter of 38 mm?		✓		125mm
▪Do wall mounted grab bars have knuckle space 50 mm?	✓			
▪Are grab bar non slippery?	✓			
▪Can the grab bars withstand the load of 200kg minimum?			✓	
▪Are faucets easy to grip and operate with one hand?	✓			But not suitable for person with disabled hand
▪Are shower fixtures with at least 1500 mm long hoses?			✓	
▪Are hot water pipes insulated or covered?			✓	
▪Is the toilet equipped with an emergency alarm system?		✓		
▪Can doors be locked from Inside and releasable form outside under emergency situations?		✓		

▪ Are flushing arrangements, dispensers and toilet paper mounted between 300mm and 800mm?	✓			Toilet paper not provided
▪ Are flushing equipments easy to operate?		✓		
▪ Is the floor material skid proof, well drained and waterproof?	✓			
▪ Do pivoted doors open outwards?		✓		

11.CANTEEN	YES	NO	NOTAPPLICABLE	REMARKS
▪Is the eating outlet accessible For PwD's?			✓	
▪Is there a circulation path of at least 900mm wide to allow a wheelchair user to move around the eating outlet?			✓	
▪Are the cash and service counter height below 800mm?			✓	
▪Is the table accessible with a height of 750mm to 850mm and knee space of 750mm wide and 480mm deep?			✓	
▪Do the table with fixed stools have accessible spaces for wheelchairs?			✓	

12.DRINKING WATER	YES	NO	NOTAPPLICABLE	REMARKS
▪Is the Water tap accessible?	✓			
▪Can it be easily manoeuvred by a person with poor hand function?		✓		
▪Is the area dry?	✓			
▪Are glasses provided?	✓			

13.SIGNAGES	YES	NO	NOTAPPLICABLE	REMARKS
▪Are accessible spaces identified by the international symbol of accessibility?	✓			

▪Are there directional signs indicating the location of accessible facilities?		✓		
▪Are maps, information panels and wall-mounted signs placed at a height between 900mm and1800mm?			✓	
▪Are signs clear, simple and easy to read?	✓			
▪Is the colour of signs clearly distinguishable?	✓			
▪Is the surface of the sign processed so as to prevent glare?	✓			
▪Is the sign supplement by a text in embossed letters or in Braille available next to information signs?		✓		
▪Is the lettering size proportional to the reading distance?				Could not assess

14.EMERGENCYEXITS	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Are emergency exits clearly marked with directional arrow signs?		✓		Emergency exits not identified

15.PUBLICTELEPHONES	**YES**	**NO**	**NOTAPPLICABLE**	**REMARKS**
▪Are there public telephones accessible to wheelchair users?			✓	
▪Is there at least one telephone in the building equipped with a loop induction unit?			✓	
▪Are the numerals on the telephone raised to allow identification by touch?			✓	
▪Is there proper signage directing to the public telephone?			✓	
▪Are the heights of the operable parts of the telephone between 800mmand 1m?			✓	
▪Is there a clear knee space of 750mm?			✓	

16.RESTINGFACILITIES	YES	NO	NOTAPPLICABLE	REMARKS
▪Where there are large spaces, are resting facilities provided at 30 meters of intervals?	✓			
▪Is there an adjoining space for a wheelchair next to benches and public seats?		✓		
▪Are public seats with height of 450-480mm?		✓		400mm
▪Are knee spaces at accessible tableswithaheightof750mm and knee space of 750mm wide and 480mmdeep?			✓	

Note: Available at ground floor only

4. OBSERVATIONS & RECOMMENDATIONS

4.1MAIN ENTRANCE



OBSERVATIONS	RECOMMENDATIONS
1. The main entrance is accessible to all users 2. It is clearly identifiable. 3. The entrance area to the building is covered. 4. The entrance has steps in front and ramp on the right side. 5. The landing surface is non-slippery 6. Brown color mat is placed on the landing surface. 7. There is no automatic door at the entrance instead manually operating door has been installed. 8. There are no obstacles on the floor such as potted plants. 9. It has no tactile guiding path including directional, hazard warning and positional tiles directing from the entrance till inside the building	1. Automatic doors at the entrance should be installed. 2. There should be no obstacles on the floor such as floor mats 3. It should have a tactile guiding path including directional, hazard warning and positional tiles directing from the entrance till inside the building 4. There should be accessible identification signage to identify the accessible entrance 5. Signage at the entrance should be multi lingual and tactile

10. There is no accessible identification signage to identify the accessible entrance	

STEPS



OBSERVATIONS	RECOMMENDATIONS
1. There are three steps at the entrance 2. Hand rails are not installed. 3. Steps are in good condition. 4. The floor surface of the steps is non-slippery. 5. There is no color contrasting strip at the edge of the stairs 6. No warning blocks at beginning and end of stairs. 7. There is a level difference on the landing surface which is covered by a mat.	1. The steps should have handrails on both sides that should be continuous on the landing 2. Height of handrails should be between 760 mm- 900 mm 3. Handrails must extend 300 mm at top and bottom of stairs 4. There should be a color contrasting strip at the edge of the steps/stairs 5. Install warning blocks at beginning and end of the stairs 6. Level the floor surface

RAMP



OBSERVATIONS	RECOMMENDATIONS
1. There is a ramp at the main entrance 2. The location of the ramp is clearly identifiable 3. Ramp gradient is not steeper than 1:12 4. Ramp width is 2110 mm 5. The surface of the ramp is non-slippery. Grating is present. 6. There is no edge protection on left side of the ramp 7. Handrails are provided on left side of the ramp but not continuous on landing. 8. Drainage pipe is identified as a barrier 9. The landing surface is non-slippery. 10. The ramp does not have tactile warning tiles at the beginning and end.	1. Handrails should be provided on both sides of the ramp and should be continuous on the landing 2. There should be an edge protection on left side. 3. Remove the drainage pipe or secure it so that it does not obstruct/ harm. 4. The ramps should have tactile warning tiles at the beginning and end.

HANDRAILS



OBSERVATIONS	RECOMMENDATIONS
1. Handrail has been provided on left side of the ramp. 2. Securely attached 3. Circular and non-slippery. 4. Handrail does not extend beyond the ramp. 5. Mounted at a height of 890 mm 6. No Handrails provided for steps.	1. Handrails should be provided on both sides of the stairs & ramp. 2. Handrails should be provided at the height between 760 mm and 900 mm 3. The handrails should extend horizontally 300mm at the top and bottom of steps & ramp 4. Handrails should contrast in color from the background wall and the floor 5. The end of the handrail should be either grouted or turned downwards 6. There should be at least 50mm hand clearance between the wall and the handrail

ENTRANCE DOOR	
	
OBSERVATIONS	**RECOMMENDATIONS**
1. Manually operated double leaf door is at the entrance. 2. It does not take too much energy to open the door. 3. The color of the doorframe contrasts in color with the door and the background wall 4. Yellow markings are at the entrance door extending to both sides of the corridor 5. The door accessories/ hardware are at a height of more than 800mm 6. Wheel chair is placed behind the door in a corner. 7. There is adequate space available to open the door even by a wheelchair user	1. Automatic doors should be installed. 2. The door hardware/accessories should be at the height lower than 800 mm.

4.2 RAMP

OBSERVATIONS	RECOMMENDATIONS
1. There is no ramp provided to access different floors	Not applicable

4.3 PARKING



OBSERVATIONS	RECOMMENDATIONS
1. There is parking space provided but the distance is more than 30m from the accessible entrance. 2. There is no designated parking lot available for visitors and staff within 30m 3. There are no accessible parking bays reserved for persons with disabilities. 4. It seems that due to large number of vehicles, the sheltered parking space is not sufficient and thus another parking has been provided in a ground near the building. 5. Ground is not leveled, has many barriers (plants & trees) and without shelter. 6. There is no tactile floor guidance. 7. There is inadequate artificial light in the outside parking after sunset 8. No signage provided.	1. There should be a parking lot available for visitors and staff within the campus 2. There should be sufficient accessible parking bays reserved for persons with disabilities 3. The size of the bay should be 3600mm x 5000mm 4. The parking bay should have firm and leveled surface 5. Parking should be located within 30m from the accessible entrance 6. There should be a drop off point for persons with disabilities next to the accessible parking 7. Minimum accessible route width should be 1200mm 8. There should be a tactile floor guidance including directional, hazard warning and positional tiles in the parking area for independent mobility

	for persons with blindness and low vision specifically routes guiding from parking area to entry points of buildings, emergency exits 9. Appropriate signage and international symbol of accessibility should be clearly marked 10. Car parking at entrance must have height clearance of minimum 2400 mm 11. At least 2 accessible parking for every 25 car parking 12. Signage of the parking at the entrance gate should be multi lingual and tactile 13. The accessible parking spaces should be marked by international symbol of accessibility

4.4 RECEPTION & INFORMATION COUNTERS

OBSERVATIONS	RECOMMENDATIONS
1. Not available	1. Not applicable

4.5 DOORS



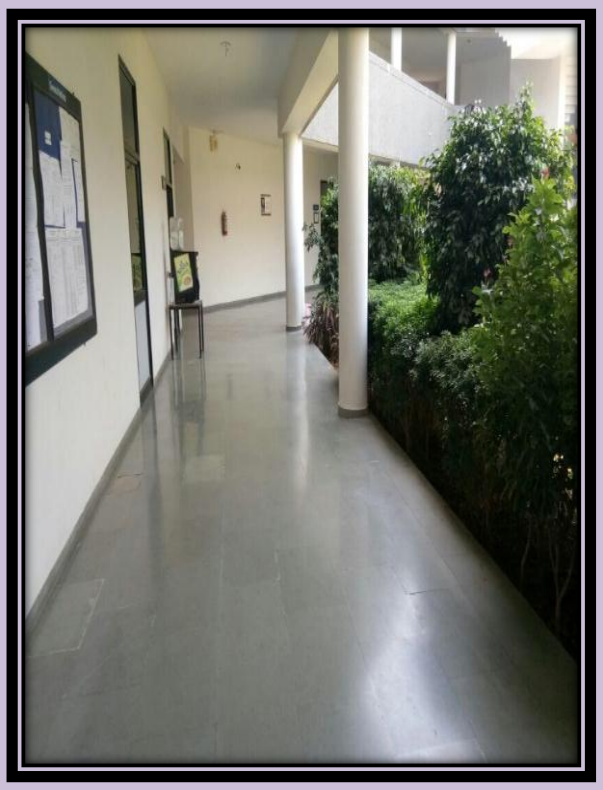






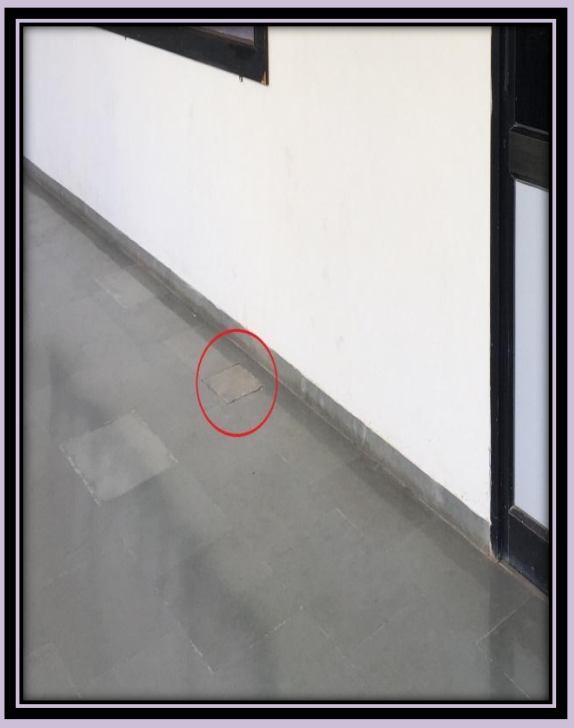
OBSERVATIONS	RECOMMENDATIONS
1. The glazed doors are not marked with the colour band at eye level 2. Door handle type is D-shape 3. Resistance to open the doors is not much except at the CMPICA auditorium 4. The color of the doorframe contrasts in color with the door and the background wall. 5. The color of door hardware contrast from the door. 6. Door accessories (handles, lock etc.) are placed at a height of 800 mm.	1. Mark the glazed doors with colour band at eye level 2. Reduce the resistance to open the auditorium door.

4.6 CORRIDORS









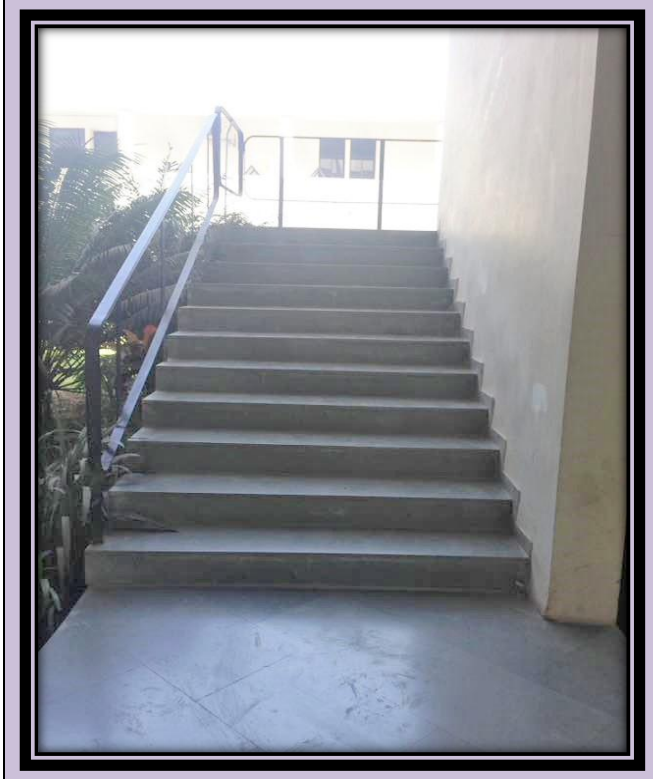
OBSERVATIONS	RECOMMENDATIONS
1. The corridor width is appropriate 2. The corridor width allows maneuvering through doors located along its length 3. There is difference in level of the floor.	1. Make the floor even or mark the dip with contrast colour tape 2. There should be no protruding elements such as display boards,

4. Protruding objects are mounted on wall below 2200 mm 5. There are no tactile warning blocks at level differences 6. The doors are not opening in the corridor 7. The floor finish is non-slip 8. The corridor is well illuminated 9. The clear circulation space in corridors are not kept free of unwanted barriers 10. No tactile floor guidance in the corridor.	notice boards, control panels, switch boards in the pathway below a clear headroom of at least 2200 mm 3. There should be tactile floor guidance in the corridor for independent mobility for persons with blindness and low vision specifically routes guiding from corridors to the various of rooms, emergency exit 4. There should be accessible directional signage directing to various building facilities like toilets, drinking water fountain, emergency exits etc in the corridor

4.7 LIFT

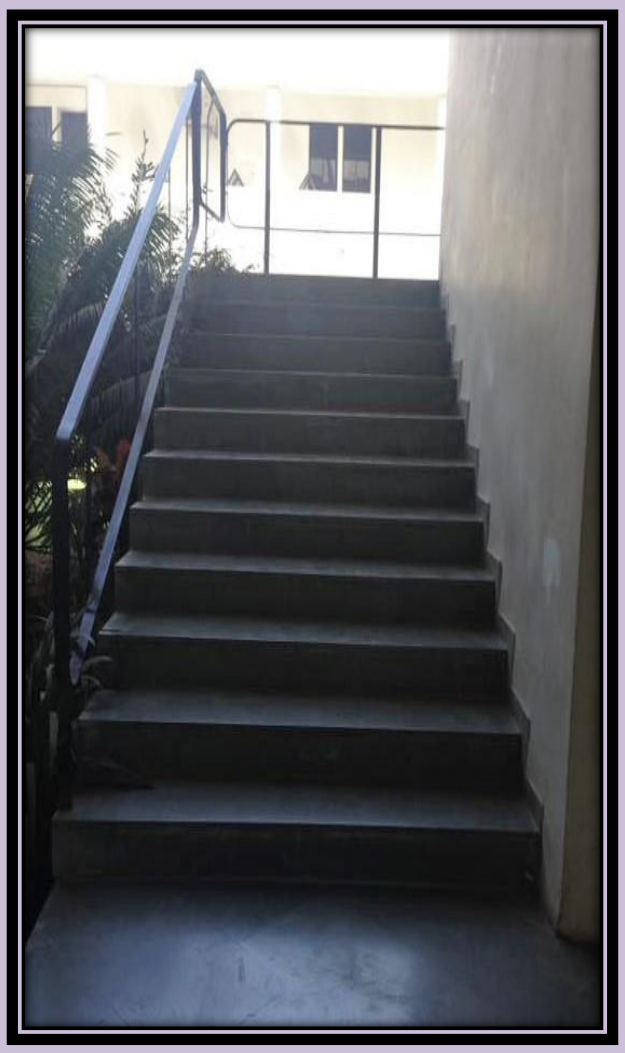
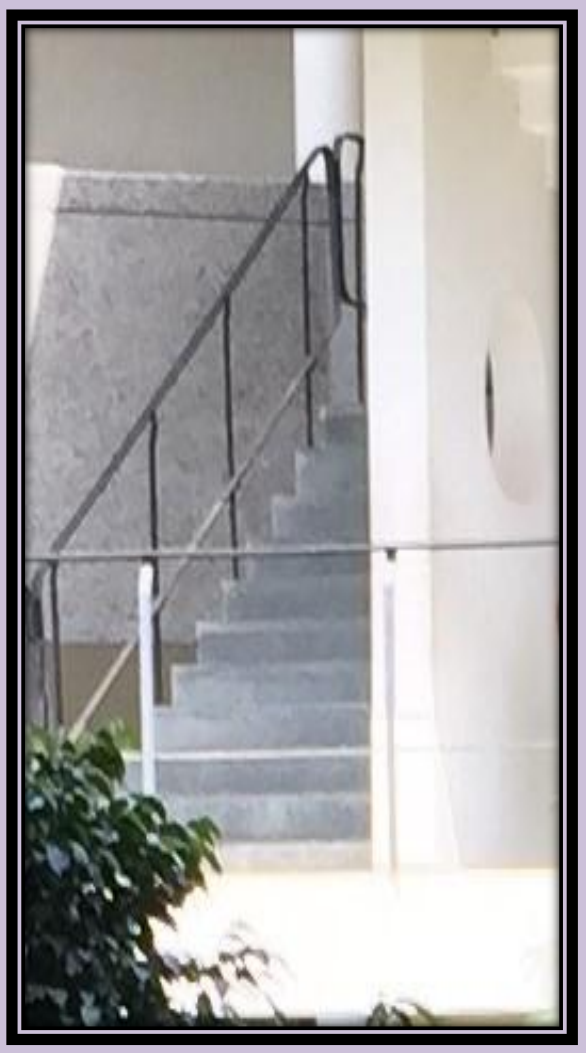
OBSERVATIONS	RECOMMENDATIONS
1. There is no lift provided to access different floors	Not applicable

4.8 STAIRS





OBSERVATIONS	RECOMMENDATIONS
1. There are three staircase blocks present in the building. 2. There are no broken steps/ stairs. 3. There is no contrast between rise and	1. There should be a color contrasting strip at the edge of the stairs. 2. Handrails should be provided on both sides of the stairs

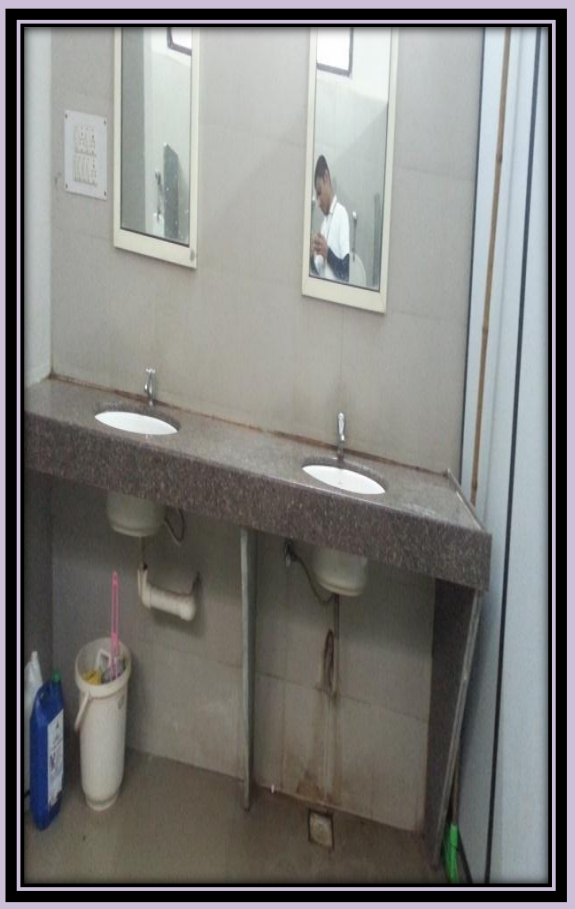
tread of steps 4. There is no color contrasting strip at the edge of the stairs. 5. Handrails are provided on both the sides of the central staircase (at the entrance lobby). 6. Staircase from right and left corridors has handrails on one side (left). 7. The handrail of stairs does not project beyond the end of the flight. 8. There is sufficient illumination on the stairs 9. The floor surface of the steps/stairs is non-slippery and non-glary 10. Stairs are uniform in width 11. Stairs are free of barriers 12. No warning blocks at beginning and end of stairs	3. The handrails should project beyond the end of the flight and curve back in accordance with section on handrails 4. Install warning blocks at beginning and end of the stairs
4.9 HANDRAILS	
	

OBSERVATIONS	RECOMMENDATIONS
1. Handrails are provided on both the sides of the central staircase (at the entrance lobby). 2. Staircase from right and left corridors has handrails on one side (left). 3. Not securely attached 4. Height of handrails vary between 995 mm to 1070 mm 5. Rectangular in shape and non-slippery 6. Extent of handrails is not proper 7. Black in colour 8. There are no tactile strips /Braille plate identifications on the handrails	1. Install handrails on both the sides of staircase. 2. Fasten them securely. 3. Adjust the height between 760mm-900mm. 4. Handrails must extend 300 mm at top and bottom of stairs 5. Handrails should contrast in color from the background wall and the floor 6. There should be at least 50mm hand clearance between the wall and the handrail. 7. There should be tactile warning tiles provided at the beginning and end of each flight.

4.10 TOILETS





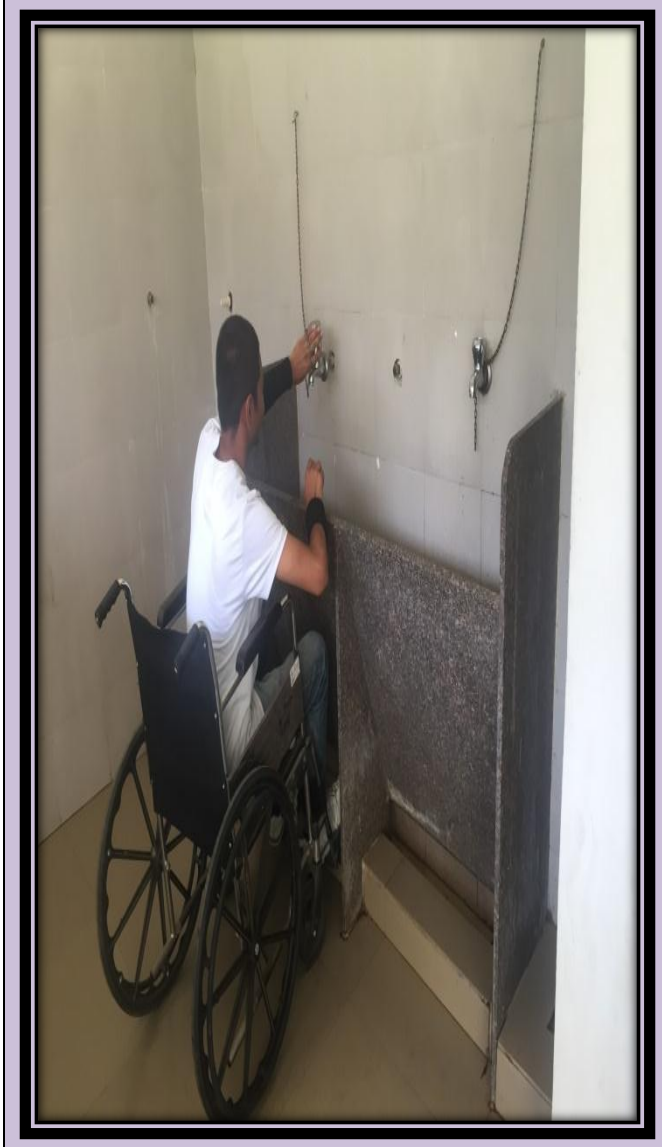
	
OBSERVATIONS	**RECOMMENDATIONS**
1. Accessible toilets are only on the ground floor 2. There are accessible cubicles in the boys' and girls' toilet block 3. Not easily identifiable. 4. There are no broken tiles/damaged flooring in the toilet blocks. 5. There are no level differences in toilet blocks 6. Direction of door opening is inside 7. Doors have D-shaped handles. 8. Insufficient space to maneuver a wheelchair inside toilet. 9. Grab bars are not installed at proper height. 10. Doors can be locked from inside but not releasable from outside under emergency situations. 11. There is no color contrast between the floor, wall and sanitary fittings 12. Not designed appropriately for disabled. 13. The water closet is mounted at a height of	1. Accessible toilets should be present on all floors of the building in ladies and gents block 2. The toilets should be easily identifiable 3. The wash basin should have lever type taps 4. Install horizontal grab bars inside the toilet at a height of 200mm from the WC seat 5. The grab bars should be installed near WC at a height between 750 – 850 mm 6. Grab bars should be non-slippery. 7. Water closet (WC) should be mounted at a height between 450mm – 480mm. 8. Flushing arrangements, dispensers and toilet paper should be mounted between 300mm and 800mm. 9. The accessible washbasin should be mounted at a height between 750 mm

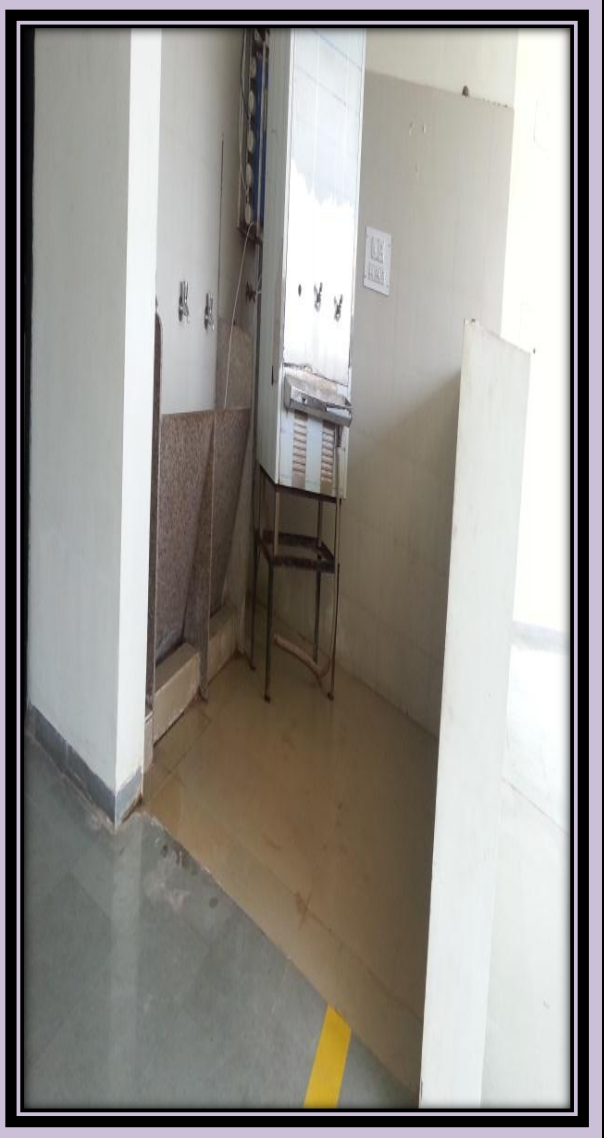
580 mm 14. Flushing arrangements are at a height of 1290 mm 15. The accessible washbasin is mounted at a height 870mm 16. Mirror is present in accessible toilet 17. Flush is behind the seat 18. No emergency alarm system provided. 19. Signage in local language	– 850mm. 10. There should be an alarm system within easy reach to alert persons outside, in case of emergency 11. There signage using the international symbol of accessibility to identify the accessible toilets

5.11 CANTEEN

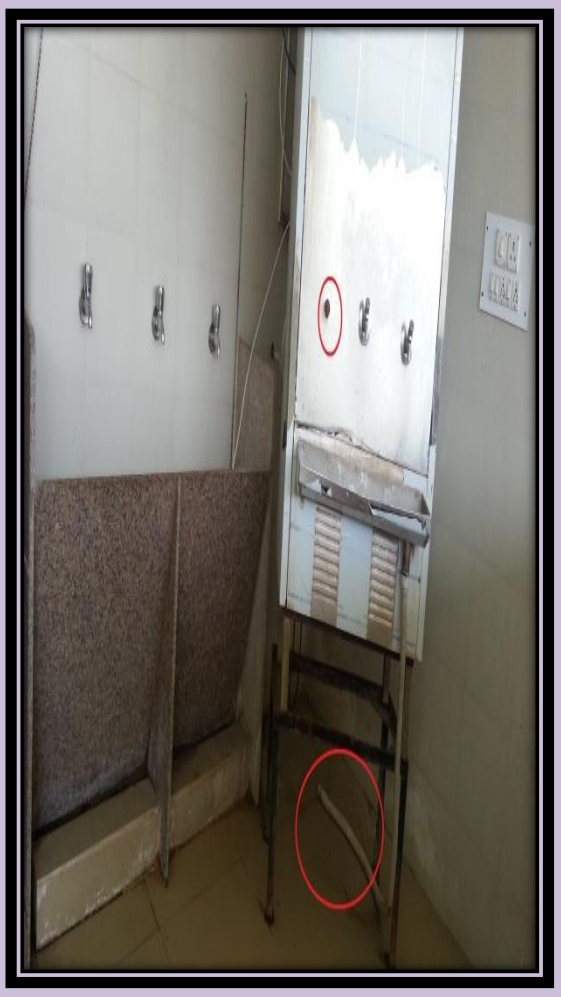
OBSERVATIONS	RECOMMENDATIONS
1. Not available inside the building	1. Not applicable

4.12 DRINKING WATER









OBSERVATIONS	RECOMMENDATIONS
1. All the drinking water facilities are not easily accessed by persons with disabilities 2. There is sufficient maneuvering space in front of drinking water area. 3. There is a level difference/ threshold at the entrance of drinking water area 4. Tiles are of different colour 5. The drinking water fountains are located at both end of the corridors 6. Area is not always dry 7. Tap is not of lever type 8. Glasses are not provided in all coolers	1. Water tap should be accessible for all. 2. Level difference of the floor should be bridged or tactile warnings should be given properly. 3. The tap should be of lever type 4. Provide at least 3 glasses 5. Glasses should be kept at accessible height not higher than 1200mm 6. There should be identification signage to identify the drinking water fountain

4.13 SIGNAGES



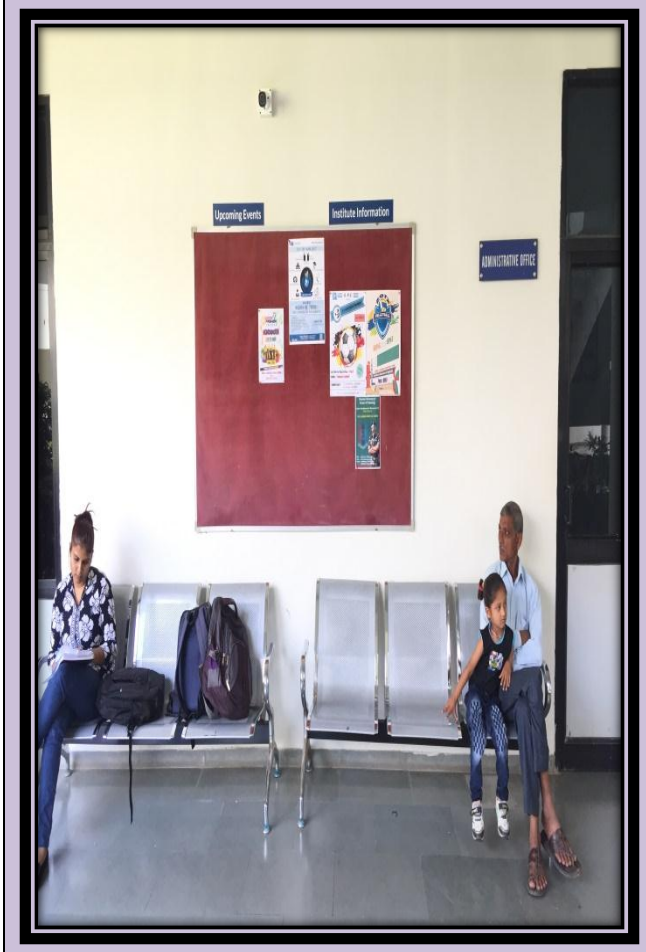
OBSERVATIONS	RECOMMENDATIONS
1. Directional signage are provided in English 2. Available at the entrance lobby only.	1. All signage should be multi lingual and provided in English, Hindi and local language 2. Supplement by a text in embossed letters/ Braille 3. All Braille and tactile signage placed between the height of 900 mm and 1500mm, with ideal location at 1050 mm above the finished floor level

7.14 EMERGENCY EXIT

OBSERVATIONS	RECOMMENDATIONS
1. Fire extinguishers are mounted on the wall at the height lower than 1000mm 2. No emergency exits identified 3. Evacuation plans displayed are not appropriate for persons with disability.	1. The emergency evacuation provision should consider people with disabilities 2. There should be a step free or ramped accessible evacuation route identified leading to the exit or the ramp or to the refuge area 3. The emergency exits should be clearly marked with directional arrow signs 4. The fire extinguishers should be fixed at the height between 1000mm and 1500mm 5. The alerting system should be

	provided, both visual and audible 6. The alerting buttons should be between 600 mm and 1200mm from the floor and have a high contrast with the background wall 7. A refuge area identified should be signposted for wheelchair users 8. There should be a directional signage leading to the refuge area and the evacuation plans have the refuge area marked on them 9. All emergency and directional signage should be accessible 10. There should be an audio and visual two way communication system in the refuge area at the height of 1000mm 11. Evacuation plans should be prominently displayed on all floors 12. The evacuation plans and building maps should be available in tactile Braille formats 13. The accessible evacuation route and the refuge points should be shown on the plan 14. The plan should have 'you are here' point identified on it 15. The plan should contrast well with the background wall 16. The Staff should be trained to assist persons with disabilities in evacuation 17. There should be evacuation chairs available 18. There should be smoke barriers around the refuge area that can hold the smoke for at least one hour
3.15 PUBLIC TELEPHONES	
OBSERVATIONS	**RECOMMENDATIONS**
1. Not available	1. Not applicable

3.16 RESTING FACILITIES





OBSERVATIONS	RECOMMENDATIONS
1. Available at ground floor only 2. Not available at every 30 m interval in all corridors 3. Height of chairs- 400mm 4. Space is not identified for wheelchair	1. Recommended height of chairs is between 450-480 mm 2. If possible, provide chairs of appropriate design at every 30m interval in all corridors 3. Identify space for wheelchair

CHARUSAT
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Hardik Jayswal <hardikjayswal.it@charusat.ac.in>

"Making of recycle product " - Equal opportunity cell

Hardik Jayswal <hardikjayswal.it@charusat.ac.in> Tue, Feb 21, 2017 at 1:57 AM
To: kanan gamit <kanangamit.ph@charusat.ac.in>, Sonal Rami <sonalrami.it@charusat.ac.in>, Ayesha Shaikh <ayeshashaikh.it@charusat.ac.in>, Mitali Vedanti <mitalivedanti.cv@charusat.ac.in>, binit patel <binitpatel.mba@charusat.ac.in>, Dhaval Bhoi <dhavalbhoi.ce@charusat.ac.in>, Hardik Jayswal <hardikjayswal.it@charusat.ac.in>, Poonam Thanki <poonamthanki.ec@charusat.ac.in>, mihir patel <mihirrpatel.ee@charusat.ac.in>, Dattatraya Subhedar <dattatraya.me@charusat.ac.in>, Prabhin Sukumaran <prabhinsukumaran.cv@charusat.ac.in>, Nirali Honest <niralihonest.mca@charusat.ac.in>, mansi paradkar <mansiparadkar.ph@charusat.ac.in>, Reshma Sable <reshmasable.mba@charusat.ac.in>, Janki Thakker <jankithakker.bt@charusat.ac.in>, Prakash Vaidhyalingam <prakashv.phy@charusat.ac.in>, Praneeta Christian <praneetachristian.nur@charusat.ac.in>, Rajendra Solanki <rajendrasolanki.adm@charusat.ac.in>, Ashwin Makwana <ashwinmakwana.ce@charusat.ac.in>, ADARSH PATEL <13ce069@charusat.edu.in>, IT <it@charusat.ac.in>, Amit Nayak <amitnayak.it@charusat.ac.in>
Cc: Head IT CHARUSAT <hod.it@charusat.ac.in>

Dear All,

Under the aegis of Equal Opportunity Cell (EOC), CHARUSAT, Department of Information Technology , has arranged competition of **" MAKING OF RECYCLE PRODUCT" -** with the following details :

About the Competition:

The "Equal opportunity cell , making of Recycle Product , is organized by , Equal opportunity cell at CHARUSAT.

Eligibility:

Open to all CHARUSAT Current Undergraduates, Post Graduate Students. The Competition is not eligible to employees of CHARUSAT. Equal opportunity and CHARUSAT cell reserve the right to disqualify entries that do not meet the eligibility terms and conditions of the Competition.

Duration of Competition:

The Competition begins at 10.00 a.m on 21st February , 2016 to 10th March, 2017 11.59 p.m. No entry will be considered after 10th March, 2017 .

Joining the Competition:

Participants can submit Product as an individual or as Group Entry. Participants are allowed to submit a maximum of 2 entries. The Contest is free of charge for the participants.

Submission Guidelines for Submit a Product :

Ø Product should correspond to the concept of Recycle .

Ø Your product weight cannot be more than 10kg.

Ø Preferably related to the use of waste material.

Ø Exhibition date and venue will announced later.

Ø No entry will be considered after 10th March , 2017 11.59 p.m.

Selection of Winner:

Winner will select based on following criteria:

Areas	Percentage
Use of Waste Material	40%
Product Feasibility	30%
Usefulness of product	30%

Please click on below link for the registration

https://docs.google.com/a/charusat.ac.in/forms/d/e/1FAIpQLSfVGBeWzuy0kpoBx2QWwpIewCaiFPKnq3auBuqdI4ypIGUoPA/viewform

Students are requested come and meet me at 406B (IT building) after completing their registration.

--

Hardik S. Jayswal

Assistant Professor,

Training & Placement Representative - Career Development and Placement Cell

Coordinator: Equal Opportunity Cell, Entrepreneur Development cell

B.E(IT),M.Tech(CE)

Chandubhai S Patel Institute of Technology,

Department of Information Technology,

Charotar University of Science & Technology (CHARUSAT)

Accredited Grade 'A' by NAAC & KCG

(M) : +91-9825961830

Event report of Making of Recycle Product

Under the aegis of Equal Opportunity Cell (EOC), CHARUSAT, Department of Information Technology ,
hasarranged **" MAKING OF RECYCLE PRODUCT"** - with the following details :

About the Competition:

The "Equal opportunity cell , *making of Recycle Product*" (the exhibition) , is organized by , Equal opportunity cell at CHARUSAT.

Eligibility:

Open to all CHARUSAT Current Undergraduates, Post Graduate Students. The Competition is not eligible to employees of CHARUSAT. Equal opportunity and CHARUSAT cell reserve the right to disqualify entries that do not meet the eligibility terms and conditions of the Competition.

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Please click on below link for the registration

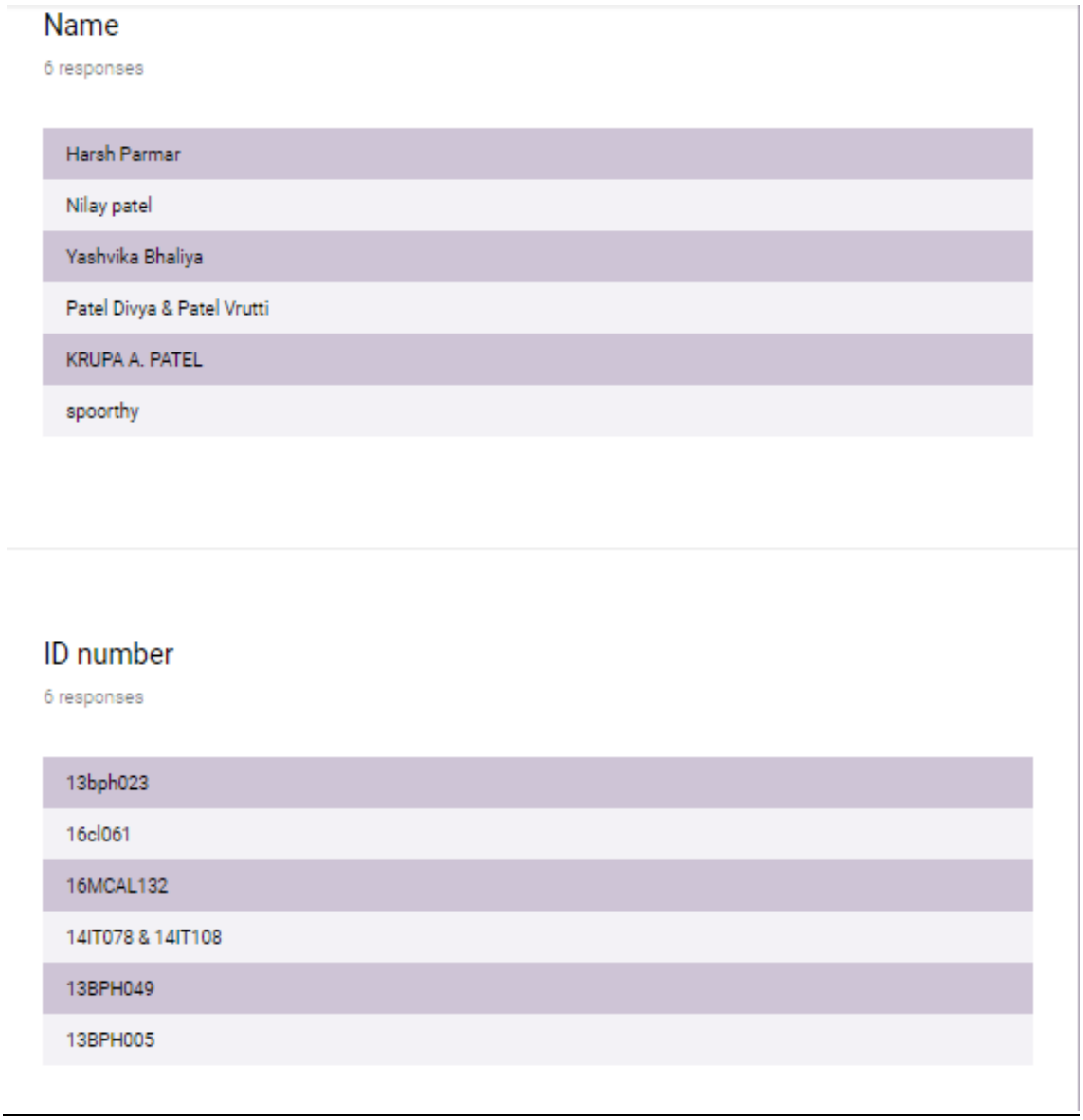
https://docs.google.com/a/charusat.ac.in/forms/d/e/1FAIpQLSfVGBeWzuy0kpoBx2QWwplewCaiFPKnq3auBuqdI4ypIGUoPA/viewform

Students were requested come and meet at 406B (IT building) after completing their registration.

Students Were participated in the Making of Recycle Product and made Different Recycle Product Like Popcorns are prepared by the use of use of tin based model. The instrument for popcorn is prepared from tins. Stimulation will be provided by heat through flame, Poster on topic be Bold for change , invitation card, Photo Frame etc .out of all product Krupa 13BPH049 spoorthy13BPH005 decided as a winner of this competition

Following are details of an event :

:



Name

6 responses

Harsh Parmar
Nilay patel
Yashvika Bhaliya
Patel Divya & Patel Vrutti
KRUPA A. PATEL
spoorthy

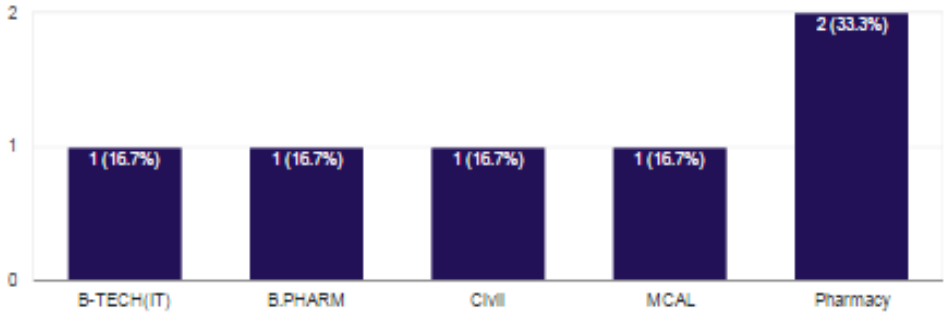
ID number

6 responses

13bph023
16cl061
16MCAL132
14IT078 & 14IT108
13BPH049
13BPH005

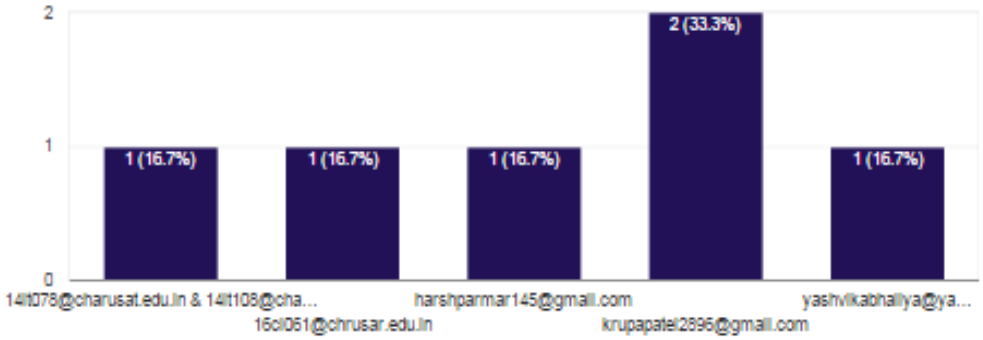
Branch

6 responses



E-mail

6 responses



Name of Your Product

6 responses

Tincorn
-
poster
Newspaper Wind chime
card
Photo Frame

Description of your product

6 responses

Popocorns are prepared by the use of use of tin based model. The instrument for popcorn is prepared from tins. Stimulation will be provided by heat through flame.
-
Poster on topic BEBOLDFORCHANGE..STOP VIOLENCE AGAINST WOMEN
Making using newspaper
invitation card
photo frame

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : Pharmacy

Name of Event : **An Expert talk on 'Legal education and equality'.**

Date and Time of Event : 25th March, 2017 (10:00 a.m. to 11:00 a.m.)

Event coordinator : Ms. Mansi Paradkar

Resource person details: NA

Sr. No.	Name of the resource person	Organization of resource person
1	Dr. A. C. Pathak	Anand Law College, Anand.

Event Schedule

Date	Time	Session	Activity
25/03/2017	10:00 a.m. to 11:00 a.m.	An Expert talk on 'legal education and equality'	• Door to door counseling • Distributing the pamphlets • Explanation through videos and banner

Summary of the Event (Maximum 200 words):

An Expert talk on 'legal education and equality' was held at the Seminar room of Ramanbhai Patel College of Pharmacy, CHARUSAT. -----no. of students participated in the expert talk delivered by Dr. A. C. Pathak (Former I/C Principal, Anand Law College, Anand. Dr. A. C. Pathak explained the students about the necessity of legal education and importance of it in equality. The students were very enthusiastic while sir delivered the talk. They actively participated in the talk and solved their queries.

Registration fee (if any): NA

No. of Participants: 73 (Students)

List of Participants:

Sr. No.	Name of participant	No. of students
1.	2nd semester B. Pharm	33
2.	4th semester B. Pharm	24
3.	6th semester B. Pharm	11
4.	8th semester B. Pharm	5

Accounts details:

Sr. No.	Details	Rupees
Income		
1.	NA	NA
Expenses		
1.	Honorarium	1000
2.	Traveling allowance	300
3.	Photo printing charges	75
Total		**1375**

Overall impact of Expert Talk: Excellent/**Very Good**/Good/Average/Poor

Photographs of the event with captions (at least six photographs):




25-03-17 10:59


25-03-17 11:08


25-03-17 10:59


25-03-17 10:59


25-03-17 10:59

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : Pharmacy

Name of Event : **A workshop on "Digitalization in india and digital payment"** at 'Petlad' Village.

Date and Time of Event : 01st April, 2017 (10:00 a.m. to 1:00 p.m.)

Event coordinator : Ms. Mansi Paradkar

Resource person details: NA

Sr. No.	Name of the resource person	Organization of resource person
NA	NA	NA

Event Schedule:

Date	Time	Session	Activity
01/04/2017	10:00 a.m. to 1:00 p.m.	A workshop on Digitalization in India and digital payment	• Personalized counseling • Distributing the pamphlets • Explanation through videos

Summary of the Event (Maximum 200 words):

A workshop on Digitalization in India and digital payment was held at 'Petlad' Village which is approx. 20 km far from CHARUSAT campus. The transportation facility was provided by CHARUSAT from CHARUSAT to Petlad. The students and faculty presented a video regarding the introduction and advantages of digitalization and cashless payment to the school teachers and students of N. K. High School, Petlad. The students explained them about the theme of the event. Then the students counseled the other people in nearby premises and made them aware about various methods and process of cashless transaction. They also distributed pamphlets among them. The faculty member and students also solved the queries. The teachers and parents expressed their positive response towards our activities and appreciated the initiative taken by CHARUSAT and suggested to conduct such programs on grand scale.

Registration fee (if any): NA

No. of Participants: 13 (Students) + 1 (Faculty member)

List of Participants:

Sr. No.	Name of participant	ID No.
1.	Paradkar Mansi	1272
2.	Patel Hiteshree	13BPH037
3.	Gandhi Pallav	13BPH007
4.	Parmar Prashant	13BPH024
5.	Patel Mit	13BPH052
6.	Patel Vivek	13BPH076
7.	Limbachiya Vishal	14BPH012
8.	Thacker Drupad	14BPH065
9.	Pathak Pankti	13BPH077
10.	Jani Krupa	13BPH012
11.	Patel Namrata	13BPH053
12.	Patel Payal	13BPH060
13.	Patel Priyal	13BPH063

Accounts details:

Sr. No.	Details	Rupees
Income		
1.	NA	NA
Expenses		
1.	Travelling Expenditure	330
2.	Refreshment charges	650
3.	Photograph printing charges (Six photographs)	
4.	Miscellaneous	100
Total		

Overall impact of workshop: Excellent/Very Good/**Good**/Average/Poor

Photographs of the event with captions (at least six photographs):








DIGITAL INDIA
governance
citizen
digital



NOTICE

EQUAL OPPORTUNITY CELL (PDPIAS)

Event Report

As part of Equal opportunity cell we have arranged an expert talk on

"Gender Equality"

Details of the Expert lecture are as follows

Date of event	24th April, 2017
Time/duration of event	1.15pm -3.00 p.m
Name of event	Expert lecture on Gender Equality
Venue	PDPIAS Conference Hall
Name of Resource person	Dr. (Prof.) Abha J Pandya, Shri I V Patel College of Commerce, Nadiad

All the interested students are requested to register themselves. For registration, please fill up the registration form and submit it duly signed and completed, in all respects, to Dr. Janki Thakker (PDPIAS) or mail the scan copy of form to jankithakker.bt@charusat.ac.in before 23 April, 2017

Janki N Thakker

(EOC coordinator, PDPIAS)



CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : PDPIAS

Name of Event : Gender Equality

Date and Time of Event : 24th April, 2017, 1.15 -3.00 p.m.

Event coordinator : Dr. Janki N. Thakker

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1	Dr. (Prof.) Abha J Pandya	

Event Schedule:

Date	Time	Session	Activity
24/04/2017	1.15-3.00 pm	one	Expert lecture

Summary of the Event (Maximum 200 words):

Dr. Thakker, introduced the speaker to the participants.

Prof. Abha Pandya discussed various issues related to gender equality

She told how any women struggles throughout her life and faces various types of bias. Men would not be ready to accept of realize about such bias

She was happy to see the boys in gender equality lecture
Giving examples she explained how in Gujarat girls do Gaurivrat and throughout the India Karvachauth is practice.
She also explained how a women is suffering not only because of men but due to other women in professional as well as personal life.
She gave some examples how a girl would not attend class due to illness and remain in the girls room but does not prefer to stay at home due to household work her mother would give.

She also gave example of the research work carried out by her team where all the boys in the primary were healty but 80 % girls were malnourished. She gave many such examples and made all of us aware about how very small practice in day to day life can be useful for creating gender equality example male and females seating together for lunch and dinner etc

At the end, I and students gave their feedback about the session.
I thanked Dr. Abha and told her to have such future interactiosn

Total 45 students attended the session
At the end students filled the feedback forms.
After analysis of feedback forms, it indicated that

- They found relevant to their needs to some extend and some of them found

very releavent

- Students found content to be good
- Students also found the facilitator very entusisastic, with good communications skills, timely managed. Most of them found these qualities excellent
- Students rated the overall program very good

Registration fee (if any): NA

No. of Participants: 45

List of Participants: Details as per entered in Registration form is submitted to EOC coordinator

Sr. No.	Name of participant	ID No.
1.		
2.		
3.		
4.		

Accounts details: Rs. 1000 for lecture Total Expense Rs. 1000 only

Overall impact of workshop: Very Good

Photographs of the event with captions (at least six photographs):



Prof Abha Pandya, speaker for the Session (PDPIAS Auditorium_ 24/04/2017)



Dr. Abha Pandya discussing with students (PDPIAS Auditorium_ 24/04/2017)



Students attending the session (PDPIAS Auditorium_ 24/04/2017)



Students discussing with Prof Abha Pandya (PDPIAS Auditorium_ 24/04/2017)



Student giving feedback
(PDPIAS Auditorium_ 24/04/2017)



Student giving feedback
(PDPIAS Auditorium_ 24/04/2017)

Department Coordinator Sign:

EOC coordinator

(Janki N Thakker, PDPIAS)

Head of Department/Institute Sign

To
Chairperson
EOC
CHARUSAT, Changa

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

[CHARUSAT]

EQUAL OPPORTUNITY CELL

MANIKAKA TOPAWALA INSTITUTE OF NURSING

REPORT OF EXPERT SESSION

ON

FIRST AID

Date of event : 29th April, 2017

Date of submission : 08/05/2017

Organizers: Manikaka Topawala Institute of Nursing

Venue: MTIN, Auditorium

Submitted by:

Name: Alpna Patel
Designation: Clinical Instructor
Email: alpnapatel.nur@charusat.ac.in

Endorsed By:

PRINCIPAL
Principal
MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS - CHANGA.
AT. CHANGA - 388 421
TA. PETLAD, DIST. ANAND (GUJARAT)

MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS CHANGA

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT),
CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : Manikaka Topawala Institute of Nursing

Name of Event : Expert session on First aid

Date and Time of Event : 29/04/2017

Event coordinator : Ms. Alpna N. Patel

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1.	**Ms. Rameshwari Zala**	Assist. Professor MTIN, CHARUSAT, Changa
2.	**Ms. Alpna N. Patel**	Clinical Instructor MTIN, CHARUSAT, Changa

Event Schedule:

Date	Time	Session	Activity
29/04/2017	10.00am to 12.00pm	Expert session on First aid	Expert session on First aid

Summary of the Event (Maximum 200 words):

Report

We MTIN organized an Expert session on "***First aid for students of CHARUSAT"*** on 29th April, 2017 at MTIN auditorium. We have invited 02 experts from Manikaka Topawala Institute of Nursing to deliver their expertise on this theme. The participants were nursing students, nursing teachers. 1st year B.Sc. & M.Sc. Nursing students from MTIN & students from Charotar institute of Para medical science. Total 70 delegates were participated in this expert session. The registration was started at 10.00am on wards & sessions was started at 10.15 am & end at 12.15pm.

The theme of session and its importance was delivered by Mrs. Alpna Patel. Moreover, She also introduced about EOC, MTIN & todays experts to all.

The first session was delivered by Ms. Alpna Patel mam, Clinical Instructor, MTIN, CHARUSAT, Changa. She acquired her Degree in Bachelor of Nursing. She is having more than seventy years of experience in medical field. She explained on Definition, Aims, principles, importance, and scope of first aid and also she explained first aid management for Haemmarahge & Bits & Sting. She explained about what is First aid, what is the aims & principles of first aid. She explained in details on first aid management for Haemmarahge patient & also she covered first aid management for snake bite, scorpion bite, dog bit, bee sting, fish sting, leech sting.

The second session was delivered by Ms. Rameshwari Zala mam, Assist. Professor, MTIN, CHARUAT, Changa. She acquired her degree in General Nursing & Midwifery, Post Basic BSc. & MSc. Nursing. She is Having 07 years of experience in medical field. She explained on First aid management in burns, poisoning, choking, shock, hypoglycemia, heat stroke, CPR. She also shown some picture related to first aid. She covered definition, aims, principles & indication of CPR & technique to give CPR.
Overall the sessions were interesting; knowledgeable. The expert appreciates effort to organize this session.

Registration fee (if any): No registration fees.

No. of Participants: 70

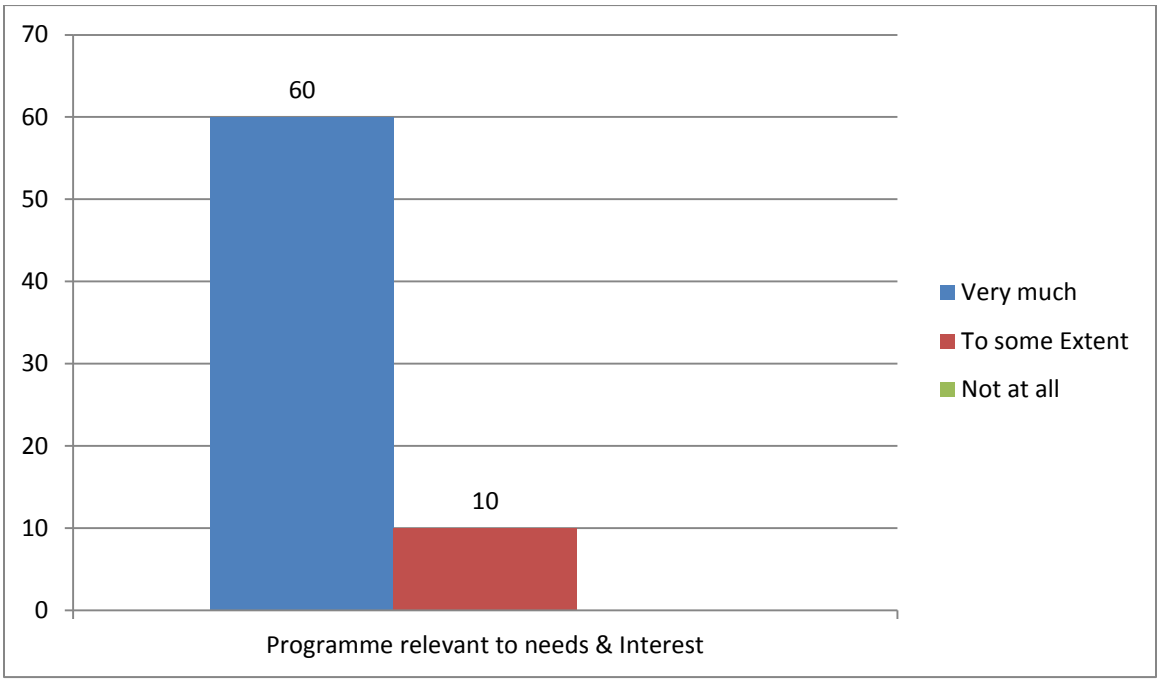
Accounts details:

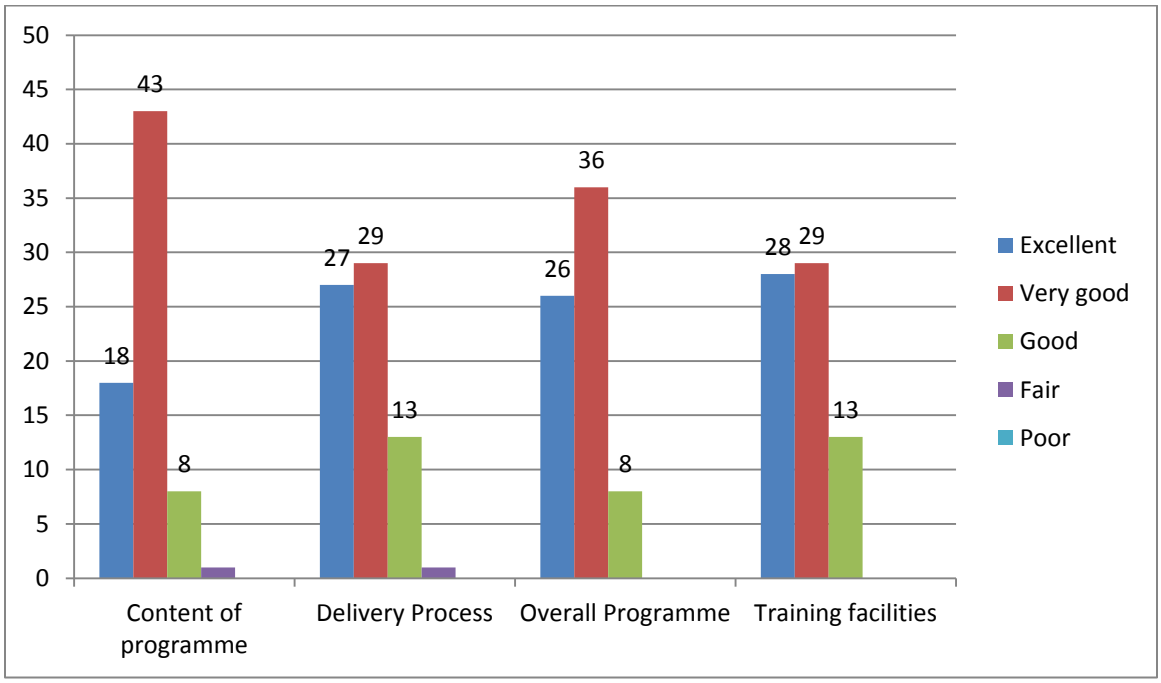
Sr. No.	Details	Rupees
Income		
1.	CHARUSAT, Changa	6300/-Rs.
Expenses		
1.	Banner	500/-
2.	Certificates for experts & participants	1440/-/-
Total	**One thousand nine hundred forty only**	**1940/-Rs**

OVERALL IMPACT OF EXPERT SESSION: Very Good

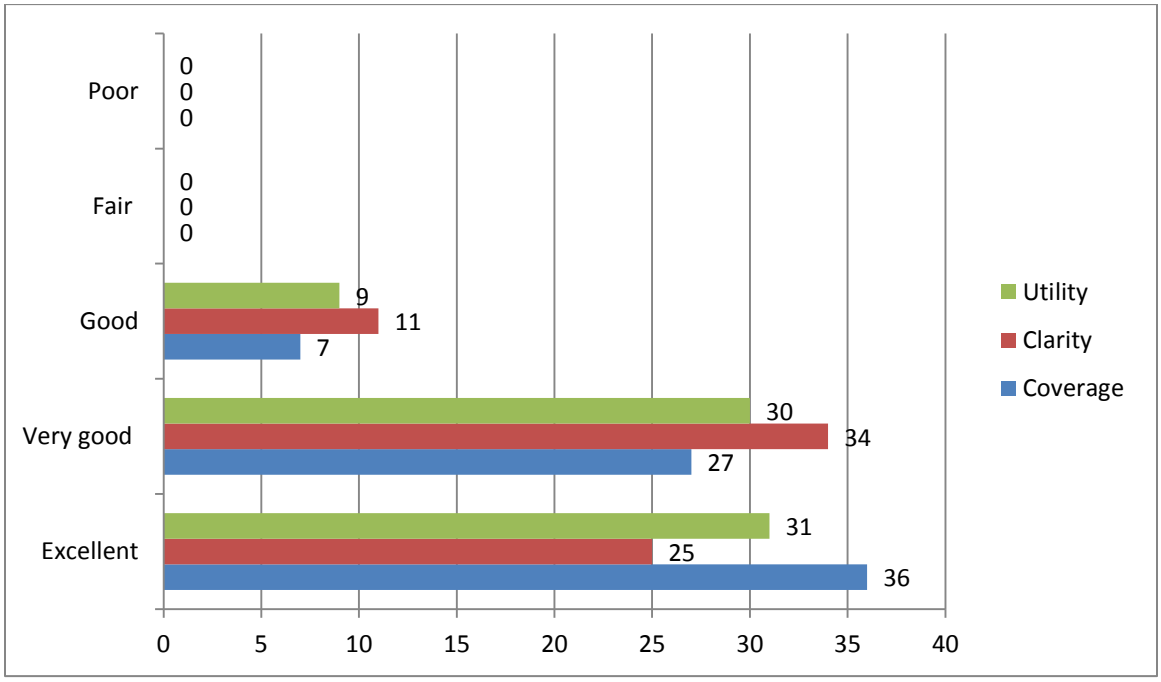
ANALYSIS REPORT OF FEEDBACK FORM

Programme relevant to needs & Interest

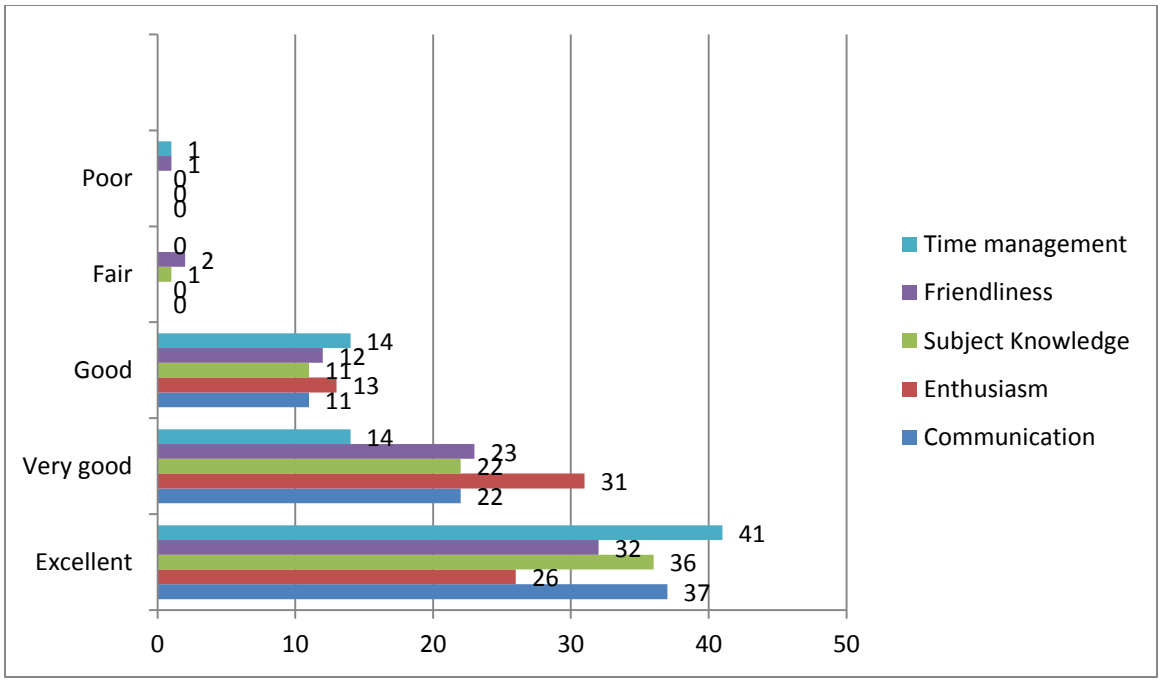




Rating of programme for Content



Rating of facilitator:-



Photographs of the event with captions :



Students registered them self for expert session on First aid.



Students participated in expert session on First aid



Ms. Alpna Patel mam delivering the session



Ms. Rameshwari Zala mam delivering the session



Ms. Rameshwari Zala mam delivering the session



Students were particited in Expert session on first aid

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

[CHARUSAT]

EQUAL OPPORTUNITY CELL

MANIKAKA TOPAWALA INSTITUTE OF NURSING

REPORT OF EXPERT SESSION

ON

ORGAN DONATION

Date of event : 05th May, 2017

Date of submission : 08/05/2017

Organizers: Manikaka Topawala Institute of Nursing

Venue: MTIN, Auditorium

Submitted by:

Name: Alpna Patel
Designation: Clinical Instructor
Email: alpnapatel.nur@charusat.ac.in

Endorsed

Principal

PRINCIPAL
MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS - CHANGA.
AT. CHANGA - 388 421
TA. PETLAD, DIST. ANAND (GUJARAT)

MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT CAMPUS CHANGA

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT),
CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : Manikaka Topawala Institute of Nursing

Name of Event : Expert session on Organ Donation

Date and Time of Event : 05/05/2017

Event coordinator : Ms. Alpna N. Patel

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
1.	**Dr. Umapati Hegde**	Consultant Nephrologist M.D.DNB (Nephro), Fellow ISN. Muljibhai Patel Urological Hospital, Nadiad.
2.	**Dr. Sujata Rajapurkar**	M.A. PhD. Medical Social Worker & Transplant Co-ordinator, Muljibhai Patel Urological Hospital, Nadiad.

Event Schedule:

Date	Time	Session	Activity
05/05/2017	10.00am to 12.00pm	Expert session on Organ Donation	Awareness talk on Organ Donation

Summary of the Event (Maximum 200 words):

Report

We MTIN organized an Expert session on "***Organ |Donation for students of CHARUSAT"*** on 05th May, 2017 at MTIN auditorium. We have invited 02 experts from Muljibhai Urological Hospital, Nadiad to deliver their expertise on this theme. The participants were nursing students, nursing teachers. 1st year B.Sc. & 1st, 2nd & 3rd year GNM Nursing students from MTIN. Total 70 students & 08 faculties from MTIN were participated in this expert session. The registration was started at 10.00am on wards & sessions was started at 10.30 am & end at 12.15pm.

The theme of session and its importance was delivered by Mrs. Alpna Patel. Moreover, She also introduced about EOC, MTIN & todays experts to all.

The first session was delivered by Dr. Umapati Hegde sir, Consultant Nephrologist M.D.DNB (Nephro), Fellow ISN. Muljibhai Patel Urological Hospital, Nadiad. He acquired her Degree in M.B.B.S., M.D. & D.N.B. in Nephrology. He is a fellow of International Society of Nephrology from University of Arkansas for medical Sciences, U.S.A. He has many years of experience in the field of medical. He explained on Definition, of brain Death. He covered causes of brain death, sign & symptoms of brain death, diagnostic evaluation of brain death. & how doctors are also explained how brain death patient's organ can help to others & save the life of people. He also explained about Brain death & organ donation in their lecture with pictorial presentation.

The second session was delivered by Dr. Sujata Rajapurkar madam; She is Medical Social Worker & Transplant Co-ordinator at Muljibhai Patel Urological Hospital, Nadiad. She acquired her degree in She Acquired her Degree in M.A. in social work from Tata Institute of Social Sciences, Mumbai, Maharashtra & Ph.D. In Psychology from Sardar Patel University, Vallabh Vidhyanagar, Gujarat. She also holds a Diploma in "Advanced International Training Course on Transplant Procurement Management (TPM), University of Barcelona, Spain. She is Recipient of "International Social Worker Award" U.S.A. in year the year 2010 from National Kidney Foundation, Council of Nephrology Social Work & Recipient of "Nira-Gopal Puraskar" for exemplary Social Service in the year 2014, in memory of Late Nira Gopal Dandekar at Pune, Maharashtra. She has counseled more than 2700 transplant recipients & more than 3200 kidney donors. Her noble Fund raising to the tune of 17 crores ($ 25, 74,000) for underprivileged patients over last 35 years has won many a heart. She explained on Organ donation: gift of life. She covered importance of organ donation, legal aspect of organ donation & how people become helpful to society after their death & how people become live after death with real example. She also shows the statistical data of organ donation in different country & also she explained need for organ donation & myths related to organ donation.
Lastly she gave inspiration & encourage the students for organ donation & gave the massage to students for society for organ donation.

Overall the session was interesting, knowledgeable & inspirable. The expert appreciates effort to organize this session & also give suggestion for do this different kind of activities in community area so people become more aware on organ donation.

Registration fee (if any): No registration fees.

No. of Participants: 70

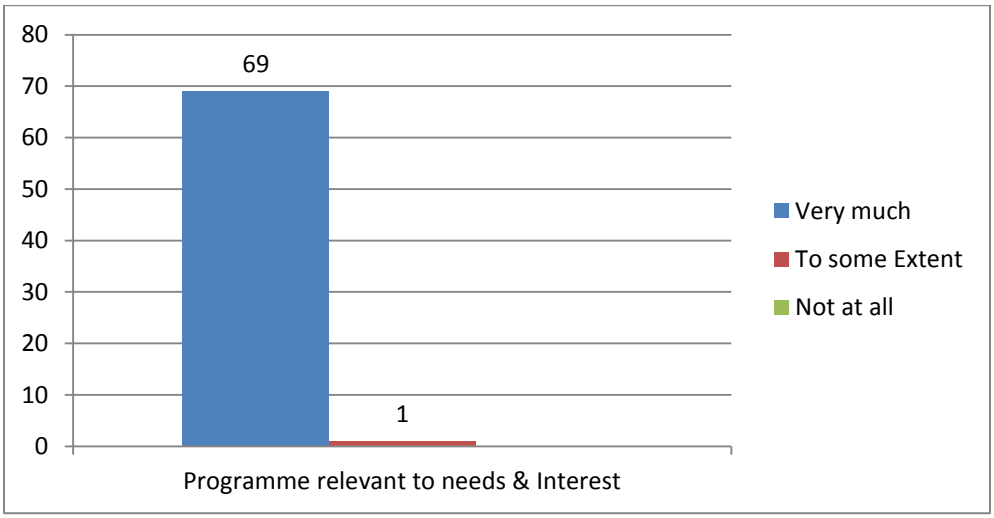
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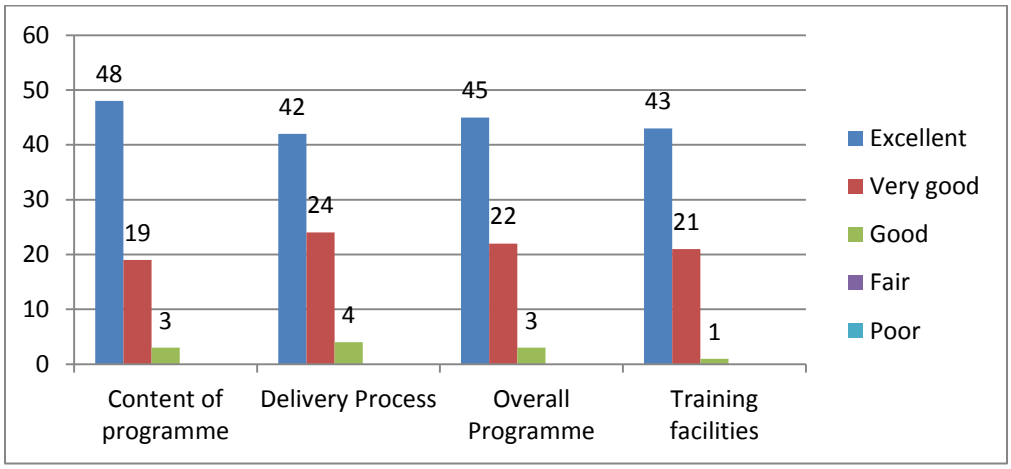
Sr. No.	Details	Rupees
Income		
1.	CHARUSAT, Changa	8900/-Rs.
Expenses		
1.	Banner	500/-
2.	Certificates for experts & participants	1640/-
3.	Bouquets	100/-
Total	**Two thousand two hundred forty only**	**2240/-**

OVERALL IMPACT OF EXPERT SESSION: Excellent

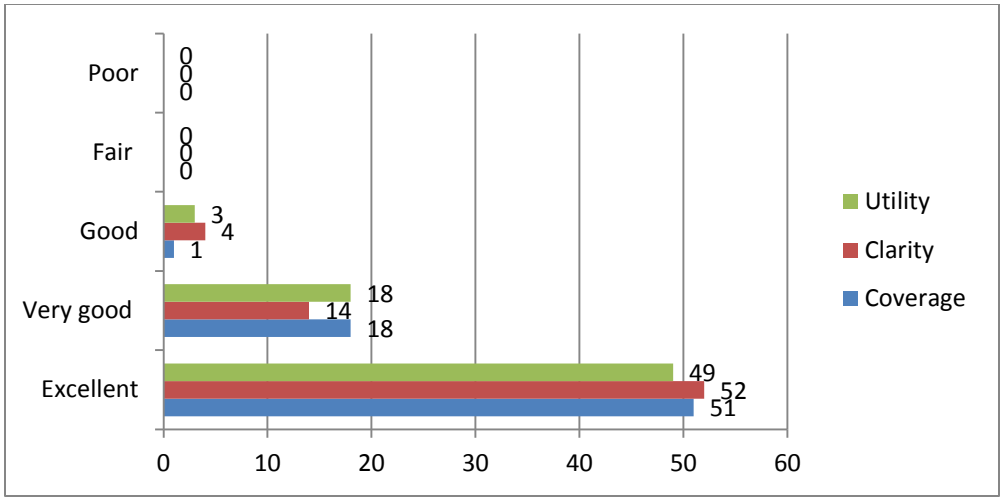
ANALYSIS REPORT OF FEEDBACK FORM

Programme relevant to needs & Interest

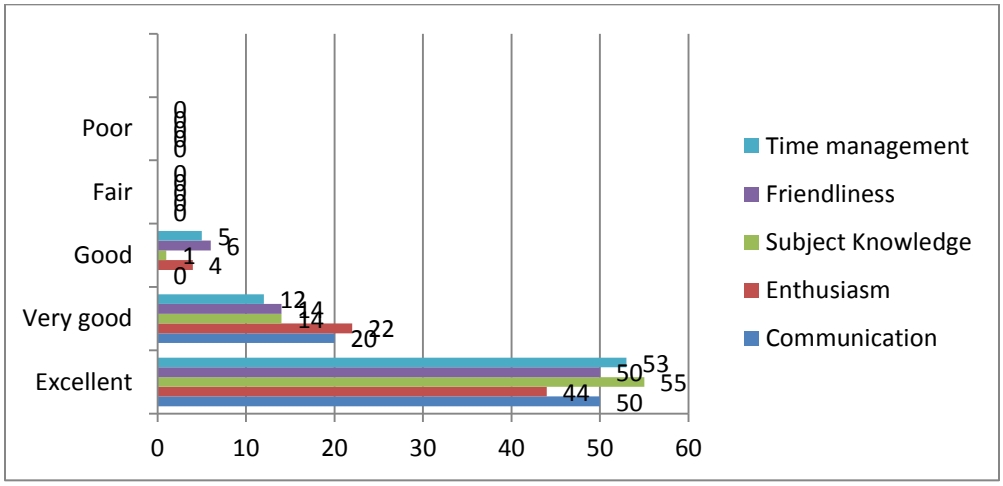




Rating of programme for Content



Rating of facilitator:-



Photographs of the event with captions:



Introduction & well come address by Alpna Patel



Dr. Anil Sharma sir welcome Dr. Umapati Hegde sir with Bouquet of flowers.



Dr. Umapati Hegde sir delivering the session



Students were particited in Expert session on organ donation



Dr. Sujata Rajapurkar madam delivering the session



Students were clear their doubt related to organ donation.

CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : Electronics & Communication

Name of Event : Online Poetry writing Competition: "Gender Equity and Equality"

Date and Time of Event : 30th May, 2017

Event coordinator : Poonam Thanki

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
--	---	---

Event Schedule:

Date	Time	Session	Activity
30/05/2017	--	--	Poetry writing

Summary of the Event (Maximum 200 words):

Online Poetry writing Competition on the theme of "Gender Equity and Equality" was arranged by EC department under the aegis of EOC (Equal Opportunity Cell).The last date to collect responses was 30th May, 2017, 11:59 PM. After collecting all the responses, best two Poetries were selected.

Registration fee (if any):No

No. of Participants: 04

List of Participants:

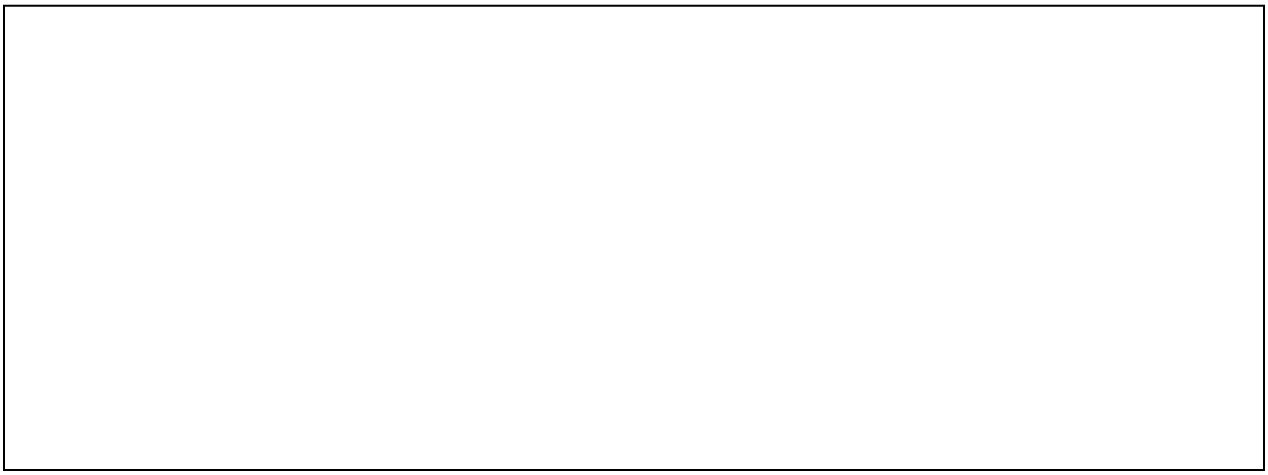
Sr. No.	Name of participant	ID No.
1.	Harsh Dave	D15EC114
2.	SHIVANG BACHUBHAI RATHVA	11CL044
3.	Dhara M Patel	8127
4.	Ujjwal S Batra	16ME004

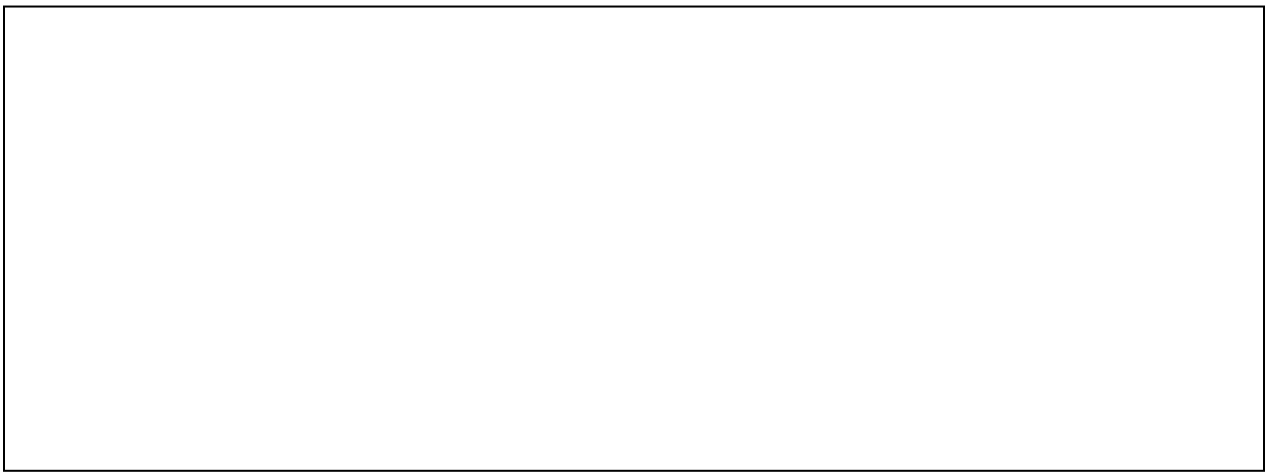
Accounts details:

Sr. No.	Details	Rupees
Income		
1.		
2.		
3.		
Expenses		
1.	First Prize	1000
2.	Second Prize	700
Total		1700

Overall impact of workshop: Excellent/Very Good/Good/Average/Poor

Good.





CHARUSAT UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT), CHANGA – 388 421

EQUAL OPPORTUNITY CELL

Event Report

Name of Department : Electronics & Communication

Name of Event : Online Article writing Competition: "Empowering Women, Inspiring Change"

Date and Time of Event : 30th May, 2017

Event coordinator : Poonam Thanki

Resource person details:

Sr. No.	Name of the resource person	Organization of resource person
--	---	---

Event Schedule:

Date	Time	Session	Activity
30/05/2017	--	--	Article writing

Summary of the Event (Maximum 200 words):

Online Article writing Competition on the theme of "Empowering Women, Inspiring Change" was arranged by EC department under the aegis of EOC (Equal Opportunity Cell).The last date to collect responses was 30th May, 2017, 11:59 PM. After collecting all the responses, best two Articles were selected.

Registration fee (if any):No

No. of Participants: 03

List of Participants:

Sr. No.	Name of participant	ID No.
1.	SHIVANG BACHUBHAI RATHVA	11CL044
2.	Dhara M Patel	8127
3.	Thakkar Kishan Mineshbhai	16EC117

Accounts details:

Sr. No.	Details	
Income		
1.		
2.		
3.		
Expenses		
1.	First Prize	
2.	Second Prize	
Total		

Overall impact of workshop: Excellent/Very Good/Good/Average/Poor

Very Good

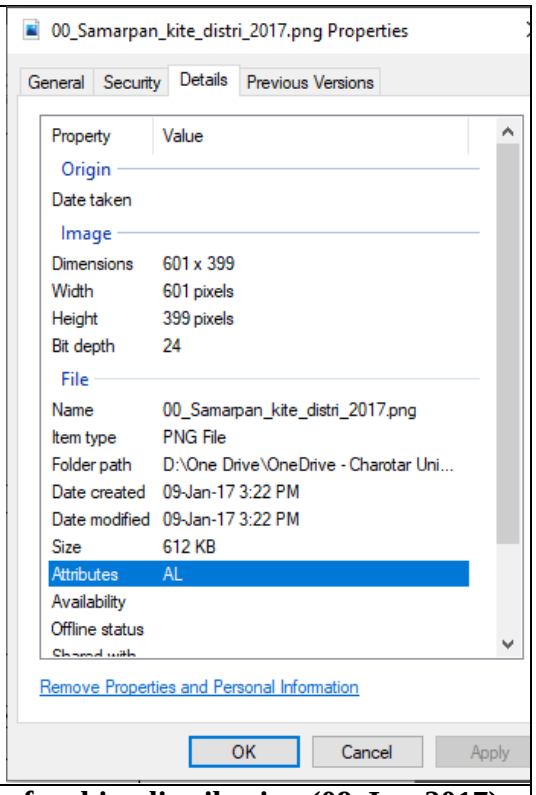
Faculty of Computer Science and Applications

SAMARPAN

Kite distribution on Uttarayan

Sr.No.	Key Objective	Event Description	Date(s)	No. of Participants
1	Enhance social integrity of students	CMPICA had organized "Kites Distribution" for social cause in the surrounding areas under the SAMARPAN initiative of the institute. The objective of the program is to Improve the integrity of students. This is an event to distribute • Kites • Firki/Pilla, • Food (chiki, tal-sankali, bor), and • Other materials (dora, gundarpatti, cap) among needy of surrounding areas. Participants: Dean & Principal Dr. Atul Patel, Mr. Dharmendra Patel, SAMARPAN Conveners, and 10 students.	09th Januarary, 2017	20





CMPICA Students and Faculties with children after kite distribution (09-Jan-2017)

List of Students

Sr No	Student ID	Student Name
1	16MSIT025	PATEL PRIYANKABEN GHANSHYAMBHAI
2	16MSIT009	JOSHI MITTALBEN MUKESHBHAI
3	16MSIT008	JANI MEGHABEN MAHESHBHAI
4	16MSIT021	PATEL KAJALBEN VIJAYKUMAR
5	16MSIT025	PATEL PRIYANKABEN GHANSHYAMBHAI
6	16BCA098	SONI VEDANT VIRALKUMAR
7	16BCA096	SONI PARTH CHIRAG
8	16BCA057	PATEL JINAL GAURANGBHAI
9	16BCA082	PRAJAPATI BIJALBEN VASANTBHAI
10	16BCA047	PATEL DIP KAMLESHBHAI
11	16BCA049	PATEL HARSHIL AJAYKUMAR
12	16MCAL007	CHAMPANERI CHANDNI MUKESHKUMAR
13	16MCAL066	PATEL DHARVA DIPAKKUMAR
14	16BCA088	SARVAIYA MILANKUMAR JAYANTIBHAI
15	16BCA087	RAULJI JAYAVEERSINH SANJAYSINH
16	16BCA107	VYAS JINIL NILAY
17	16BCA093	SHARMA BHAVIKKUMAR SHAMBHUBHAI
18	15MSIT055	ZALA AJAYSINH BHOJUBHA
19	15MSIT003	BHUNGALIYA SARTHAK NARESHBHAI
20	15MSIT041	PATEL ZEEL HIMANSHUBHAI

List of Faculty Members

SR.NO	Name
1	Dr. Kanubhai K Patel
2	Arpit Trivedi
3	Rupal Patel
4	Nilam Desai
5	Hetal Patel

SAMARPAN

Martyrdom Day and Muk-Badhir School, SojitraVisit

Sr.No.	Key Objective	Event Description	Date(s)	No. of Participants
1	Enhance social integrity of students	CMPICA had organized various activities on Martyrdom Day to remember our freedom fighters and gave salute to them. Also Samarpan volunteers have collected donation to provide food and educational kits to students of PB Bhatt Muk-Badhir Vidyalaya, Sojitra. Around 25 students volunteers gave Snacks, Icecream, and kits to the differently-abled students. CMPICA students have interacted with these students and spent few hours with them. Participants: Prof. K. K. Patel (SAMARPAN Convener), Mr. Hari Patel, Mr. Suresh Solanki, and 5 students.	23rd March, 2017	05



List of students

SRNO	Student ID	Name
1	16MSIT025	PATEL PRIYANKABEN GHANSHYAMBHAI
2	16MCA005	GOHEL PRAPTI RAMANBHAI
3	16MSIT036	VAGHELA AKASH VALJIBHAI
4	16MSIT035	TRIVEDI VAISHALI JAYESHKUMAR
5	16MCA013	PATEL NIKULKUMAR MITESHBHAI

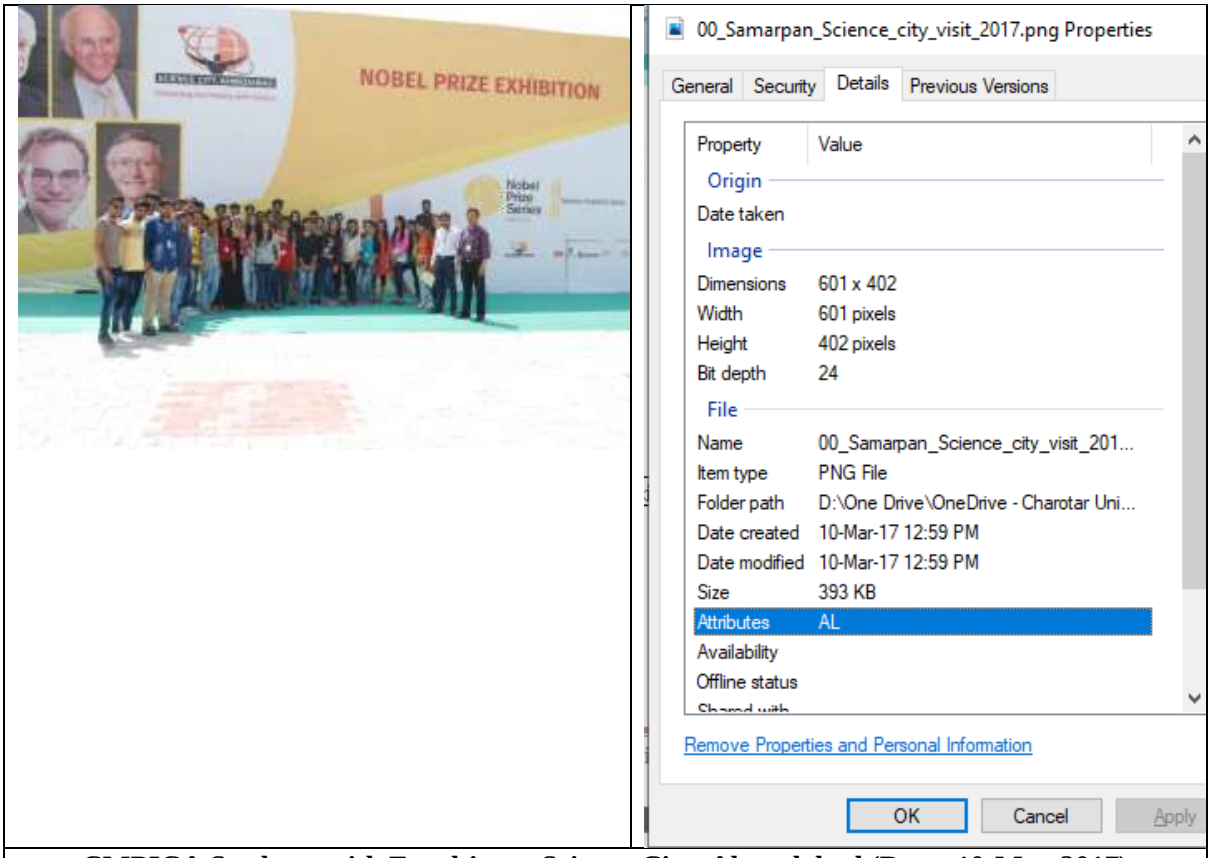
List of Faculty Members

SR.NO	Name
1	Dr. Kanubhai K Patel

SAMARPAN

Nobel Prize Exhibition Visit

Sr.No.	Key Objective	Event Description	Date(s)	No. of Participants
1	Enhance social integrity of students	CMPICA had organized "Nobel Prize Exhibition Visit" for M.Sc.(IT) Sem-II and MCA Sem-II students. The exhibition is at Gujarat Science City, Ahmedabad. The objectives of the visit is • to generate interest of Science in students, • to provide young stuents with tools and resources for effective social driven action. • To educate and inform the youth to address social challenges. Participants: Prof. K. K. Patel (SAMARPAN Convener), Prof. Hema Patel, Prof. Tushar Mehta, and 40 students.	10th March, 2017	40



CMPICA Students with Faculties at Science City, Ahmedabad (Date: 10-Mar-2017)

List of Students

Sr No	Student ID	Student Name
1	16MSIT036	VAGHELA AKASH VALJIBHAI
2	16MCA012	PATEL MEET JITENDRAKUMAR
3	16MCA014	PATHAN SHARUKHKHAN
4	16MSIT024	PATEL PRIYABEN NILESHBHAI
5	16MSIT020	PATEL DHARTIBEN PANKAJBHAI
6	16MSIT025	PATEL PRIYANKABEN GHANSHYAMBHAI
7	16MSIT009	JOSHI MITTALBEN MUKESHBHAI
8	16MSIT008	JANI MEGHABEN MAHESHBHAI
9	16MSIT021	PATEL KAJALBEN VIJAYKUMAR
10	16MSIT006	GUPTA LOKESH MAHENDRA
11	16MSIT014	LAKHI ASHIFA AIYUB
12	16MSIT011	KAPADIYA FARHANA ILYAS
13	16MSIT004	DAVE SHREYA JAGDISHCHANDRA
14	16MSIT005	GOR VANDANABAHEN LALITKUMAR
15	16MSIT022	PATEL KRUT ANANTKUMAR
16	16MSIT033	SONI BIJEN HASMUKHBHAI
17	16MSIT026	PATEL ROHAN HIMANSHUKUMAR
18	16MCA010	PATEL DIVYABEN PIYUSHBHAI
19	16MCA005	GOHEL PRAPTI RAMANBHAI
20	16MSIT019	PARMAR NIMISHABEN RASHMIKANT
21	16MSIT032	SHAH RAGINIBEN HARSHADBHAI
22	16MCA008	PARMAR MANINI ANILKUMAR
23	16MSIT035	TRIVEDI VAISHALI JAYESHKUMAR
24	16MSIT034	TAILOR MANALI SANJAYKUMAR
25	16MSIT031	SAXENA MANU ARVIND
26	16MCA006	MALEK MANSURMIYA ILYASMIYA
27	16MCA013	PATEL NIKULKUMAR MITESHBHAI
28	16MSIT015	MENDAWALA FENIE UMESHKUMAR
29	16MSIT027	PRAJAPATI SHIVANI ATULKUMAR
30	16MSIT003	DABHI PAYALBEN HIRALAL
31	16MSIT002	BRAHMBHATT SIDDHI PANKAJKUMAR
32	16MCA015	RANA HARDIK BHADRESHKUMAR
33	16MSIT028	PRATHIPATI RAVICHAND BALASWAMI
34	16MSIT023	PATEL NISHANT ASHOKBHAI
35	16MSIT012	KOLIYA MAHMADSADIK ISMAIL

36	16MSIT010	KA. PATEL AKSHAYKUMAR MAHESHBHAI
37	16MCA007	PANCHAL HIMANIBEN PANKAJBHAI
38	16MSIT037	VAGHELA YASHPALSINGH MAHAVIRSINGH
39	16MSIT029	RANA DARPANKUMAR NARESHKUMAR
40	16MSIT018	PANDYA HARSHALKUMAR PRAVINKUMAR

List of Faculty Members

SR.NO	Name
1	Dr. Kanubhai K Patel
2	Tushar Mehta
3	Hema Patel
4.	Arpit Trivedi

Faculty of Management Studies

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY (CHARUSAT)
FACULTY OF MANAGEMENT STUDIES (FMS)
INDUKAKA IPCOWALA INSTITUTE OF MANAGEMENT (I^2IM)

HOLISTIC EXPOSURE LEARNING PROGRAMME (HELP) – SEPTEMBER 07, 2016

Holistic Exposure Learning Programme 2016-17 (HELP)

HELP is aimed to provide the students exposure to management concepts through its unique model of "Learning by doing" in societal setting /open system through field based activities wherein personal interactions and observations are focused and students are equipped to develop an understanding about the needs of various stakeholders of the society. It is also aimed to help students to liaise with and understand management models practiced by various agencies like Government, local bodies, private institutions, NGOs etc.

In order to deal with humans and deliver to the humans in particular and society in general; the model is implemented with the help of faculty members and all students belonging to various programmes including UG and PG students. This year on September 7, 2016, as a part of ***Holistic Exposure Learning Programme*** **(HELP)**

- MBA and PGDM Programmes (Batch 2016-18) students were on field visit under Phase - III of their *Orientation Programme* which consist of community outreach activities.
- MBA and PGDM Programmes (Batch 2016-18) and BBA Programme (Batch 2016- 19) students had Pre-Mentor–Mentee interactions.
- MBA and PGDM Programmes (Batch 2015-17) and BBA Programme (Batch 2014-17/19, 2015-18/20) students got a platform for open exchange of academic and nonacademic discussions with their mentors (faculty members) under Mentoring Programme.
- MBA | PGDM and BBA Programmes" Second and Third year (respectively) students got opportunity to interact with First year students and impart the culture of the institute in general and management practice in particular.
- Ten teams (consisting of Faculty Member and Students of MBA, PGDM and BBA Programmes) total 472 students approached to approximately 5,000 households of 100 villages in the state of Gujarat.
- Interactions with I2IMites,
- ***Under Prayaas - an I2IM initiative for community services:***
- To create / increase awareness about CHARUSAT, CHRF-CHARUSAT HOSPITAL ***among 5000 households of 100 Villages of Gujarat State.***
- To profile populations / households in terms of age, education, occupation, diseases prevalent / contracted, annual income, monthly expenses, spending on healthcare, etc.
- To practice management through concept of ***'Learning by doing'*** in societal setting / open systems.
- To develop an understanding about needs of various stakeholders of the society through personal interactions and observations based on field visits.
- Learning to liaise with and understand management models practiced by various agencies like Government, local bodies, private institutions, NGOs, etc.

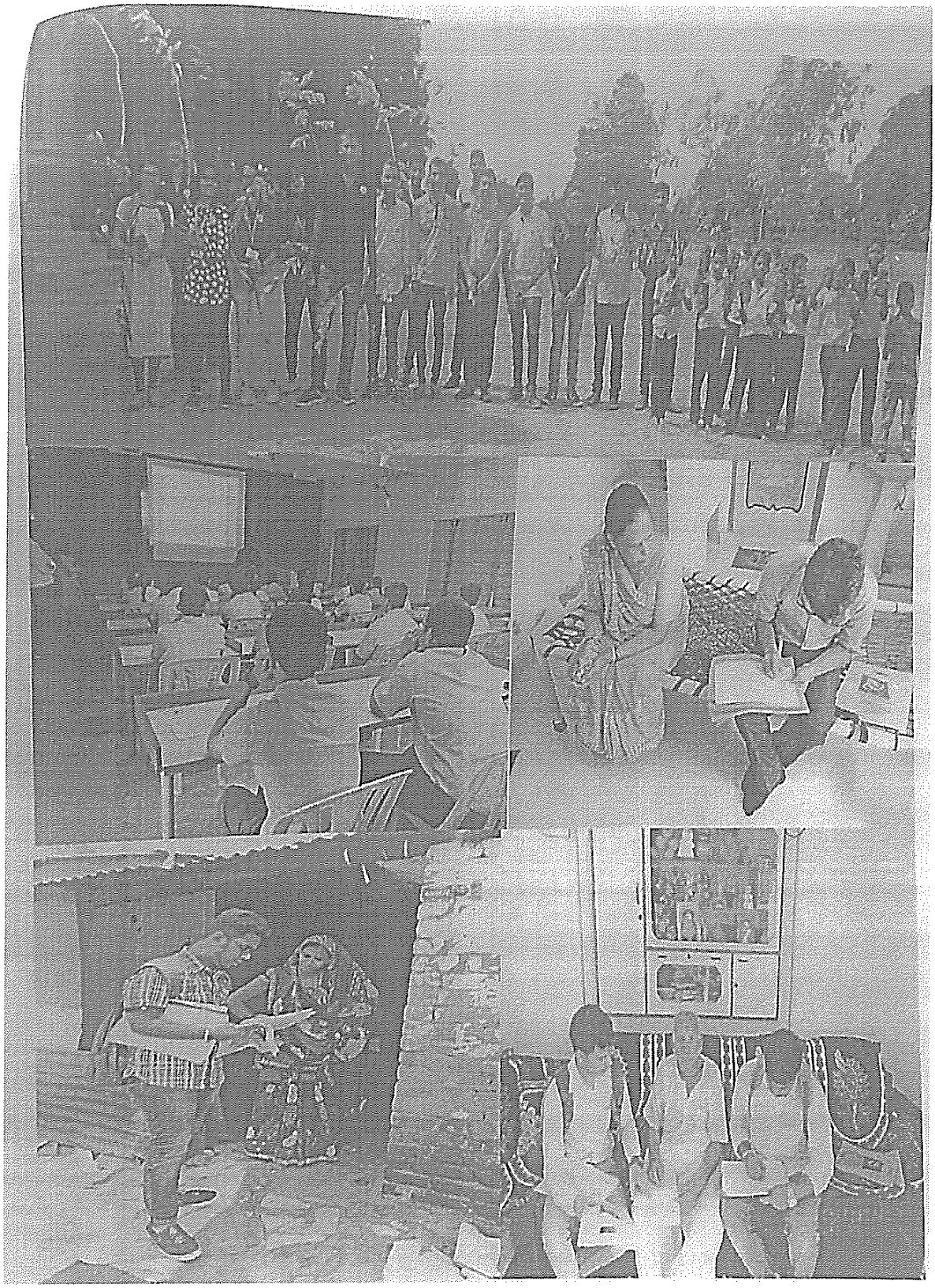
INDUKAKA IPCOWALA INSTITUTE OF MANAGEMENT ★ CHARUSAT CHANGA

- To develop knowledge, skills and attitude among all aspiring managers' undertaking management education / training at I2IM.



MBA student, I2IM @ HELP Activity 2016-17

Help 2016-17



Faculty of Medical Sciences

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 22/06/2017
- **Venue:** Khadana TA: Petlad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Krupa
   - **Students:** Milan, Parth, Vrunda, Shrina
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 4 males, 5 females
   - 13 individuals of community

4. Picture:



ARIP students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 20/06/2017
- **Venue:** Jogan, TA: Petlad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Krupa
   - **Students:** Hiral, Hirva, Prapti, Deep
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 10 males, 3 females
   - 13 individuals of community

4. Picture



ARIP students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 19/06/2017
- **Venue:** Dharmaj, TA: Petlad
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Ratan
   - **Students:** Urooz, Vrunda, Damini, Pranjal
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 8 males, 4 females
   - 12 individuals of community

4. Picture



ARIP students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 13/06/2017
- **Venue:** Vishrampura, TA: Padra, Vadodara.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Krupa
   - **Students:** Shrina,Laxman, Hirva, Pranjal
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 3 males, 1 female
   - 4 individuals of community

4. Picture



ARIP students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 9/06/2017
- **Venue:** Shahpur, TA: Viramgam, Ahmedabad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Yashree
   - **Students:** Damini, Dattey, Hiral, Pranav
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 3 males, 15 female
   - 18 individuals of community

4. Picture:



ARIP Students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 6/06/2017
- **Venue:**Ravalpura , TA: Borsad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Yashree
   - **Students:** Damini, Pranjal , Pranav, Milan
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 2 males, 7 female
   - 9 individuals of community

4. Picture:



ARIP students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 2/06/2017
- **Venue:** Bharit
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr.Dhruv dave
   - **Students:** Chandani, Pranjal , Pranav, Urooz
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 14 males, 4 female
   - 18 individuals of community

4. Picture:



Dr. Dhruv Dave and students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 30/05/2017
- **Venue:** Sundarna, TA: Petlad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Ratan Khuman
   - **Students:** Christina, Rincy, Vimal, Urooz
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 9 males, 1 female
   - 10 individuals of community

4. Picture:



ARIP students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 26/05/2017
- **Venue:** Piplav, TA:Sojitra.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Keyur
   - **Students:** Christina, Rincy, Ditee, Ankita
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 16 males, 16 females
   - 32 individuals of community

4. Picture:



ARIP students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 23/05/2017
- **Venue:** Virol, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Krupa Shah
   - **Students:** Riya, Payal, Jincy
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**

   3 males, 6 females
   - 9 individuals of community

4. Picture:



ARIP students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 18/05/2017
- **Venue:** Khansol, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Krupa Shah
   - **Students:** Nisarg, Preema, Kinjal
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**

   13 males, 9 females
   - 22 individuals of community

4. Picture:



ARIP students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 13/05/2017
- **Venue:** Dabhou, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Avinash
   - **Students:** Jilshi, Shikha, Pranjal, Neeti
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**

   3 males, 4 females
   - 7 individuals of community

4. Picture:



Community service by Dr. Avinash and students

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 04/05/2017
- **Venue:** Tramodav, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Krupa Shah
   - **Students:** Jilshi, Shikha, Pranjal, Astha
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**

   2 males, 4 females
   - 6 individuals of community

4. Picture:



ARIP Students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 02/05/2017
- **Venue:** Bhadkad, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Hemal Patel
   - **Students:** Jilshi, Gopi, Dimple, Rincy
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**

   2 males, 5 females

   - 7 individual of community

4. Picture:



Dr. Hemal serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 01/05/2017
- **Venue:** Maghroi, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Keyur
   - **Students:** mital, shreya ,priya , chandni
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 1 males, 0 females
   - 1 individuals of community

4. **Picture:**

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy



ARIP Students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 11/04/2017
- **Venue:** Tramodav, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Keyur
   - **Students:** Niki, Dhruv, priyanshi, Hasti
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 8 males, 9 females
   - 17 individuals of community

4. Picture:



ARIP Students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 08/04/2017
- **Venue:** Ishnav, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Keyur
   - **Students:** Niel, Komal, dimple, Chintan
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 2 males, 3 females
   - 5 individuals of community

4. Picture:



ARIP Student serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 07/04/2017
- **Venue:** Kothavi, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Keyur
   - **Students:** Jahanvi, Jilshi, Aakash
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 5 males, 14 females
   - 19 individuals of community

4. Picture:



ARIP Students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 28/02/2017
- **Venue:** Balinta, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:** Dr. Keyur
   - **Students:** Riddhi, Gopi, Prem
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 5 males, 2 females
   - 7 individuals of community

4. Picture:



ARIP Students serving community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 21/02/2017
- **Venue:**Ishruma, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Keyur
   - **Students:** Nilam, Anjali, Nirali, Shreya
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 8 males, 11 females
   - 19 individuals of community

4. Picture:



ARIP Students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 14/02/2017
- **Venue:**Padaj, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Keyur
   - **Students:** Krishna, dhruvi, Ankita, Jinal
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 4 males, 6 females
   - 10 individuals of community

4. Picture:



ARIP Students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 13/02/2017
- **Venue:**Sunava, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Pritesh
   - **Students:** Dhruvesh, Priya, Saloni, Sagar
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 6 males, 10 females
   - 16 individuals of community

4. Picture:



ARIP students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 07/02/2017
- **Venue:**Vishnoli, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Pritesh
   - **Students:** Vidhi, Nidhi, Nikita, Urja
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 11 males, 7 females
   - 18 individuals of community

4. Picture:



ARIP students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 04/02/2017
- **Venue:**Podda, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Pritesh
   - **Students:** Payal,Nisarg, Kuntal, Ashka
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 20 males, 15 females
   - 35 individuals of community
4. **Picture:**

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy



ARIP students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 28/01/2017
- **Venue:**Ravli, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Hemal Patel
   - **Students:** Vidhi, Ragbi, Shivani, Nidhi
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 4 males, 16 females
   - 20 individuals of community

4. Picture:



Dr. Hemal and students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 24/01/2017
- **Venue:**Morad, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Hemal Patel
   - **Students:** Christina, Rincy, Nima, Niki
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 4 males, 6 females
   - 10 individuals of community

4. Picture:



ARIP students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 13/01/2017
- **Venue:**Ghuteli, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Krupa Shah
   - **Students:** Disha, Krunali, Divya, Shikha
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 6 males, 10 females
   - 16 individuals of community

4. Picture:



ARIP Students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 10/01/2017
- **Venue:** Mehlav, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Krupa Shah
   - **Students:** Mansi, Mukti, Vimal, Meet
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 11 males, 7 females
   - 18 individuals of community

4. Picture:



ARIP students serving to community

Charotar University of Science and Technology
Faculty of Medical Sciences
Ashok & Rita Patel Institute of Physiotherapy

Report on Community Camp (Extension Service)

- **Name of Event :** Community Camp
- **Date of Event:** 03/01/2017
- **Venue:**Padgol, TA: Nadiad.
- **Organizer:** Ashok and Rita Patel Institute of Physiotherapy

1. **Objective:**
   - Objective of community camp was to screen the community for health related issues like pain, arthritis, paralysis, peripheral neuropathy, disability, childhood deformities etc.
   - To assess the patient and identify activity limitation.
   - To provide education about their condition and teach necessary exercises.
   - To provide awareness about health and physical fitness and importance of physical activity and hence improve overall quality of life.

2. **Members Involved:**
   - **Co-ordinator:**Dr. Krupa Shah
   - **Students:** Dhruv, Ayushi, Sai, Hardik
   - **Attendant:** Mr. Chirag Patel

3. **Beneficiaries:**
   - 20 males, 15 females
   - 35 individuals of community

4. Picture:



ARIP Students serving to community

Date: 14/06/2017 **Day: Wednesday Timings: 9 a.m. to 3 p.m.**

I. Introduction:

We the students of Manikaka Topawala institute of nursing, celebrating "International blood donor day" on 14th June , 2017 in the remembrance of **Karl Landsteiner** by organizing poster exhibition and role play with the goal to create awareness about blood donation.

We the group of 30 students from 6th semester, 3rd year B Sc nursing along with the faculty of pediatric and child health nursing have contributed our efforts and ideas to make this event a successful one and to spread awareness among people through poster exhibition and role play. This is a report describing overall events organized on international blood donor day.

World Blood Donor Day is celebrated every year by the people in many countries around the world on 14th of June. World Blood Donor Day is celebrated every year on the day of birthday anniversary of Karl Landsteiner on 14th of June in 1868. This event celebration was first started in the year 2004 aiming to raise the public awareness about the need for safe blood donation (including its products) voluntarily and unpaid by the healthy person. Blood donors are the key role player at this day as they donate life-saving gifts of blood to the needed person.

It was first initiated and established to be celebrated annually on 14th of June by "the World Health Organization, the International Federation of Red Cross and Red Crescent Societies" in the year 2004. World Blood Donor Day was officially established by the WHO with its 192 Member States in the month of May in 2005 at the 58th World Health Assembly in order to motivate all the countries worldwide to thank the blood donors for their precious step, promote voluntary, safe and unpaid blood donations to ensure the sufficient blood supplies. World Blood Donor Day celebration brings a precious opportunity to all donors for celebrating it on national and global level as well as to commemorate the birthday anniversary of the Karl Landsteiner (a great scientist who won the Nobel Prize for his great discovery of the ABO blood group system).

WHY WORLD BLOOD DONOR DAY IS CELEBRATED

World Blood Donor Day is celebrated to fulfill the need of blood transfusion and blood products transfusion to the needed person anywhere in the world. This campaign saves more

than millions of lives annually and gives a natural smile on the face of blood receiver. Blood transfusion helps patients suffering from variety of life-threatening health conditions and stimulates them to live longer and quality life. It solves the lots of complex medical and surgical procedures all around the world. This campaign plays a great life-saving role for caring the women during pre and post pregnancy.

The celebration of World Blood Donor Day 2013 was hosted by the France "through its national blood service, the Establishment Français du Sang (EFS)". France is involved in the promotion act of voluntary and unpaid blood donation since 1950s. The slogan of the year 2013 celebration was "Give the gift of life: donate blood" when it has celebrated its 10th anniversary focusing the value of blood donation to the patient.
Donated blood are used to save lives of severely anemic women, anemic kids, accident victims having excess blood loss, surgical patients, cancerous patients, thalassemia patients, people suffering from the hemophilia, sickle cell anemia, blood disorders, blood clotting disorders and many more.

Places devoid of an adequate blood supply face many life-threatening challenges during the arrangement of sufficient blood for the proper donation. Adequate supply of blood and its products can only be fulfilled by the regular and safe donations by the self motivated, voluntary and unpaid blood donors. Some of the objectives of the World Blood Donor Day celebration are mentioned below:

- World Health Organization is aimed to obtain the sufficient blood supplies from the voluntary and unpaid blood donors all over the world by 2020.
- According to the statistics, it has been noted that only 62 countries are getting sufficient blood supplies from the voluntary and unpaid blood donors whereas 40 countries are still dependent for the blood donations on the patient's family member or paid donors. It is celebrated to motivate voluntary blood donors in rest of the countries worldwide.
- To make the blood donation act a precious gift to the receivers and get new life.
- WHO run this campaign by organizing many activities in all countries highlighting people's stories who need immediate blood donation to continue their heart beat.

- It is celebrated to say lots of thank to the voluntary and unpaid blood donors all around the world for saving millions of lives.
- It is celebrated to fulfill the 100% voluntary and unpaid blood donation need worldwide.
- It is celebrated to motivate blood donors for safe blood donation for saving the life of mothers and babies (country's future).
- It is celebrated to reduce the death rates (mortality rate) because of insufficient blood supply. Approximately 800 women are dying off due to malnourish pregnancy, childbirth-related complications, severe bleeding during or after delivery and etc.
- To motivate voluntary blood donors through educational programmes and campaigns in order to strengthen the blood transfusion services.

II. Agenda: "Don't wait until the disaster strikes" What can you do? Give blood, Give now, Give often.

Date	Time	Venue	Event
14.06.2017	9.00am – 1.00 pm	Basement area of KGPCH	Poster exhibition
14.06.2017	11.30am - 12.30 pm	Reception area of KGPCH	Role play

III.Objectives of the event:

- To make aware the participants about the importance of the voluntary blood donation.
- To successfully achieve the target of Voluntary Blood Donation to fulfill the urgent need of the needy patients.
- To promote and emphasize the self esteem of blood donors through a lot of thanks.
- To motivate and encourage people who are not interested in donating blood even being a healthy person.
- To stimulate people to donate blood voluntarily who are interested in donating blood only to their relatives or friends.

- To sensitize participants regarding importance of blood donation.
- To impart knowledge regarding benefits of blood donation.
- To minimize myths/ misconception regarding blood donation

IV.Participants/Beneficiaries: The parents, care-takes, family members, relatives and family friends, visitors.

V. The Program Details:

The B Sc Nursing 6th semester and faculties of Pediatric Nursing of Manikaka Topawala Institute Of Nursing, Changa, organized , on 14th of April 2017. For that we took permission from Mr Jayant Dhosi sir medical Superintendent KGPCH Vadodara, and also she given permission to conduct the program at open place at near smile OPD. We included nursing faculties & nursing students of MTIN for this program.

The main purpose of this program is imparting the knowledge on sufficient blood supplies from the voluntary blood donors, benefits of blood donation; motivate voluntary blood donors through educational program and campaigns in order to strengthen the blood transfusion services.

Venue: The event was planned for one day at **Near Smile OPD** of KGPCH Vadodara, **On the Wednesday (14/06/2017)**.

There are eight official global public health campaigns marked by World Health Organization (WHO) such as World Health Day, World Tuberculosis Day, World Immunization Day, World Malaria Day, World No Tobacco Day, World Hepatitis Day, and World AIDS Day. **World Blood Donor Day is one of those eight campaigns. 14th June of every year is celebrated as World Blood Donor Day (WBDD) since 2004**. This day was established by WHO in 2004, with the intention of creating awareness of the need for safe blood and blood products. WBDD is celebrated to thank blood donors for their voluntary, life-saving gifts of blood on the day of the birth anniversary of Karl Landsteiner. He was the great scientist who won the Nobel Prize for his great research of ABO blood group system.

Every year our country requires 5 crore units of blood, from which only 2.5 crore unit of blood is available. Blood is the key for a healthy body. After any accident or injury to a person there is a big blood loss and at such situations, it is needed that the blood of same blood group should be available. If people donate blood then it will help many lives. **The**

World Blood Donor Day has a motto to spread awareness of the importance of donating blood and encouraging people to donate blood.

The WBDD is celebrated to thank and appreciate the blood donors all over the world. The WHO celebrates this day by arranging different activities in many countries for the voluntary and unpaid blood donors. **Another goal of celebrating this day is to fulfill the 100% need of blood donation worldwide.** Donating blood will save many people's lives who are at the point where they can die because of the lack of blood. Approximately 800 women are dying off due to malnourish pregnancy, childbirth-related complications, severe bleeding during or after delivery etc.

The World Blood Donor Day is celebrated by arranging many activities like events, meetings, discussion, debates, and competitions like quiz, speech, essay writing, elocutions etc. in public places, school, colleges at national and international level.

On the day of 14th June 2017, planned to organize awareness program on voluntary blood donation through poster and health skit. The posters are prepared on in different area blood donation information like what is blood donation, importance of blood donation, theme of blood donation 2017, and some blood donation slogan are selected for poster.

Total 16 poster were prepared by eight groups and two members in each groups, here each groups students has allotted a topic to prepare the poster, the instruction is given about criteria to prepare the posters. All posters are informative, clear and participants received a message about blood donation and its importance.

On the international blood donation day morning we reached at 8 am and started to arrange for poster exhibition at KGPCH basement floor, prior permission is taken from Dr Jayant Dhosi sir. All posters were displayed well in arranged place, exhibition place is had good ventilation, light and it more place to occupy large number of participants at time of exhibition.

Students were placed for interactions with participants for discussions about poster and importance of blood donation; each poster is providing information about blood donation. Students are actively participated in poster exhibition which was helped to participants to change their concept on blood donation, participants were shown positive response to blood donation. By this we can analyze the awareness program were changed knowledge and attitude of participants on voluntary blood donation.

The following are the posters prepared by the students:

- A poster on introduction of international blood donor and theme.

- A Poster on questions to be asked to donor.
- A Poster on benefits of blood donation.
- A poster on criteria for blood donation.
- A Poster on criteria for condition in which blood cannot be donated.
- A poster on after care of blood donation
- A poster showing details of nearby blood banks in Vadodara.

Following were the slogans used in posters:

- "Save a life give blood"
- "every unit donated can save or improve lives of up to 3 people"
- "if you donate money you give food but if you donate blood you give life"
- "Blessed are the young who can give back their life with their blood"
- "1 pint can save 3 lives, give blood, give life, get a free t-shirt"
- "Every 2 seconds someone needs blood. Take a break and donate"

Role play:

After completing the poster exhibition all gathered outside the blood bank and arranged setup for role play. Students performed the skit of 10 minutes and shared the important points regarding blood donation.

In the skit there were 20 characters distributed among 20 students. The main concept of the skit was based on the importance and benefits of blood donation. Some characters used in the skit are the following:

Nurse, doctor, blood donor, village people playing role of showing misconception regarding blood donation and friends playing role showing positive aspect of blood donation.

The skit was divided into 2 scenes, one showing negative aspect of not donating blood that leads to loss of life. The second scene showing the positive aspect by donating blood and saving life.

After completing skit each student uttered one slogan and ended up the skit. We successfully have come up with the good outcome. The visitors are able to understand the importance of blood donation and some were ready to voluntarily donate the blood and the objectives were fulfilled with this organized program.

VI: Feedback Analysis report:

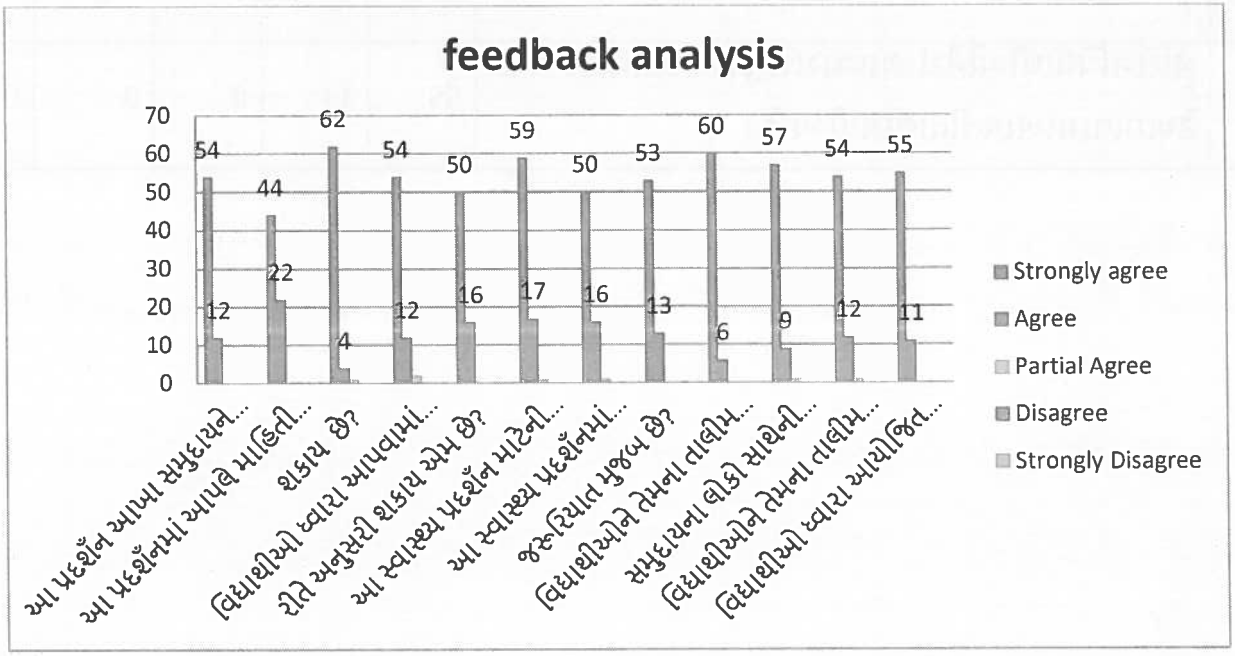
A) 65 participants were participated in this program.

B) Table of feedback form with number of participants' response in each category.

અનુ-ક્રમણિકા	માપદંડ	સંપૂર્ણ સંમત	સંમત	આંશિક સંમત	અસંમત	સંપૂર્ણ અસંમત
૧	આપ્રદર્શનઆખાસમુદાયનેમદદરૂપછે?	54	12	0	0	0
૨	આપ્રદર્શનમાંઆપલેમાહિતીસંપૂર્ણરીતેસમજી શકાયછે?	44	22	0	0	0
૩	વિદ્યાર્થીઓધ્વારાઆપવામાંઆવેલમાહિતીસરળ રીતેઅનુસરીશકાયએમછે?	62	04	1	0	0
૪	આસ્વાસ્થ્યપ્રદર્શનમાટેનીમાહિતીઆગળથીઆપેલછે?	54	12	2	0	0
૫	આસ્વાસ્થ્યપ્રદર્શનમાંઆવરેલવિષયવસ્તુસમુદાયની જરૂરિયાતમુજબછે?	50	16	0	0	0
૬	વિદ્યાર્થીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનઆખાસમુદા યનેજરૂરિયાતસંપૂર્ણમાહિતીઆપેલછે?	59	17	1	0	0
૭	સમુદાયનાલોકોસાથેનીવિદ્યાર્થીઓનીવર્તણુકપ્રશંસનીય છે?	50	16	1	0	0
૮	વિદ્યાર્થીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનલોકોનેસ્વા સ્થ્યપ્રદજીવનમાટેયોગ્યરીતેમાર્ગદર્શનઆપેલછે?	53	13	0	0	0
૯	વિદ્યાર્થીઓધ્વારાઆયોજિતપ્રદર્શનનોલાભસરળતાથીલ ઇશકાયએમછે?	60	06	0	0	0
૧૦	વિદ્યાર્થીઓધ્વારાકરવામાંઆવેલપ્રવૃતિઓસમુદાયનાલો કોમાટેમહત્વપૂર્ણછે.?	57	09	01	0	0
૧૧	આપ્રકારનીપ્રવૃતિઓવારંવારઆયોજિતકરવાનીજરૂરછે	54	12	1	0	0

	?					
૧૨	નર્સિંગવિદ્યાર્થીઓનેસંસ્થાધ્વારાસમુદાયનીસેવાકરવામાટેઆપવામાંઆવતીતાલીમયોગ્યછે.?	55	11	0	0	0

Analysis depicted through graphs



PHOTOGRAPHS










આજલોરામ બ્લડ બેંક



Conclusion:-

The program was more informative to the participants. Through this exhibition they gained much knowledge about voluntary blood donation also changed their perception and attitude. According to feedback of participants and beneficiaries the awareness program was found effective and fruitful.

So for the awareness program is concluded with **"Save a life give blood"**

Date: 29/04/2017 **Day: Saturday** **Timings: 9 a.m. to 3 p.m.**

I. Introduction:

An Awareness programme on Geatstational Diabetes and Glucose tolerance test was conducted Obstetric and gynecological department of V S Hospital, Ahmadabad.

II. Agenda: Health awareness programme on "Gestational Diabetes and Glucose tolerance test".

III. Objectives of the event:

- To create awareness about gestational diabetes among antenatal mothers
- To educate and demonstrate importance of oral glucose tolerance test.

IV. Beneficiaries:

The antenatal mothers, postnatal mothers, women with problems related to gynecology and their relatives.

V. Event

The event was planned for one day at Outpatient department of obstetrics and gynecological Department of V S Hospital at Ahmadabad. We have taken permission from Ms.Parul Shah Madam(HOD of Gynec and obstretrics) and Mira Madam to conduct the programme at OPD area prior to date of event.

Gestational diabetes can cause the fetus to be larger than normal. Delivery of the baby may be more complicated as a result. The baby is also at risk for developing low blood glucose (hypoglycemia) immediately after birth. It occurs in about 4% of all pregnancies. It is usually diagnosed in the later stages of pregnancy and often occurs in women who have no prior history of diabetes. In V S hospital in OPD department we get a huge crowd of Antenatal mothers and their relatives. Planning health awareness programme on gestational diabetes and glucose tolerance test is significant for beneficiaries.

On Saturday (29/04/2017)

The theme was

1. Gestational Diabetes
2. Glucose tolerance test.

We prepared and arranged the programme at Outpatient department of V S hospital on Saturday. We have distributed group of students in two groups. One group was assigned gestational diabetes and the other group was assigned glucose tolerance test. We had allotted students to educate each aspect with well preparation of content and posters. Some students were assigned for collecting feedbacks and some students were managing the crowd.

We have invited Ms. Mira Patel, Nursing superintendent to inaugurate the exhibition. The posers on the theme of gestational diabetes and glucose tolerance test was arranged in the manner of

1. The definition of gestational diabetes

   The diabetes occurs during pregnancy.

2. Risk factors

   Under risk factors we educated about

   a) Mother older than 25 when you are pregnant
   b) Have a family history of diabetes
   c) Gave birth to a baby that weighed more than 9 pounds or had a birth defect
   d) Have high blood pressure
   e) Have too much amniotic fluid
   f) Have had an unexplained miscarriage or stillbirth
   g) Were overweight before your pregnancy

3. Causes

   They explained them that GDM is arised because the many changes, hormonal and otherwise, that occur in the body during pregnancy predispose some women to become resistant to insulin. Insulin is a hormone in the pancreas that allows the body to effectively metabolize glucose for later usage as fuel (energy). When levels of insulin are low, or the body cannot effectively use insulin (i.e., insulin resistance), blood glucose level rise.

4. Signs and symptoms

   Under this educated mothers about

   - Blurred vision
   - Fatigue
   - Frequent infections, including those of the bladder, vagina, and skin

- Increased thirst
- Increased urination
- Nausea and vomiting
- Weight loss despite increased appetite

5. Diagnostic tests

   We had done the Demonstration of oral glucose tolerance test.

6. Therapy

   Under this we educated them that the goals of treatment are to keep blood sugar (glucose) levels within normal limits during the pregnancy, and to make sure that the growing baby is healthy.

7. Home care

   Home care needs specially education about diet. So following points included in diet education.

   a) Eating a variety of foods is recommended, and it is better to eat smaller portions throughout the day (e.g. 3 small to moderate meals and 2-4 snacks) rather than just a few large meals.

   b) Many women with gestational diabetes will be advised to eat fewer carbohydrates than in their normal diet and to eat complex carbohydrates that contain fiber. It's important to limit consumption of foods containing large amounts of simple sugars.

   c) High-fiber foods like fresh fruits and vegetables, as well as whole-grain products, are not only nutritious but also effective in keeping blood sugar levels stable.

   d) Skipping meals is not recommended because this leads to undesirable fluctuations in blood sugar levels.

8. Complications of gestational diabetes.

   a) Women with gestational diabetes have a greater chance of needing a Cesarean birth (C-section), in part due to large infant size.
   b) Gestational diabetes may increase the risk of preeclampsia, a maternal condition characterized by high blood pressure and protein in the urine.
   c) Women with gestational diabetes are also at increased risk of having type 2 diabetes after the pregnancy.

All the posters were prepared with visual images and in Guajarati as it will be easy to understand for local people. For glucose tolerance test we arranged demonstration. We demonstrated procedure of doing GTT. We explained them first importance of doing OGTT. Then we explained following points to prepare for OGTT.

- Eat a balanced diet that contains at least 150 grams (g) of carbohydrate per day for 3 days before the test.
- Fruits, breads, cereals, grains, rice, crackers, and starchy vegetables such as potatoes, beans, and corn are good sources of carbohydrate.
- Do not eat, drink, smoke, or exercise strenuously for at least 8 hours before your first blood sample is taken.

- Then we explained the procedure of OGTT. That she will be asked to drink a sweet liquid containing a measured amount of glucose. It is best to drink the liquid quickly. For the standard glucose tolerance test, you will drink 75 grams.Blood samples will be collected at timed intervals of 1, 2, and sometimes 3 hours after she drink the glucose. Blood samples may also be taken as soon as 30 minutes to more than 3 hours after she drink the glucose.
- A blood glucose level of 140mg/dL or higher on this test will identify 80% of women with gestational diabetes. When that cutoff is lowered to 130mg/dL, the identification rate increases to 90%. Women who had a level of blood glucose greater than 130 mg/dL are typically recommended to take another diabetes screening test that requires fasting (not eating anything) before the test.

Large groups of antenatal, postnatal mothers and their relatives were invited to attend the sessions in groups. The beneficiaries are well explained by our students in detail on mentioned areas. Our team was ready to explain them if they raised any doubts.we conducted the session up to 1 pm. Then we winded up. The event was successful as we could educate larger group of beneficiaries and created awareness about GTT.

Feedback Analysis report:

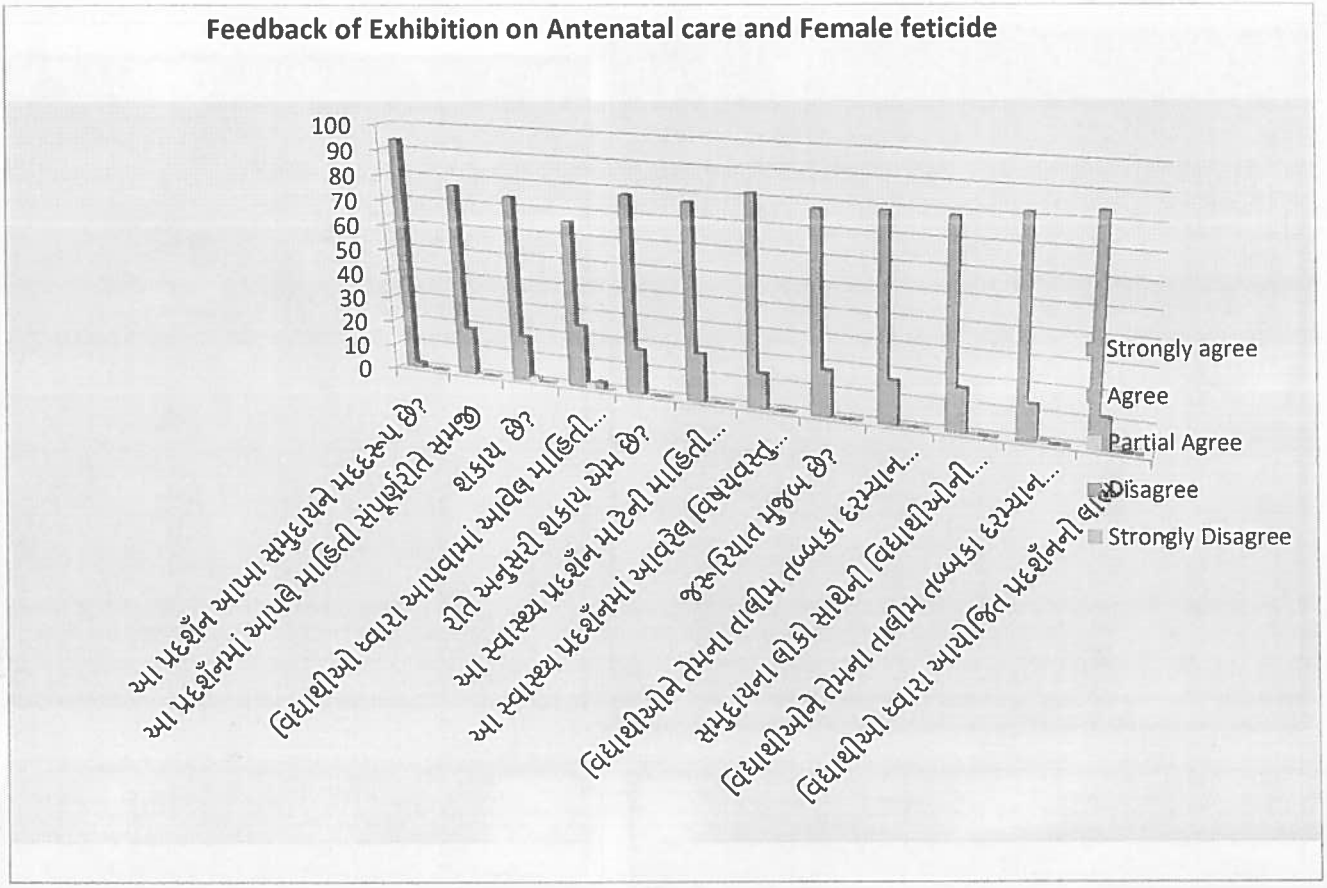
a. **Number of participants: 96**

b. Table of feedback form with number of participants' response in each category.

અભિપ્રાયફોર્મ(n=96)

અનુ-ક્રમણિકા	માપદંડ	સંપૂર્ણ સંમત	સંમત	આંશિક સંમત	અસંમત	સંપૂર્ણ અસંમત
૧	આપ્રદર્શનઆખાસમુદાયનેમદદરૂપછે?	94	02	0	0	0
૨	આપ્રદર્શનમાંઆપલેમાહિતીસંપૂર્ણરીતેસમજી શકાયછે?	77	19	0	0	0
૩	વિદ્યાર્થીઓધ્વારાઆપવામાંઆવેલમાહિતીસરળ રીતેઅનુસરીશકાયએમછે?	74	18	2	0	0
૪	આસ્વાસ્થ્યપ્રદર્શનમાટેનીમાહિતીઆગળથીઆપેલછે?	66	25	2	3	0
૫	આસ્વાસ્થ્યપ્રદર્શનમાંઆવરેલવિષયવસ્તુસમુદાયની જરૂરિયાતમુજબછે?	78	18	0	0	0
૬	વિદ્યાર્થીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનઆખાસમુદાયનેજરૂરિયાતસંપૂર્ણમાહિતીઆપેલછે?	77	19	0	0	0
૭	સમુદાયનાલોકોસાથેનીવિદ્યાર્થીઓનીવર્તણુકપ્રશંસનીયછે?	82	14	0	0	0
૮	વિદ્યાર્થીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનલોકોનેસ્વાસ્થ્યપ્રદજીવનમાટેયોગ્યરીતેમાર્ગદર્શનઆપેલછે?	78	18	0	0	0
૯	વિદ્યાર્થીઓધ્વારાઆયોજિતપ્રદર્શનનોલાભસરળતાથીલઇશકાયએમછે?	79	17	0	0	0
૧૦	વિદ્યાર્થીઓધ્વારાકરવામાંઆવેલપ્રવૃતિઓસમુદાયનાલોકોમાટેમહત્વપૂર્ણછે.?	79	17	0	0	0
૧૧	આપ્રકારનીપ્રવૃતિઓવારંવારઆયોજિતકરવાનીજરૂરછે?	82	14	1	0	0
૧૨	નર્સિંગવિદ્યાર્થીઓનેસંસ્થાધ્વારાસમુદાયનીસેવાકરવામાટેઆપવામાંઆવતીતાલીમયોગ્યછે.?	84	12	0	0	0

Analysis depicted through graphs

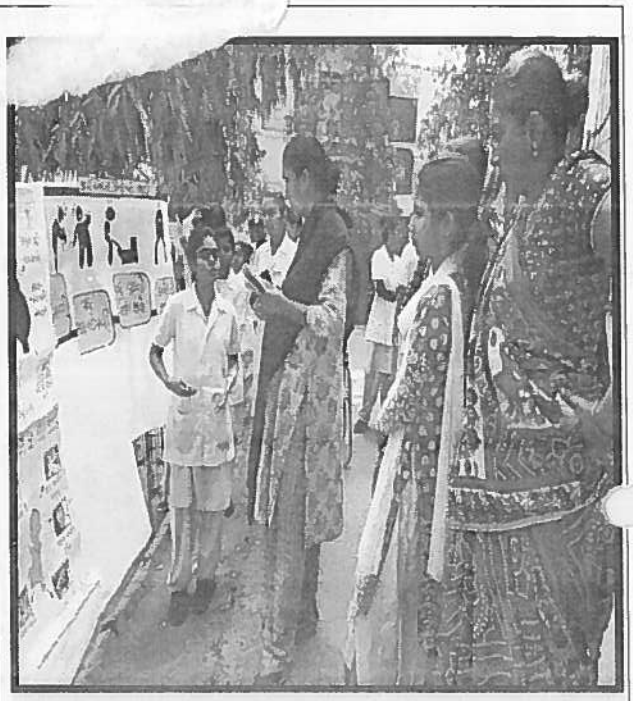


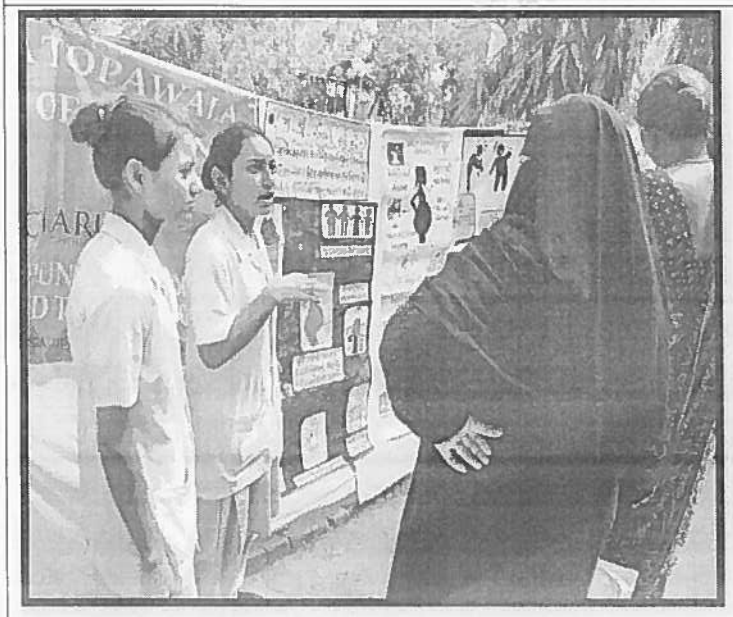
VI. Conclusion

The awareness programmed on gestational diabetes and glucose tolerance test was successful. We had the opportunity to educate needed beneficiaries at V S Hospital, Ahmedabad. We are very much thankful to our Respected Principal, Anil Sir, Anjali Madam for giving great guidance and support. We are also thankful to Mira Madam(Nursing Superintendent) of V S Hospital for giving us permission and support to conduct the programme.

VII. Photographs:



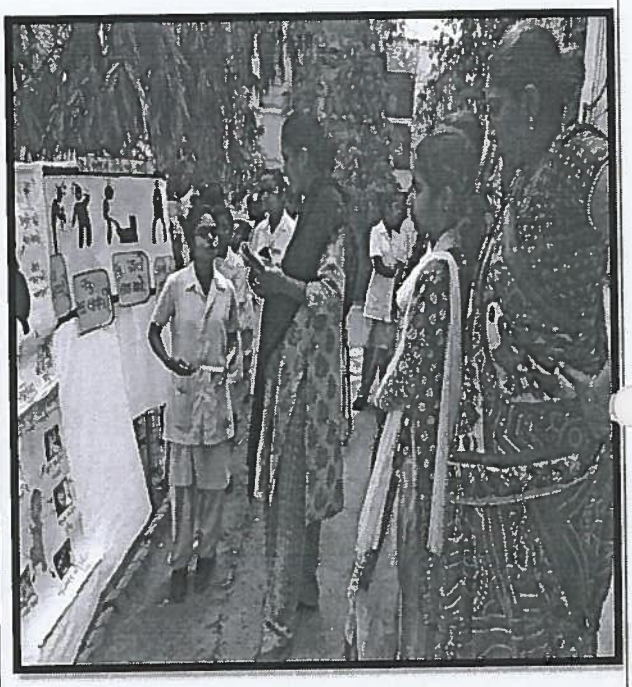




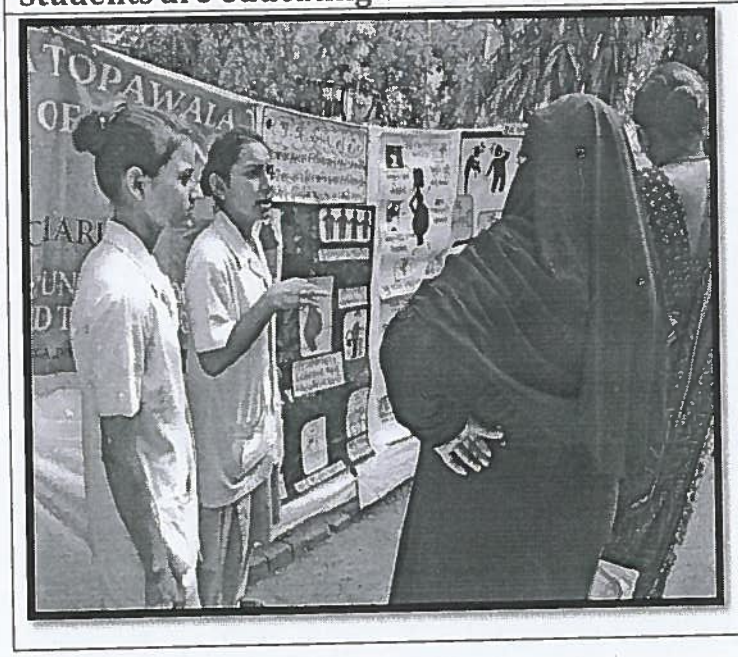


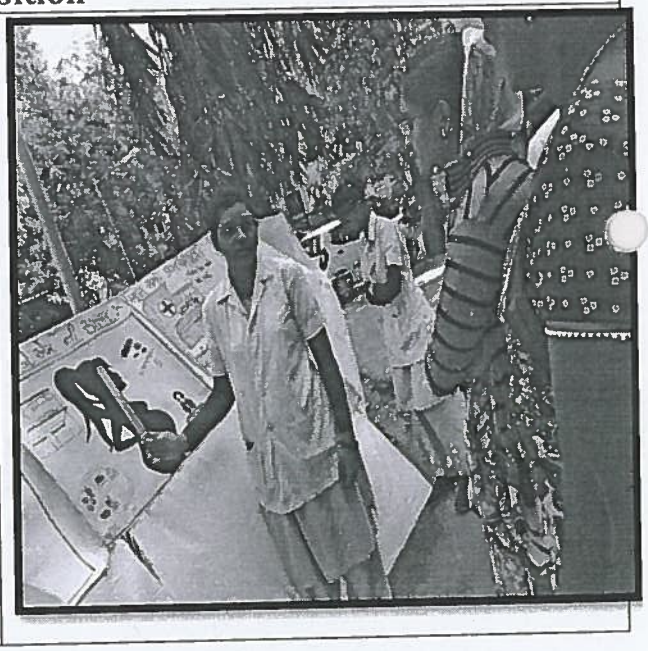
VII. Photographs:





Students are educating the Visitors of the exhibition





Health Awareness Program gestational diabetes and glucose tolerance test

Date: 21/04/2017 **Day: Friday** **Timings: 9 a.m. to 3 p.m.**

I. Introduction:

The exhibition is focused on prevention and management of common illness which are major responsible for mortality and morbidity among under five children. The common illness are responsible for mortality and morbidity are **malnutrition, respiratory infection, diarrhea and dengue fever.** More than half of under-5 child deaths are due to diseases that are preventable and treatable through simple, affordable interventions. Most of these illness are preventable by simple measures like personal hyiegene, food hyiegene, safe drinking water, regular vaccination , proper sanitations and etc.

The B.Sc. Nursing 6th semester and faculties under Department of Pediatric Nursing of Manikaka Topawala Institute of Nursing, Changa have organized a health awareness exhibition on 21th of April 2017. For that we took permission from Mrs Meeraben Patel,Nursing Superintendent V. S. Hospital. We included nursing faculties & nursing students of MTIN for this program.

KEY FACTS

- million children under the age of 5 years died in 2015.
- more than half of these early child deaths are due to conditions that could be prevented or treated with access to simple, affordable interventions.
- Leading causes of death in children under 5 years are preterm birth complications, pneumonia, birth asphyxia, diarrhea and malaria.
- About 45% of all child deaths are linked to malnutrition.

II.Agenda: "Prevention And Management Of Common Childhood Disorders"

III.Objectives of the event:

- To create awareness regarding a common childhood illness.
- To help parents to understand and identify symptoms of common childhood disorders.
- To impart knowledge among participants through exhibition on prevention and management of childhood illness.

IV. Participants/Beneficiaries: The parents, care-takes, family members, relatives and family friends, visitors.

V. The Program Details:

The B Sc Nursing 6th semester and faculties of Pediatric Nursing of Manikaka Topawala Institute Of Nursing, Changa, organized , on 21th of April 2017. For that we took permission from Ms Meeraben Patel nursing Superintendent V S Hospital, and also she given permission to conduct the program at open place at near surgical ward. We included nursing faculties & nursing students of MTIN for this program.

The main purpose of this program is imparting the knowledge on common preventable and home manageable diseases among under five children. Selected topics for health education are **malnutrition, respiratory infections, diarrheal disorders, and dengue fever.**

Venue: The event was planned for one day at **Near Pediatric Surgical Ward** of V S Hospital at Ahmadabad. **On the Friday (21/04/2017)**

Under-five children's are more susceptible to acquire infections due to low immunity, unhygienic practices, irregular health check up, improper immunization, malpractices and misbelieves, lack of knowledge about food and nutrition, safe drinking water. So these are the important reasons to conduct health exhibition program

Health exhibition is method which can changes the behavior and attitude of participants on health. Its helps them to concentrate on primary prevention of diseases. It also helps them to change in daily life style modification. By the help of these kind program they can identify the causes, factors affecting health, risk factors,

Total 30 students were participated, the students are equally divided in four groups, each group allotted a topic **(Group-I: Malnutrition, Group-II: Respiratory Diseases, Group-III: Diarrheal Disorders, Group-IV: Dengue Fever)**. Instruction given to group members regarding content for health education is to cover introduction to topic, causes and risk factors, clinical features, preventive measures, home care management, proper treatment, immunization, follow-up. According instructions the students are prepared about 47 charts, all chats well and good with more informative, covered most content from topic. We received appreciation from nursing superintendent regarding selection of topic and contents.

At 8 am started for preparation and arrangement of program. The students posted the banner and charts on theme of exhibition. The program was inaugurated by Ms Meeraben Patel, Nursing superintendent at 9:30 am. Program was started by introducing the program schedule and the objectives of the program. Nursing superintendent madam had discussion with all group students, madam asked many questions to students regarding content and topic of each posters and she is impressed students answers and appreciated to all students.

The first group was dealing with malnutrition in children. Students shown charts on types of malnutrition and sign symptoms of malnutrition. Students discussed regarding protein energy malnutrition i.e. kwashiorkor and marasmus. They focused on etiological factors, clinical features, diagnostic evaluation system and follow up along with prevention from protein energy malnutrition. Students majorly stressed on dilatory sources and supplements for protein sources in both vegetarian and non-vegetarian foods and recommended daily announces of protein.

Students also educated public on sources and recommended daily allowances of carbohydrate. Students explained about disorders of carbohydrate deficiency and excess levels of serum carbohydrate. They explained about dilatory sources and supplementation of carbohydrate along with recommended daily allowance and menu planning for adequate dilatory supplementation of carbohydrates.

In the next segment of exhibition students took an account of vitamin deficiency disorders. The explained about both fat soluble and water soluble vitamins. Students explained about vitamin A, its dietary sources in both vegetarian and non-vegetarian foods, it's function's in body and regarding it's deficiency symptoms in both ocular and extra ocular form. In continuation to this students explained about vitamin D and it's forms, it's diatary sources in both vegetarian and non-vegetarian foods, it's function's in body and regarding it's deficiency symptoms.

In the next segment of exhibition students explained about vitamin E it's dietary sources in both vegetarian and non-vegetarian foods, it's function's in body and regarding it's deficiencies symptoms. The section was continued by description of diatary sources and deficiency disorders of vitamin K. continuation to this students explained about water soluble vitamins i.e. vitamin C and major vitamin B group (B1, B2, B6, B12).

In next segment students discussed about government schemes and services for prevention of malnutrition among children's, it's services and facilities. Students described about Hyderabad mix, it's ingredients, importance, preparation methods, utilization and commercial availability.

Students explained basic health needs and nutritional needs required to sustained growth and development of children. They stressed upon the need of balanced diet and nutritional components of day to day menu planning for meeting the demand of child. In major disorders occurring in children diarrhea was considered as one of the leading cause of childhood morbidity and mortality.

One of the major cases in childhood disorders is malnutrition whish composed of various disorders like protein energy malnutrition including kwashiorkor and marasmus. Students

explained about common nutritional deficiency disorders, there possible Etiology and sign-symptoms. The diagnostics and identification at domestic level was major concern. Students explained diatory sources of various nutrients along with basic recommended daily allowances (RDA) along with menu planning in health and illness.

Students explained about government services and programs concerned with malnutrition and it's prevention. They explained about various diatory sources of nutrients along with Government and NGO services to eradicate malnutrition from country. In further continuation of exhibition students took an account of respiratory disorders. They explained about normal anatomy and physiology of respiratory system and common etiological factors of respiratory disorders. Students explained droplet infections, genetic predisposition and other causes of respiratory disorders. Students explained about bacteria and viruses which may cause respiratory disorders. In continuation to this, students explained common sign and symptoms of respiratory infection disorders.

Students explained about normal anatomy and physiology of respiratory system. They Explained common disorders of respiratory system inn both upper and lower respiratory tract. They covered the etiological and contributory factors for respiratory diseases. Students educated visitors regarding treatment options and therapies along with preventive measures from respiratory disorders.

The next segment of exhibition was on diarrhea and it's preventive and curative measures. Students hear explained about fluid and electrolyte balance and it's imbalance effects on body. Students explained the transmission of organism causing gastrointestinal track disturbance. Identification of various signs and symptoms of GI disturbances along with management of diarrheal disorders. In management of diarrheal disorders they included preparation and administration of oral rehydration solution by both readymade sachets and domestic preparation methods. Along with ORS students explained various other management techniques viz fluid and electrolyte supplementation, dietory modification, medication, juices and other home remedies for recovery of fluid loss in diarrhea. In next segment students explained administration of drugs at domestic set up. They included instillation of eye drops, ear drops, nasal drops and other routs of drug administration at home.

In continuation next part was regarding mosquito born diseases and major concern was on dengue and malaria, it causes, sign and symptoms, diagnostic measures, and treatment option with most emphasize on preventive aspects by using various tools like mosquito net, mosquito repellent creams etc.

At the end of exhibition all visitors were requested to provide there feedback. As per the feedback the exhibition was found extreme effective and useful and suggested to carry out such programes on frequent basis

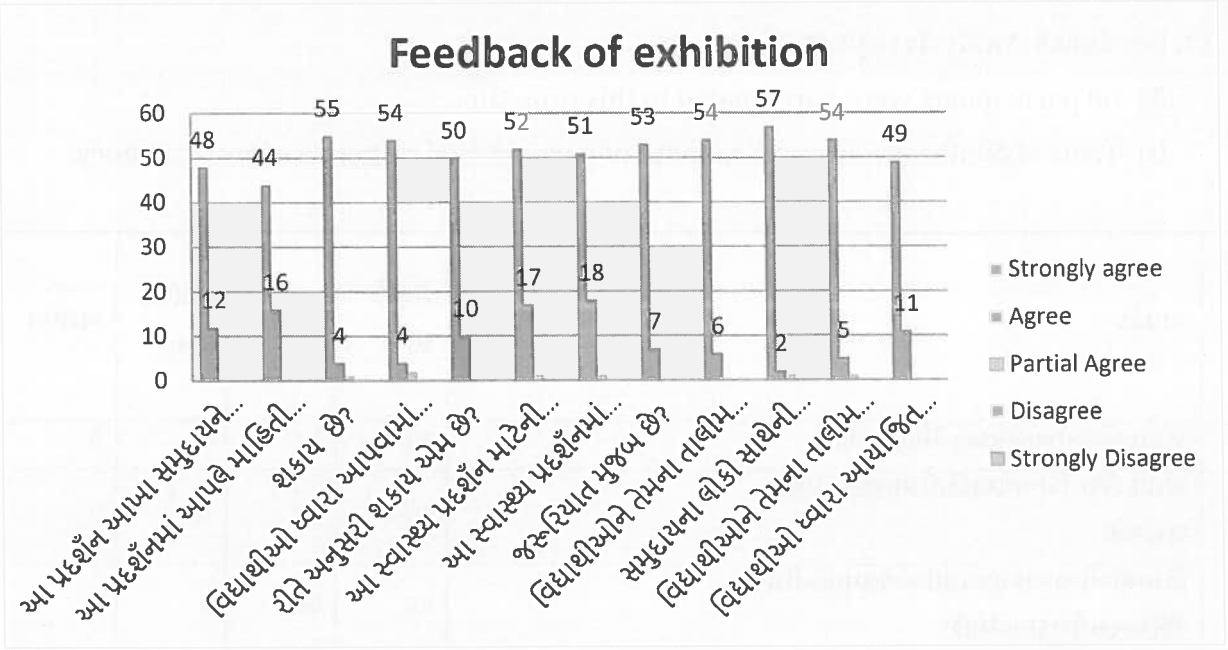
VI: Feedback Analysis report:

A) 60 participants were participated in this program.

B) Table of feedback form with number of participants' response in each category.

અનુ-ક્રમ ણિકા	માપદંડ	સંપૂર્ણ સંમત	સંમત	આંશિક સંમત	અસંમત	સંપૂર્ણ અસંમત
૧	આપ્રદર્શનઆખાસમુદાયનેમદદરૂપછે?	48	12	0	0	0
૨	આપ્રદર્શનમાંઆપલેમાહિતીસંપૂર્ણરીતેસમજી શકાયછે?	44	16	0	0	0
૩	વિદ્યાર્થીઓધ્વારાઆપવામાંઆવેલમાહિતીસરળ રીતેઅનુસરીશકાયએમછે?	55	04	1	0	0
૪	આસ્વાસ્થ્યપ્રદર્શનમાટેનીમાહિતીઆગળથીઆપેલછે?	54	04	2	0	0
૫	આસ્વાસ્થ્યપ્રદર્શનમાંઆવરેલવિષયવસ્તુસમુદાયની જરૂરિયાતમુજબછે?	50	10	0	0	0
૬	વિદ્યાર્થીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનઆખાસમુદાયનેજરૂરિયાતસંપૂર્ણ માહિતીઆપેલછે?	52	17	1	0	0
૭	સમુદાયનાલોકોસાથેનીવિદ્યાર્થીઓનીવર્તણુકપ્રશંસનીયછે?	51	18	1	0	0
૮	વિદ્યાર્થીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનલોકોનેસ્વાસ્થ્યપ્રદજીવનમાટેયો ગ્યરીતેમાર્ગદર્શનઆપેલછે?	53	07	0	0	0
૯	વિદ્યાર્થીઓધ્વારાઆયોજિતપ્રદર્શનનોલાભસરળતાથીલઇશકાયએમછે?	54	06	0	0	0
૧૦	વિદ્યાર્થીઓધ્વારાકરવામાંઆવેલપ્રવૃતિઓસમુદાયનાલોકોમાટેમહત્વપૂર્ણછે.?	57	02	01	0	0
૧૧	આપ્રકારનીપ્રવૃતિઓવારંવારઆયોજિતકરવાનીજરૂરછે?	54	05	1	0	0
૧૨	નર્સિંગવિદ્યાર્થીઓનેસંસ્થાધ્વારાસમુદાયનીસેવાકરવામાટેઆપવામાંઆવતી તાલીમયોગ્યછે.?	49	11	0	0	0

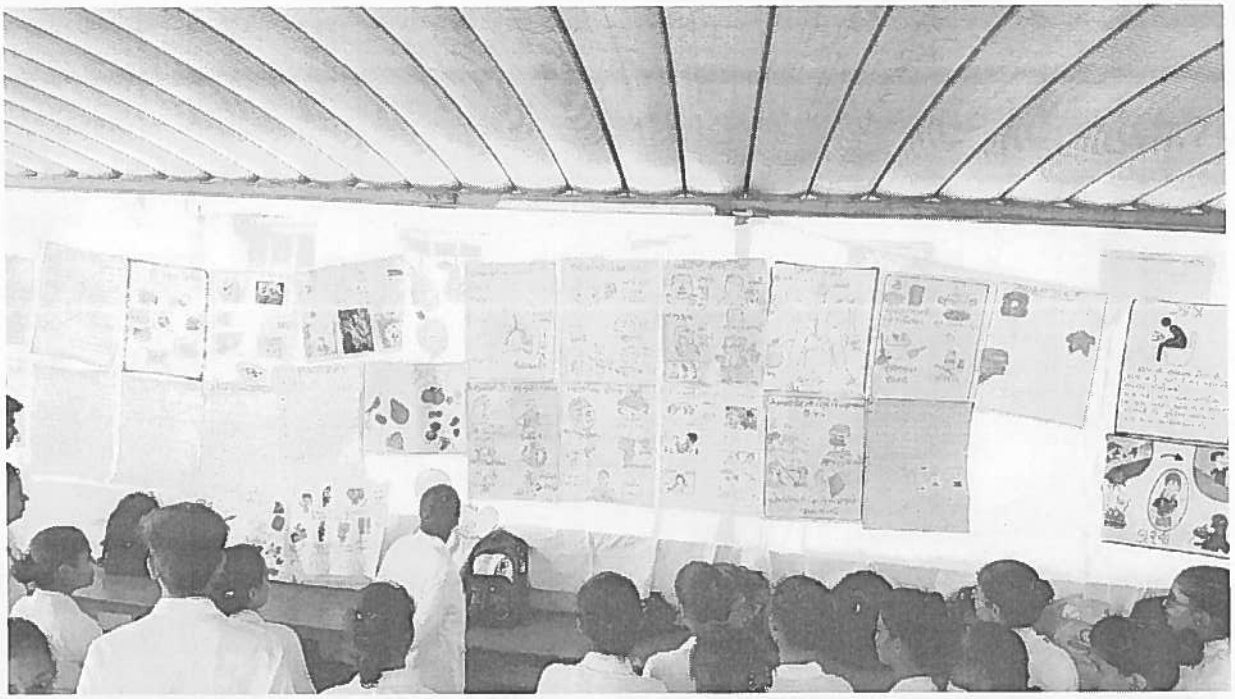
Analysis depicted through graphs


Feedback of exhibition
60
50
40
30
20
10
0
48
12
44
16
55
4
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4
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49
11
આ પ્રદર્શન આપ્યા સમુદાયને...
આ પ્રદર્શનમાં આપેલ માહિતી...
શકાય છે?
વિદ્યાર્થીઓ દ્વારા આપવામાં...
રીતે અનુસરી શકાય એમ છે?
આ સ્વાસ્થ્ય પ્રદર્શન માટેની...
આ સ્વાસ્થ્ય પ્રદર્શનમાં...
જરૂરિયાત મુજબ છે?
વિદ્યાર્થીઓને તેમના તાલીમ...
સમુદાયના લોકો સાથેની...
વિદ્યાર્થીઓને તેમના તાલીમ...
વિદ્યાર્થીઓ દ્વારા આયોજિત...
Strongly agree
Agree
Partial Agree
Disagree
Strongly Disagree

PHOTOGRAPHS

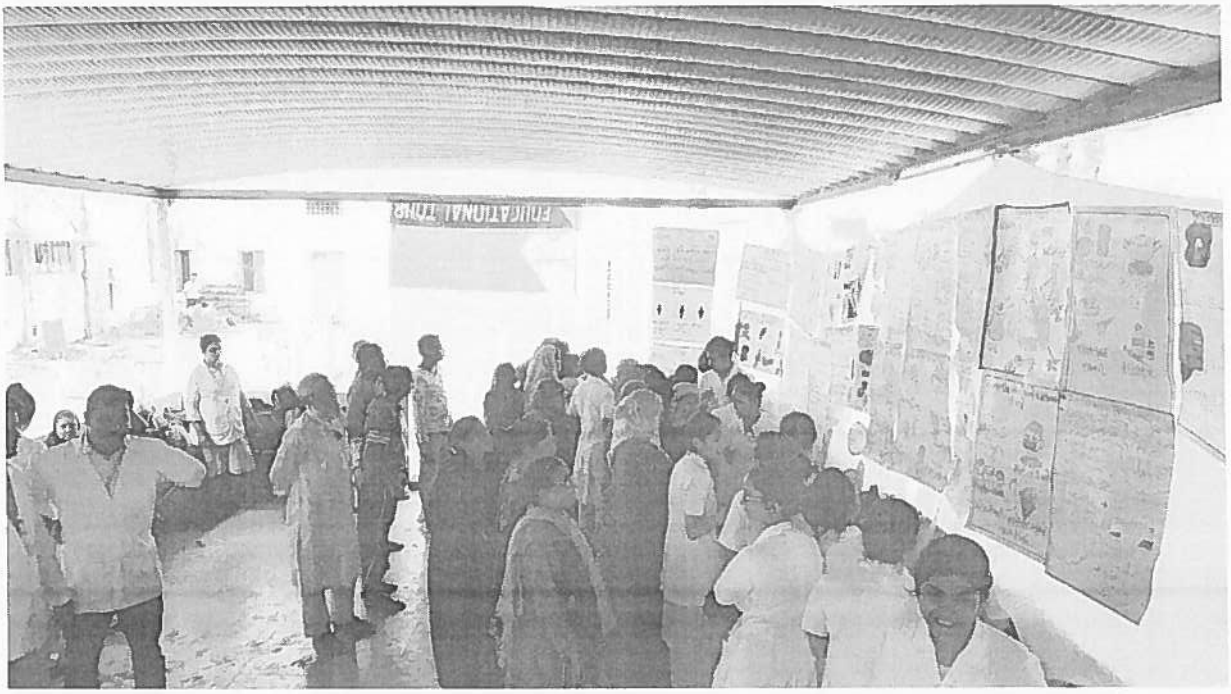












Conclusion:-

The program was more informative to the parents, care takers and family members. Through this exhibition they gained much knowledge about some of common diseases among under five children and also changed their perception on health practice. The exhibition shown simple steps of preventive measures of diseases is minimizes a severity of illness. According participants and beneficiaries the exhibition was found effective and fruitful.

So the health education cum exhibition is concluded with....

*****"**Prevention is Better Than Cure**".******

Date: 13/04/2017 **Day: Thursday** **Timings: 12 noon to 1 pm**

I. **Introduction:**The communityhealth nursing department of Manikaka Topawala Institute of Nursing displayed an exhibition on 13thApril 2017 at Primary Health Centre, Nar village.

II. **Agenda:**Exhibition on Diabetes, Anemia and Hypertension

III. **Objectives of the event:**

a) Introduction to the topic.
b) Definition of Diabetes, Anemia and Hypertension
c) Precautions to be taken to avoid such diseases
d) Complications of Diabetes, Anemia and Hypertension

IV. **Participants/Beneficiaries:**Community people of Nar village

V. **In detail explanation of the event with colored print of photographs**

The students of 4th semester B.Sc. Nursing and 3rd year GNM of Manikaka Topawala Institute of Nursing, CHARUSAT exhibited posters related to Diabetes, Anemia and Hypertension at PHC, Nar village. The objective of the event was to educate the village dwellers about the dangers of being affected by Diabetes, Anemia and Hypertension, the precautions to be taken to avoid the diseases and care if at all the disease occurs. About 30 students prepared posters of various sizes, designs and shapes to increase the aesthetic value of the exhibits. The audience consisted of children, adults, old age people as well as staff of Nar PHC. About 60 people came to see the exhibits. The students had made posters defining Diabetes, Anemia and Hypertension respectively, diet to be taken by patients affected by such disease conditions, precautions to avoid such diseases and treatment available for the said diseases. The Medical Officer of Nar PHC Dr Manish Shah inaugurated the function. Subsequently the entire staff of the PHC came to see the displays. Later during the day a number of village dwellers came to witness the posters. The staff of the PHC appreciated the efforts of the students. The villagers were pleased to have the view the posters and learnt a great deal from the exhibition.

Diabetes Mellitus

Diabetes Mellitusis a metabolic disorder characterized by the presence of chronic hyperglycemia either immune-mediated (Type 1 diabetes), insulin resistance (Type 2), gestational or others (environment, genetic defects, infections, and certain drugs). According to International Diabetes Federation Report of 2011 an estimated 366 million people had DM, by 2030 this number is estimated to almost around 552

million. There are different approaches to diagnose diabetes among individuals, The 1997 ADA recommendations for diagnosis of DM focus on fasting Plasma Glucose (FPG), while WHO focuses on Oral Glucose Tolerance Test (OGTT). This is importance for regular follow-up of diabetic patients with the health care provider is of great significance in averting any long term complications.

Some of the symptoms include weight loss, polyurea, polydipsia, polyphagia, constipation fatigue, cramps, blurred vision, and candidiasis. Long lasting type 1 DM patients may susceptible to microvascular complications; and macrovascular disease (coronary artery, heart, and peripheral vascular diseases).

Most cases are diagnosed because of complications or incidentally. Carries a high risk of large vessel atherosclerosis commonly associated with hypertension, hyperlipidaemia and obesity. Most patients with type 2 diabetes die from cardiovascular complications and end stage renal disease. Geographical variation can contribute in the magnitude of the problems and to overall morbidity and mortality.

Type 1 Diabetes is characterized by autoimmune destruction of insulin producing cells in the pancreas by CD4+ and CD8+ T cells and macrophages infiltrating the islets. Several features characterize type 1 diabetes mellitus as an autoimmune disease.

The identification of patients with diabetes or pre-diabetes by screening allows for earlier intervention, with potential reductions in future complication rates, although randomized trials are lacking to definitively show benefit. The patient described in the vignette has risk factors (obesity, hypertension, and a family history of diabetes) and should be screened. About 25% of patients with type 2 DM already have microvascular complications at the time of diagnosis suggesting that they have had the disease for more than 5 years at the time of diagnosis. As a result there are different approaches to diagnose diabetes among individuals.The goals in caring for patients with diabetes mellitus are to eliminate symptoms and to prevent, or at least slow, the development of complications. Microvascular (ie, eye and kidney disease) risk reduction is accomplished through control of glycemia and blood pressure; macrovascular (ie, coronary, cerebrovascular, peripheral vascular) risk reduction, through control of lipids and hypertension, smoking cessation, and aspirin therapy; and metabolic and neurologic risk reduction, through control of glycemia.

Hypertension

High blood pressure, also called "hypertension," is a serious medical condition. It happens when the force of the blood pumping through your arteries is too strong.

When your heart beats, it pushes blood through your arteries to the rest of your body. When the blood pushes harder against the walls of your arteries, your blood pressure goes up. Your blood pressure may be different at different times of the day. It is usually higher when you first wake up, after you exercise, or when you are under stress.

Having higher blood pressure for short amounts of time is normal. However, when your blood pressure stays high for most of the time, it can cause serious health problems.

Aneurysms: When an abnormal bulge forms in the wall of an artery. Aneurysms develop and grow for years without causing signs or symptoms until they rupture, grow large enough to press on nearby body parts, or block blood flow. The signs and symptoms that develop depend on the location of the aneurysm.

Chronic Kidney Disease: When blood vessels narrow in the kidneys, possibly causing kidney failure.

Cognitive Changes: Research shows that over time, higher blood pressure numbers can lead to cognitive changes. Signs and symptoms include memory loss, difficulty finding words, and losing focus during conversations.

Eye Damage: When blood vessels in the eyes burst or bleed. Signs and symptoms include vision changes or blindness.

Heart Attack: When the flow of oxygen-rich blood to a section of heart muscle suddenly becomes blocked and the heart doesn't get oxygen. The most common warning symptoms of a heart attack are chest pain or discomfort, upper body discomfort, and shortness of breath.

Heart Failure: When the heart can't pump enough blood to meet the body's needs. Common signs and symptoms of heart failure include shortness of breath or trouble breathing; feeling tired; and swelling in the ankles, feet, legs, abdomen, and veins in the neck.

Peripheral Artery Disease: A disease in which plaque builds up in leg arteries and affects blood flow in the legs. When people have symptoms, the most common are pain, cramping, numbness, aching, or heaviness in the legs, feet, and buttocks after walking or climbing stairs.

Stroke: When the flow of oxygen-rich blood to a portion of the brain is blocked. The symptoms of a stroke include sudden onset of weakness; paralysis or numbness of the face, arms, or legs; trouble speaking or understanding speech; and trouble seeing.

Health care providers work with you to develop a treatment plan based on whether you were diagnosed with primary or secondary high blood pressure and if there is a suspected or known cause. Treatment plans may evolve until blood pressure control is achieved.

If your health care provider diagnoses you with secondary high blood pressure, he or she will work to treat the other condition or change the medicine suspected of causing your high blood pressure. If high blood pressure persists or is first diagnosed as primary high blood pressure, your treatment plan will include lifestyle changes. When lifestyle changes alone do not control or lower blood pressure, your health care provider may change or update your treatment plan by prescribing medicines to treat the disease. Health care providers prescribe children and teens medicines at special doses that are safe and effective in children.

If your health care provider prescribes medicines as a part of your treatment plan, keep up your healthy lifestyle habits. The combination of the medicines and the healthy lifestyle habits helps control and lower your high blood pressure.

Some people develop "resistant" or uncontrolled high blood pressure. This can happen when the medications they are taking do not work well for them or another medical condition is leading to uncontrolled blood pressure. Health care providers treat resistant or uncontrolled high blood pressure with an intensive treatment plan that can include a different set of blood pressure medications or other special treatments.

To achieve the best control of your blood pressure, follow your treatment plan and take all medications as prescribed. Following your prescribed treatment plan is important because it can prevent or delay complications that high blood pressure can cause and can lower your risk for other related problems.

Anemia

Anemia (uh-NEE-me-uh) is a condition in which your blood has a lower than normal number of red blood cells.

Anemia also can occur if your red blood cells don't contain enough hemoglobin (HEE-muh-glow-bin). Hemoglobin is an iron-rich protein that gives blood its red color. This protein helps red blood cells carry oxygen from the lungs to the rest of the body.

If you have anemia, your body doesn't get enough oxygen-rich blood. As a result, you may feel tired or weak. You also may have other symptoms, such as shortness of breath, dizziness, or headaches.

Severe or long-lasting anemia can damage your heart, brain, and other organs in your body. Very severe anemia may even cause death.

The three main causes of anemia are:

- Blood loss
- Lack of red blood cell production
- High rates of red blood cell destruction

The most common symptom of anemia is fatigue (feeling tired or weak). If you have anemia, you may find it hard to find the energy to do normal activities.

Other signs and symptoms of anemia include:

- Shortness of breath
- Dizziness
- Headache
- Coldness in the hands and feet
- Pale skin
- Chest pain

These signs and symptoms can occur because your heart has to work harder to pump oxygen-rich blood through your body.

Dietary Changes and Supplements

Low levels of vitamins or iron in the body can cause some types of anemia. These low levels might be the result of a poor diet or certain diseases or conditions.

To raise your vitamin or iron level, your doctor may ask you to change your diet or take vitamin or iron supplements. Common vitamin supplements are vitamin B12 and folic acid (folate). Vitamin C sometimes is given to help the body absorb iron.

Iron

Your body needs iron to make hemoglobin. Your body can more easily absorb iron from meats than from vegetables or other foods. To treat your anemia, your doctor may suggest eating more meat—especially red meat (such as beef or liver), as well as chicken, turkey, pork, fish, and shellfish.

Nonmeat foods that are good sources of iron include:

Spinach and other dark green leafy vegetables

Tofu

Peas; lentils; white, red, and baked beans; soybeans; and chickpeas

Dried fruits, such as prunes, raisins, and apricots

Prune juice

Iron-fortified cereals and breads

You can look at the Nutrition Facts label on packaged foods to find out how much iron the items contain. The amount is given as a percentage of the total amount of iron you need every day.

Iron also is available as a supplement. It's usually combined with multivitamins and other minerals that help your body absorb iron.

Doctors may recommend iron supplements for premature infants, infants and young children who drink a lot of cow's milk, and infants who are fed breast milk only or formula that isn't fortified with iron.

Large amounts of iron can be harmful, so take iron supplements only as your doctor prescribes.

Vitamin B12

Low levels of vitamin B12 can lead to pernicious anemia. This type of anemia often is treated with vitamin B12 supplements.

Good food sources of vitamin B12 include:

Breakfast cereals with added vitamin B12

Meats such as beef, liver, poultry, and fish

Eggs and dairy products (such as milk, yogurt, and cheese)

Foods fortified with vitamin B12, such as soy-based beverages and vegetarian burgers

Folic Acid

Folic acid (folate) is a form of vitamin B that's found in foods. Your body needs folic acid to make and maintain new cells. Folic acid also is very important for pregnant women. It helps them avoid anemia and promotes healthy growth of the fetus.

Good sources of folic acid include:

Bread, pasta, and rice with added folic acid

Spinach and other dark green leafy vegetables

Black-eyed peas and dried beans

Beef liver

Eggs

Bananas, oranges, orange juice, and some other fruits and juices

Vitamin C

Vitamin C helps the body absorb iron. Good sources of vitamin C are vegetables and fruits, especially citrus fruits. Citrus fruits include oranges, grapefruits, tangerines, and similar fruits. Fresh and frozen fruits, vegetables, and juices usually have more vitamin C than canned ones.

If you're taking medicines, ask your doctor or pharmacist whether you can eat grapefruit or drink grapefruit juice. This fruit can affect the strength of a few medicines and how well they work.

Other fruits rich in vitamin C include kiwi fruit, strawberries, and cantaloupes.Vegetables rich in vitamin C include broccoli, peppers, Brussels sprouts, tomatoes, cabbage, potatoes, and leafy green vegetables like turnip greens and spinach.

Medicines

Your doctor may prescribe medicines to help your body make more red blood cells or to treat an underlying cause of anemia. Some of these medicines include:

Antibiotics to treat infections.

Hormones to treat heavy menstrual bleeding in teenaged and adult women.

A man-made version of erythropoietin to stimulate your body to make more red blood cells. This hormone has some risks. You and your doctor will decide whether the benefits of this treatment outweigh the risks.

Medicines to prevent the body's immune system from destroying its own red blood cells.

Chelation (ke-LAY-shun) therapy for lead poisoning. Chelation therapy is used mainly in children. This is because children who have iron-deficiency anemia are at increased risk of lead poisoning.

Procedures

If your anemia is severe, your doctor may recommend a medical procedure. Procedures include blood transfusions and blood and marrow stem cell transplants.

Blood Transfusion

A blood transfusion is a safe, common procedure in which blood is given to you through an intravenous (IV) line in one of your blood vessels. Transfusions require careful matching of donated blood with the recipient's blood.

Blood and Marrow Stem Cell Transplant

A blood and marrow stem cell transplant replaces your faulty stem cells with healthy ones from another person (a donor). Stem cells are made in the bone marrow. They develop into red and white blood cells and platelets.

During the transplant, which is like a blood transfusion, you get donated stem cells through a tube placed in a vein in your chest. Once the stem cells are in your body, they travel to your bone marrow and begin making new blood cells.

Surgery

If you have serious or life-threatening bleeding that's causing anemia, you may need surgery. For example, you may need surgery to control ongoing bleeding due to a stomach ulcer or colon cancer.

If your body is destroying red blood cells at a high rate, you may need to have your spleen removed. The spleen is an organ that removes wornout red blood cells from the body. An enlarged or diseased spleen may remove more red blood cells than normal, causing anemia.

Mild to moderate anemia may cause very mild symptoms or none at all.



Audience witnessing the posters



Audience witnessing the posters



Audience witnessing the posters



PHC staff witnessing the posters

VI. Feedback Analysis report:(should specify the following)

Feedback Analysis report:

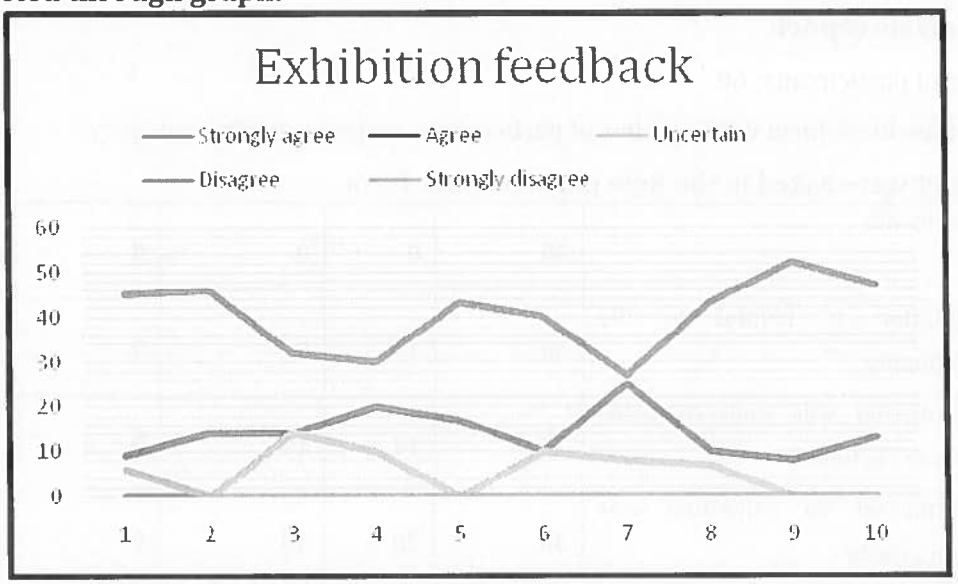
A. Number of participants: 60

B. Table of feedback form with number of participants' response in each category.

Following aspect were asked in the Role play feedback form

Sl. no	Statements	45	9	0	0	6
1	Exhibition is helpful to the community	46	14	0	0	0
2	Information was understandable and easy to follow	32	14	14	0	0
3	Information on exhibition was given priorly	30	20	10	0	0
4	Content of exhibition is according to the need of community	43	17	0	0	0
5	Student behaviour with people was appropriate	40	10	10	0	0
6	Appropriate guidance regarding health lifestyle	27	25	8	0	0
7	Information regarding the topic is easily available to community people through students	43	10	7	0	0
8	Activity done by students was important to community	52	8	0	0	0
9	This kind of activity should be organised frequently	47	13	0	0	0
10	Exhibition organised by the institution is effective to the community	45	9	0	0	6

Analysis depicted through graph:



Conclusion:

Over all it was a very nice experience organizing this exhibition, we extend our thanks to Dr.Anil Sharma sir, Principal of MTIN for his support and suggestions we also would like to extend our thanks to all the team members of PHC, Nar for giving us an opportunity to conduct the programme and supporting us in every step. Hope the programme created awareness about Hypertension, Diabetes and Anemia among the villagers.

Date: 13/04/2017 **Day: Thursday** **Timings: 11am to 12noon**

I. **Introduction:** The communityhealth nursing department of Manikaka Topawala Institute of Nursing organized a role playon'Environmental Sanitation' on 13thApril 2017 at Nar village.

II. **Agenda:**Role Play on 'Rehabilitation of Mentally Ill'

III. **Objectives of the event:**

a) Introduction to the topic.
b) Definition of the term environmental sanitation
c) Importance of environmental sanitation
d) Sources of infection
e) Methods of waste disposal

IV. **Participants/Beneficiaries:**Community people of Nar village

V. **In detail explanation of the event with colored print of photographs**

The students of 4th semester B.Sc. Nursing and 3rd year GNM of Manikaka Topawala Institute of Nursing, CHARUSAT organized a role play on environmental sanitation at Nar village. The site for the role play was Vaghari vas. The objective of the event was to educate the village dwellers about the importance of keeping the environment clean especially by having and organized sanitation method. About 20 students enacted the play depicting environmental sanitation. The audience consisted of children, adults as well as old age people. About 50 people watched the role play. The students depicted a village area with improper waste disposal methods and lack of proper sanitation which resulted in presence of various diseases in the area. Contrary, they also depicted an area with proper waste disposal and the benefits of living in such an area. At the end of the role play an explanation was given by the students stating the difference in the two areas and the benefits of proper environmental sanitation.

Environmental sanitation is the hygienic means of preventing human contact from the hazards of wastes to promote health.

Health threats can arise from a number of indoor environmental factorssuch as indoor air quality (polluted for example by use of solid fuels),noise humidity and mould growth, temperature, presence of hazardous substances, for example asbestos, lead, radon and volatile organic compounds (VOC) hygiene and sanitation, and overcrowding.

The control of environmental factors that form links in disease transmission. Subsets of this category are solid waste management, water and wastewater treatment, industrial waste treatment and noise and pollution control.

Waste Management

The environmental conditions of a given area may be affected by waste management, the process used to dispose of garbage. How waste is disposed of varies based on living conditions and the accepted standard of living in a geographical area. While some communities provide wastewater treatment and trash collection, others do not, which reduces the ability to control the well-being of the environment and its people. When waste is not removed and treated properly, pollution may lead to the spread of disease; when proper disposal and treatment methods are followed, disease and pollution can usually be reduced.

Solid Waste Management

Every day, people throw away a large amount of garbage, which is usually referred to as solid waste. In many countries, some form of solid waste management system has been put in place. Some common ways to dispose of the garbage include incarceration, which is the burning of waste, or landfills, which are places to store waste. In the United States and Europe, both of these methods are commonly used to manage solid waste.

Industrial Waste Management

Environmental sanitation is not limited to the pollution of water and the improper disposal of household waste. When factories or businesses dispose of chemical and physical waste in ways that directly affect the environment, it is often referred to as industrial pollution. For example, while the actual dumping site may occur several miles away from a main source of water, drainage and rainfall can cause chemicals and physical waste to mix with the water supply and pollute it. Some countries have developed a system to properly dispose of industrial waste and help protect the environment; as with household waste, some of these systems incorporate incarceration and landfills into their management strategies.

Air Pollution and Noise Control

Another factor of a healthy environment is air pollution; many studies have shown the negative effects of air pollution on the environment. Air pollution can also affect a person's ability to breathe, which can potentially increase the number of lung and heart problems in the members of a community. Irritating

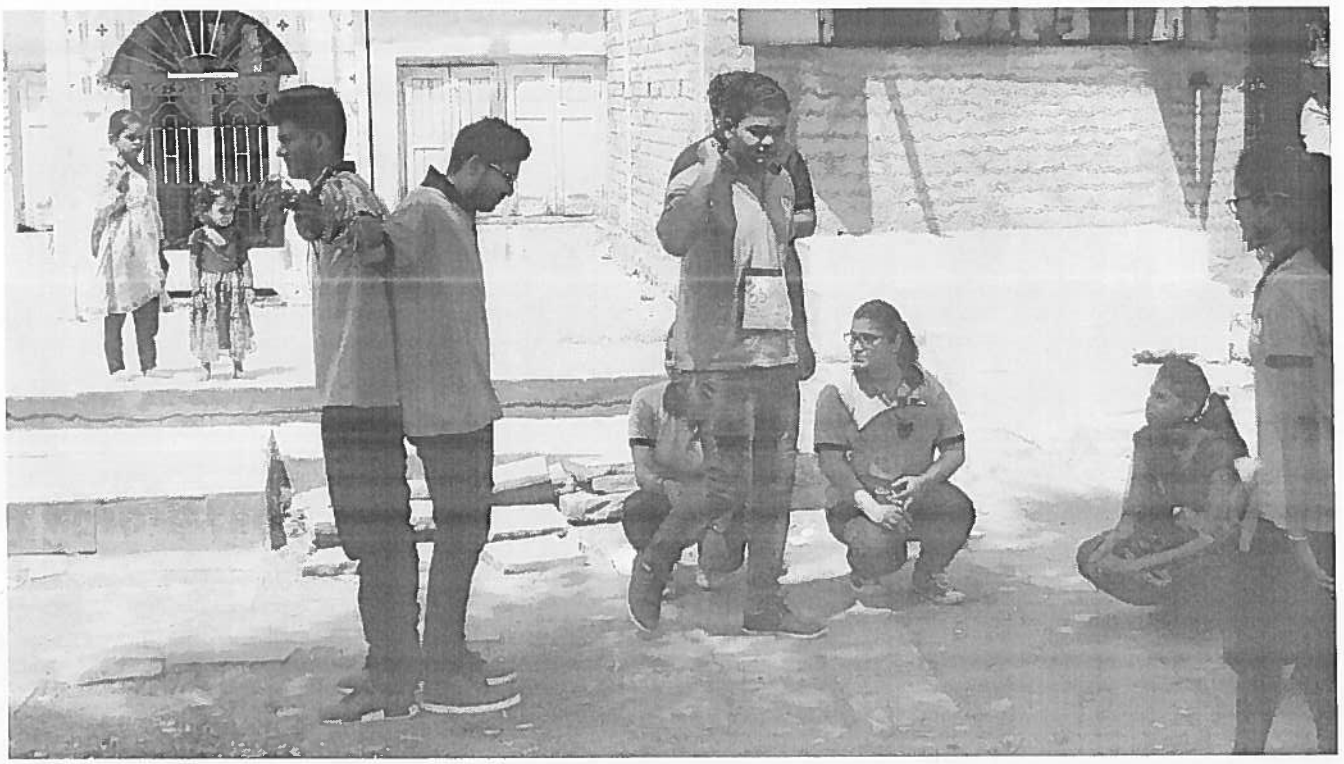
and excessive noise in the environment can also cause anxiety attacks or lead to distractions, among other things, which can lead to accidents and other potentially hazardous situations.

Ways to Help

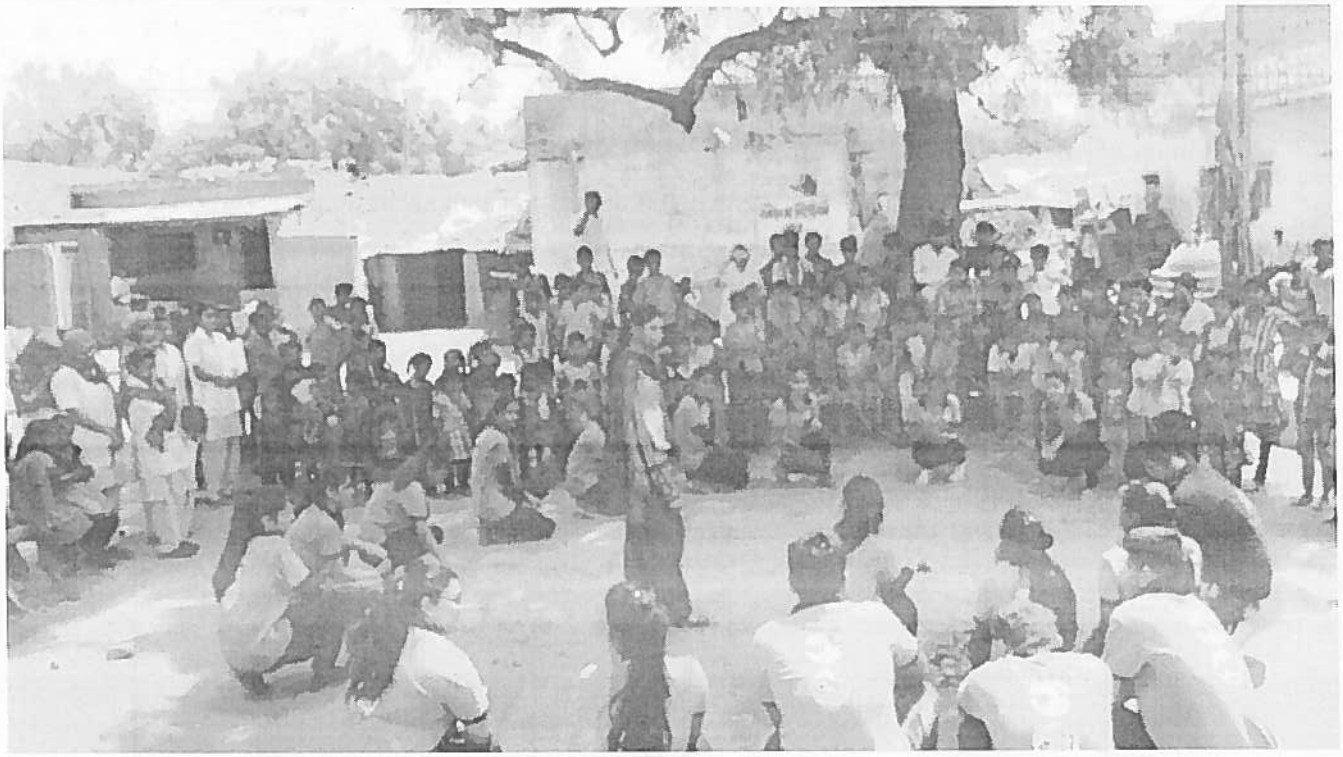
There are a number of ways to help keep the environment clean and help improve people's overall health status:

1. Individuals should avoid wasting water. They can do this by taking shorter showers, not leaving the water running, and using only what water is needed.
2. People should recycle as much as possible to reduce waste. Many major cities offer recycling for plastic, paper, and glass products.
3. Individuals can walk, ride a bike, or carpool to reduce air pollution.
4. Each person can educate others on ways to help improve the environment.

According to the World Health Organization (WHO), there are four areas that must be reviewed in order for environmental sanitation to be effective: planning, water supply, sanitation, and hygiene education. The WHO offers guidelines for these steps on their website to help implement environmental hygiene programs nationwide and improve overall health.



Students playing their roles





Audience

VI. Feedback Analysis report: (should specify the following)

Feedback Analysis report:

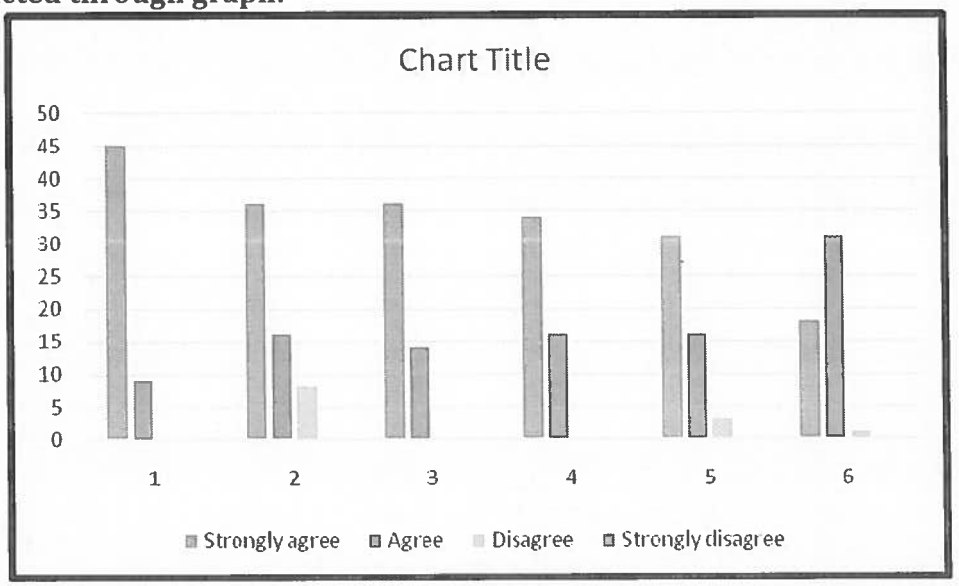
A. Number of participants: 50

B. Table of feedback form with number of participants' response in each category.

Following aspect are asked in the Role play feedback form

Sl. no	Statements	Strongly agree	Agree	Disagree	Strongly disagree
1	Topic of role play was appropriate	45	9	0	0
2	Activity of students was interesting	36	16	8	0
3	Information transferred through role play was appropriate	36	14	0	0
4	The message given by students was understandable	34	16	0	0
5	Selection of dialogues were appropriate	31	16	3	0
6	voice of the students was audible	18	31	1	0

Analysis depicted through graph:



Conclusion:

Over all it was a very nice experience organizing this programme, we extend our thanks to Dr.Anil Sharma sir, Principal of MTIN for his support and suggestions we also would like to extend our thanks to all the team members of PHC, Nar for giving us an opportunity to conduct the programme and supporting us in every step. Hope the programme created a positive attitude on environmental sanitation among the public.

REPORT OF EXHIBITION ON "ANTENATAL CARE AND FEMALE FETICIDE" ON 11TH APRIL, 2017 AT CHC, TARAPUR AND ON 12TH APRIL, 2017 AT V. S. HOSPITAL, AHMEDABAD ON ACCOUNT OF CELEBRATION OF NATIONAL SAFE MOTHERHOOD DAY, 2017

❖ **Introduction:**

To celebrate National Safe Motherhood day, 2017 and create awareness among the community, Exhibitions were conducted at Community Health Center, Tarapur on 11.04.2017 and at Obstetric and gynecological department, V. S. Hospital, Ahmedabad on 12.04.2017 on the theme of "Antenatal care and Female feticide". Antenatal mothers, postnatal mothers, women with gynecological problems and their relatives and general community population visited the exhibitions. It was a good opportunity to educate them. Antenatal care / prenatal care include regular medical and nursing care recommended for women during pregnancy. Female feticide in India is the abortion of a female fetus outside of legal methods. The frequency of female feticide in India is assumed to be an estimation derived from its high birth sex ratio that is the ratio of boys to girls at birth.

❖ **Central Objective:**

At the end of exhibition, the targeted population will gain adequate knowledge regarding importance and measures of proper antenatal care and will develop positive attitude & practice to abolish female foeticide.

❖ **Specific Objectives:**

At the end of the session, the group will be able to:

- ✓ Understand the concepts of biological, physical and psychological, aspects of normal pregnancy.
- ✓ Appreciate, gain awareness and follow the measures demonstrated through exhibition regarding antenatal care which includes diet, exercise, minor ailments & their management, personal hygiene, regular check-up and immunization.
- ✓ Appreciate, gain awareness and understand the importance of female child and be encouraged to abolish the practice of female foeticide.
- ✓ Facilitate networking and sharing of knowledge of care aspects with other antenatal mothers and general community.

❖ **Target Audience/Beneficiaries:**

- Antenatal mothers
- Mothers of infants & Toddler
- Husbands & other family members
- General community
- Health personnels like health workers, nurses, doctors.

❖ **Brief description of the Event:**

The event was organized as a two day event by the OBG Nursing department, MTIN and the 6th semester B.Sc Nursing students by conducting poster exhibition.

Day 1 of the event had the exhibition at CHC, Tarapur on 11th April 2017. The exhibition started at 10.00 am. Dr. Sanjay J Chauhan, Medical Officer, CHC, Tarapur inaugurated the exhibition by cutting the ribbon.

Day 2 of the event had the exhibition at V. S. Hospital, Ahmedabad on 12th April, 2017. The exhibition started at 9.00 am. Ms. Mira Patel, Nursing superintendent, V. S. Hospital, Ahmedabad inaugurated the exhibition.

At both areas, the students were divided into 6 groups. Each group has prepared posters and explained about them in the exhibition to the target population. Students explained all the posters to the group in Gujarati language and even cleared the doubts of the group. The topics covered in the posters broadly included the following:

- Antenatal diet
- Antenatal exercises
- Personal hygiene, habits, life-style modifications
- Travelling, drugs use, immunization, regular check-up
- Minor ailment during pregnancy and their simple management
- Warning signs during pregnancy and female feticide

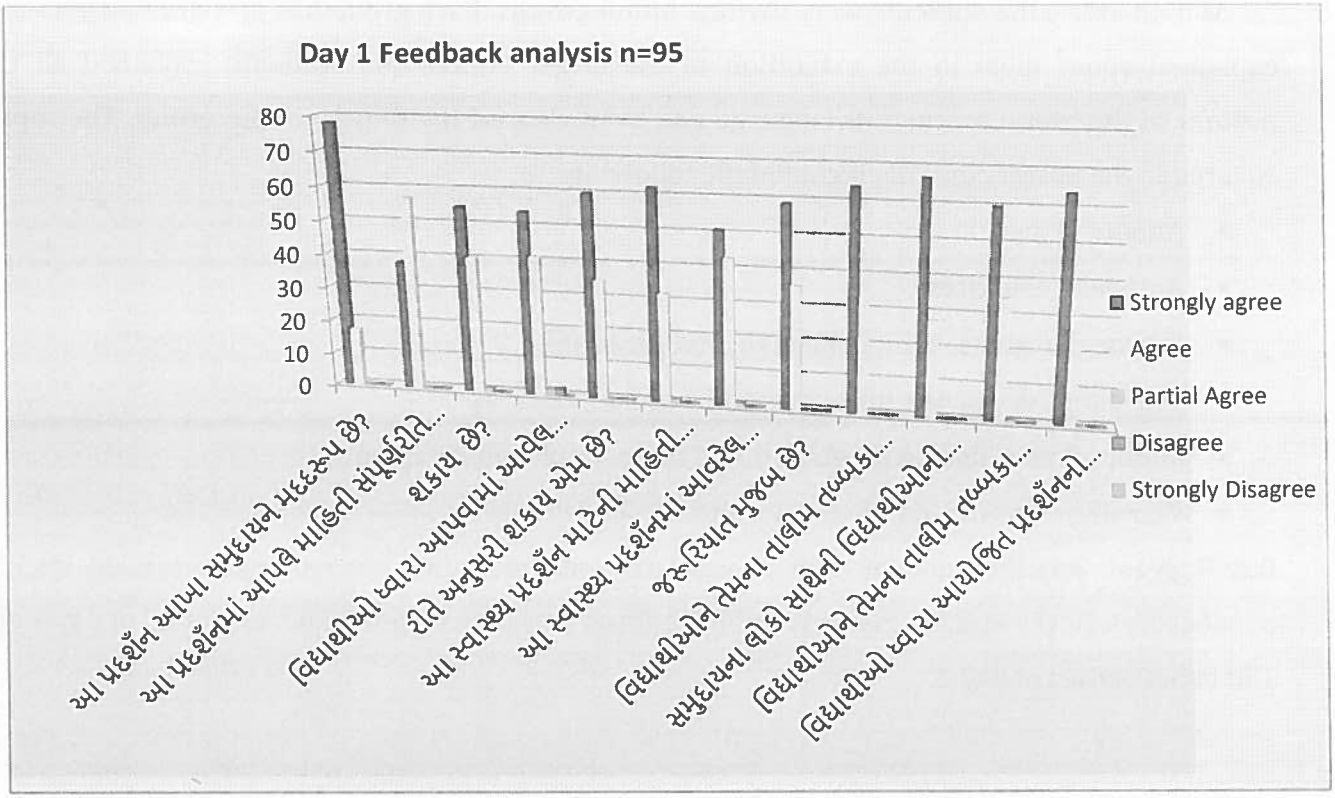
Day 1 event was attended by 160 beneficiaries whereas day 2 event was attended by 200 beneficiaries. At the end of session written feedback was taken from 95 beneficiaries of day 1 and 130 beneficiaries of day 2.

Day 1 Feedback Analysis report:

અભિપ્રાયફોર્મ(n=95)

અનુ-ક્રમણિકા	માપદંડ	સંપૂર્ણ સંમત	સંમત	આંશિક સંમત	અસંમત	સંપૂર્ણ અસંમત
૧	આપ્રદર્શનઆખાસમુદાયનેમદદરૂપછે?	78	17	0	0	0
૨	આપ્રદર્શનમાંઆપલેમાહિતીસંપૂર્ણરીતેસમજી શકાયછે?	38	57	0	0	0
૩	વિદ્યાર્થીઓધ્વારાઆપવામાંઆવેલમાહિતીસરળ રીતેઅનુસરીશકાયએમછે?	55	40	1	0	0
૪	આસ્વાસ્થ્યપ્રદર્શનમાટેનીમાહિતીઆગળથીઆપેલછે?	54	41	2	2	0
૫	આસ્વાસ્થ્યપ્રદર્શનમાંઆવરેલવિષયવસ્તુસમુદાયની જરૂરિયાતમુજબછે?	60	35	0	0	0
૬	વિદ્યાર્થીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનઆખાસમુદાયનેજરૂરિયાતસંપૂર્ણમાહિતીઆપેલછે?	62	32	1	0	0
૭	સમુદાયનાલોકોસાથેનીવિદ્યાર્થીઓનીવર્તણુકપ્રશંસનીયછે?	51	43	1	0	0
૮	વિદ્યાર્થીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનલોકોનેસ્વાસ્થ્યપ્રદજીવનમાટેયોગ્યરીતેમાર્ગદર્શનઆપેલ છે?	59	36	0	0	0
૯	વિદ્યાર્થીઓધ્વારાઆયોજિતપ્રદર્શનનોલાભસરળતાથીલઇશકાયએમછે?	64	31	0	0	0
૧૦	વિદ્યાર્થીઓધ્વારાકરવામાંઆવેલપ્રવૃતિઓસમુદાયનાલોકોમાટેમહત્વપૂર્ણછે.?	67	28	0	0	0
૧૧	આપ્રકારનીપ્રવૃતિઓવારંવારઆયોજિતકરવાનીજરૂરછે?	60	35	1	0	0
૧૨	નર્સિંગવિદ્યાર્થીઓનેસંસ્થાધ્વારાસમુદાયનીસેવાકરવામાટેઆપવામાંઆવતીતાલીમયોગ્યછે.?	64	31	0	0	0

Analysis depicted through graph

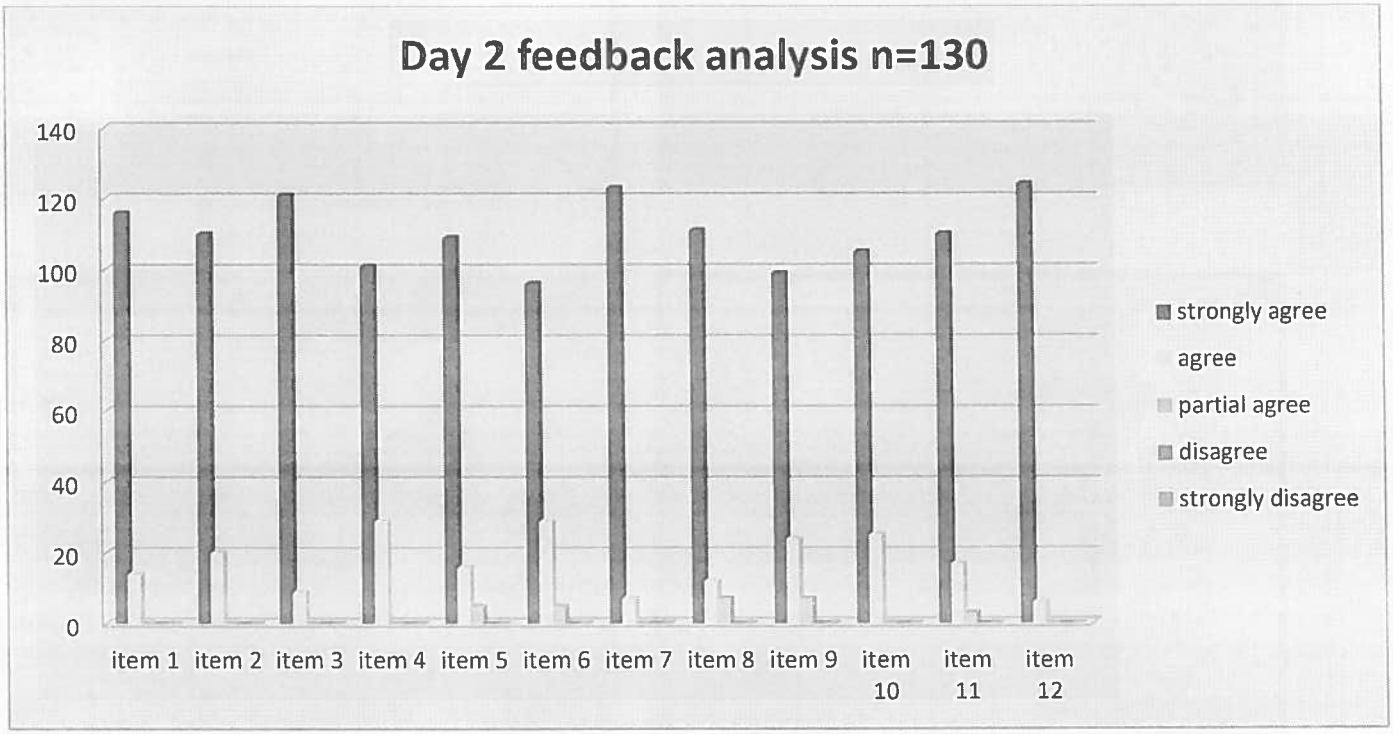


Day 2 Feedback Analysis report:

અભિપ્રાયફોર્મ(n=130)

અનુ-ક્રમણિકા	માપદંડ	સંપૂર્ણ સંમત	સંમત	આંશિક સંમત	અસંમત	સંપૂર્ણ અસંમત
૧	આપ્રદર્શનઆખાસમુદાયનેમદદરૂપછે?	116	14	0	0	0
૨	આપ્રદર્શનમાંઆપલેમાહિતીસંપૂર્ણરીતેસમજી શકાયછે?	110	20	0	0	0
૩	વિદ્યાર્થીઓધ્વારાઆપવામાંઆવેલમાહિતીસરળ રીતેઅનુસરીશકાયએમછે?	121	9	0	0	0
૪	આસ્વાસ્થ્યપ્રદર્શનમાટેનીમાહિતીઆગળથીઆપેલછે?	101	29	0	0	0
૫	આસ્વાસ્થ્યપ્રદર્શનમાંઆવરેલવિષયવસ્તુસમુદાયની જરૂરિયાતમુજબછે?	109	16	5	0	0
૬	વિદ્યાર્થીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનઆખાસમુદાયનેજરૂરિયાતસંપૂર્ણમાહિતીઆપેલછે?	96	29	5	0	0
૭	સમુદાયનાલોકોસાથેનીવિદ્યાર્થીઓનીવર્તણુકપ્રશંસનીયછે?	123	7	0	0	0
૮	વિદ્યાર્થીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનલોકોનેસ્વાસ્થ્યપ્રદજીવનમાટેયોગ્યરીતેમાર્ગદર્શનઆપેલ છે?	111	12	7	0	0
૯	વિદ્યાર્થીઓધ્વારાઆયોજિતપ્રદર્શનનોલાભસરળતાથીલઇશકાયએમછે?	99	24	7	0	0
૧૦	વિદ્યાર્થીઓધ્વારાકરવામાંઆવેલપ્રવૃતિઓસમુદાયનાલોકોમાટેમહત્વપૂર્ણછે.?	105	25	0	0	0
૧૧	આપ્રકારનીપ્રવૃતિઓવારંવારઆયોજિતકરવાનીજરૂરછે?	110	17	3	0	0
૧૨	નર્સિગવિદ્યાર્થીઓનેસંસ્થાધ્વારાસમુદાયનીસેવાકરવામાટેઆપવામાંઆવતીતાલીમયોગ્યછે.?	124	6	0	0	0

Analysis depicted through graph:



Conclusion

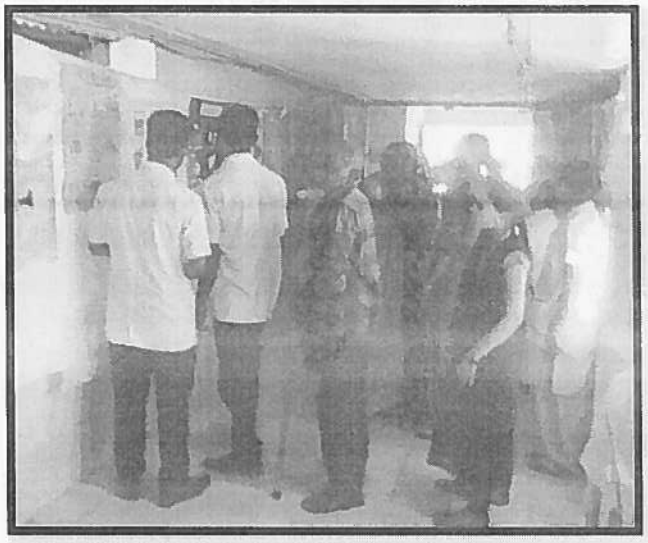
On account of celebration of National Safe Motherhood day, 2017, Exhibitions were conducted at Community Health Center, Tarapur on 11.04.2017 and at Obstetric and gynecological department, V. S. Hospital, Ahmedabad on 12.04.2017 on the theme of "Antenatal care and Female feticide". The exhibition was successful. We had the opportunity to educate needed beneficiaries at both settings. We are extremely thankful to CHARUSAT and our Respected Principal sir, Dr. Anil Sharma for giving us the opportunity to successfully organize the event.

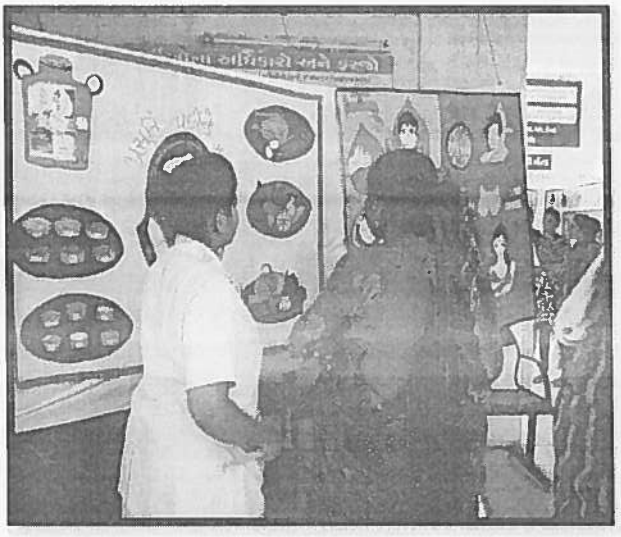
Photographs:

DAY: 1: 11th April, 2017 at CHC, Tarapur









DAY: 2: 12th April, 2017 at V. S. Hospital, Ahmedabad

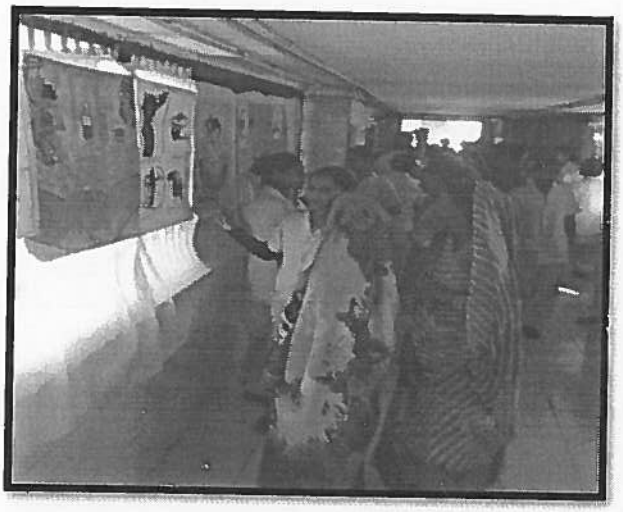
Conclusion

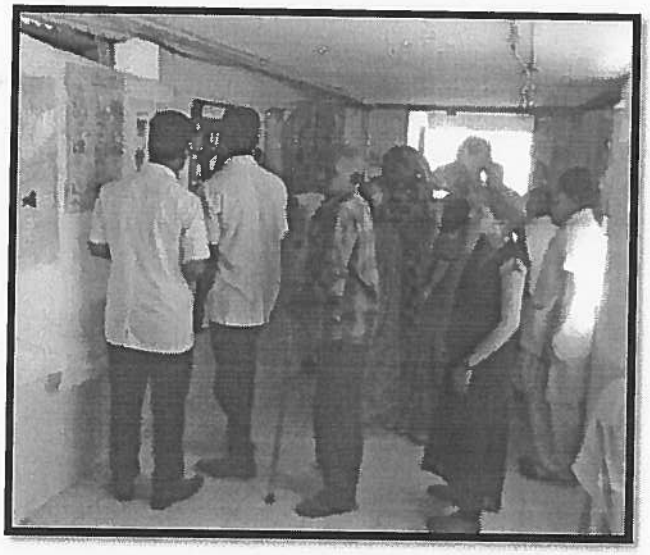
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Photographs:

DAY: 1: 11th April, 2017 at CHC, Tarapur



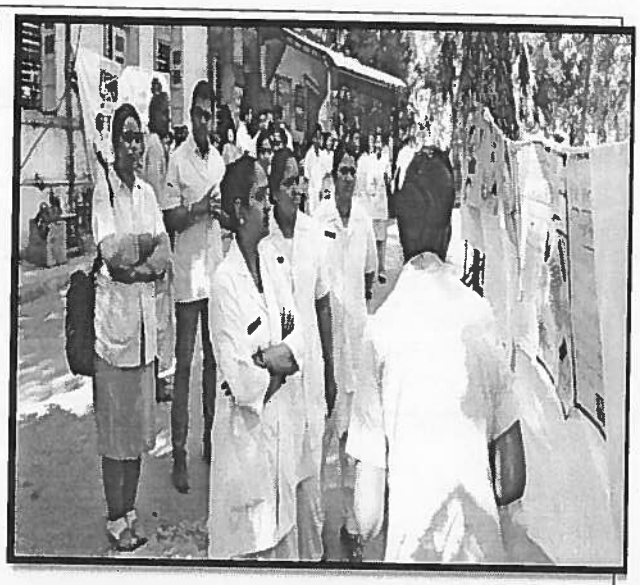




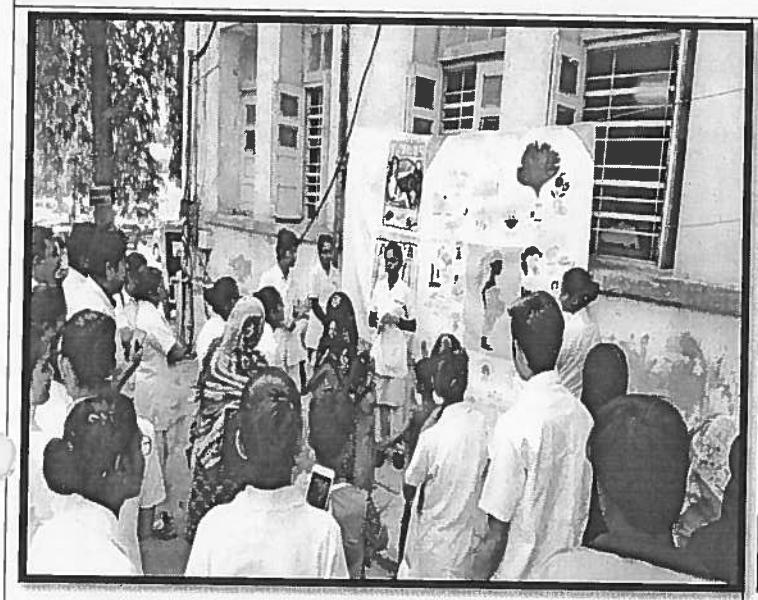


DAY: 2: 12th April, 2017 at V. S. Hospital, Ahmedabad





Inaguration of the exhibition by Matron Madam of V S hospital : MS . Mira Patel





Exhibition on antenatal care and female feticide on account of national safe motherhood day

ANGANWADI REPORT

Introduction:

As a part of their curriculum students of 4th semester / 2ndyear B. Sc. Nursing and 3rd year GNM students have carried out health assessment of Anganwadi Children at Nar village under the supervision of Mr. Anilkumar Jarali, Assist. Professor, Mr. Jamin Chauhan, Nursing Tutor and Mrs. Alpna Patel, Clinical Instructor on 8th and 10th April, 2017 with following objectives

Objectives:

At the end of the visit the students will be able to

1) Assess the health status of anganwadi children's
2) Explain the organization chart of ICDS
3) Describe various services rendered by anganwadi
4) Elaborate job description of anganwadi worker and helper
5) Discuss role of various health agencies in ICDS
6) Elucidate records and reports maintained at anganwadi

Anganwadi is handled by anganwadi worker and her helper. Students have covered five Anganwadis which are under PHC, Nar. These anganwadi renders its services to children from age group of 0-6 years, adolescent girls from age of 11-18 years, antenatal women and lactating women.

Organization of ICDS:



Activities Performed at Anganwadi

Every anganwadi has been provided with the schedule of activities that are to be followed regularly on daily basis by the anganwadi worker, this schedule is as follow:

Time	Activities
9:00 to 9:30 am	**For 6 months - 3 years of children**
	Cleaning and housekeeping of anganwadi
9:30 to 10:00 am	Cooking of breakfast by the helper
	Instruction about breast feeding and weaning to mothers by anganwadi worker
10:30 to 10:45 am	**For 3 years - 6 years of children**
	Children's' arrival
	Maintaining personal hygiene of children

	Prayer is performed and nutrition candy distribution
10:45 to 11:00 am	Breakfast time for children as per weekly menu
11:15 to 12:15 pm	Pre-primary education: about colors, animals, shoes, numbers, even poems, etc
12:15 to 12:45 pm	Out-door games and playing for children
12:45 to 13:15 pm	Afternoon lunch/snacks provided to children
13:15 to 14:00 pm	Group discussion among anganwadi worker and helper about anganwadi services and indoor activities for children using pre-school kit
14:00 to 15:30 pm	Promotion of ICDS and anganwadi services related to growth monitoring into public by anganwadi worker

Along with these daily activities, many activities are conducted on weekly, monthly or need basis by anganwadi worker under guidance of Female Health Worker.

Activities per week:

Every Monday

Mamta Day: I this program anganwadi worker assist Female Health Worker in immunization of all under 5 children's.

Every Wednesday and Saturday:

Provide ferrous sulphate syrup to children.

Every Tuesday and Saturday:

Kisori Sabha / Meeting: In this programme, adolescent girls are gathered and educated regarding personal hygiene, menstrual hygiene and even social activities like banking, hospital visits, etc. Some girls are provided readymade sasses of food materials.

Other than these, on month of January, May and September, 3rd Saturday of the months, Vatsalya Divas is celebrated. In this programme antenatal women and lactating women, who are for first time experiencing this stage of life are undergone ritual ceremony and provided with certain materials and lunch.

Activities per month:

Every 2nd Thursday of a month

Rasoi show: On this adolescent girl, antenatal and lactating women's are taught to prepare various healthy food items out of ready-made packets provided by government.

Every 3rd Thursday of a month

Bal Divas: On this day, parents are gathered and are awarded about their Childs progress, and along with that weight measurement of all children's are done to maintain in growth chart.

Every 4th Friday of a month

Aan Prasan Vidhi: In this program, mothers of children of age more than 6 months are given education about weaning and supplementary food.

ICDS Services:

ICDS SERVICES	**SERVICES PROVIDED BY ANGANWADI**
Nutritional Services	**Nutritional Services**
Nutritional supplementation	Nutritional supplementation
Vit-A syrup and IFA tablets distribution	Vit-A syrup and IFA tablets distribution
Nutrition Education	Nutrition Education
Growth monitoring	Growth monitoring
Immunization services	**Immunization services**
Health Care Services	**Health Care Services**
Periodical health check-up	Periodical health check-up
Treatment of minor ailments	
Educational services	**Educational services**
Health education to mothers	Health education to mothers
Informal preschool education to children	Informal preschool education to children
Referral Services	**Referral Services**

Supplementary Food of Anganwadi:

Every anganwadi provides breakfast and afternoon snacks to all the children, for this they provide food materials prepared from readymade packets provided by government. They have weekly menu as follows:

Week days	Breakfast	Afternoon Snacks
Monday	Shiro	Thapla, tuvar dal, friuts
Tuesday	Sweet Puda	Sabji, thapla
Wednesday	Sukhdi	Chana and vegetables pulav
Thursday	Shiro	Dal, rice, sabji and fruit
Friday	Idli	Thapla, chana
Saturday	Sweet Puda	Vegetables khichadi

Along with these food items, malnourished children are provided with ladus which are rich in carbohydrates and calorie made up of 20 grams chana flour, 5 grams wheat flour, 5 grams peanuts, 8 grams edible oil and 15 grams jaggery.

Even adolescent girls and antenatal and lactating women are provided with packets of upma, shire and puda.

Revised Supplementary Nutritional norms:

Sr No.	Category	K Cals/day	Protein (g/day)
1	Children(6-72 months)	500	12--15
2	Pregnant and nursing mothers	600	18-20
3	Severely malnourished children(6-72 months)	800	20-25

Services provided to children, antenatal women and adolescence:

Services to children:

#Nutritional Services:

- Nutritional Supplementation is provided to children from age group of 7 months-6 years in form of BalBhog, breakfast and afternoon snacks.
- Vitamin-A and Iron Folic acid tablets distribution to children twice week.
- Growth monitoring of children and recording it in growth chart.

#Immunization Services:

- Every child of under 5 years of age are regularly immunized under the programme of Mamta Day, every Monday by the anganwadi worker.

#Health Care Services:

- Children are examined periodically by the medical officer of PHCs and if required treatment is provided.

#Educational Services:

- Chidren of anganwadi are provided nonformal pre-school education by the anganwadi worker.

#Referral Services:

- If any children is suffering from any illnesses which cannot be resolved at anganwadi, then it is referred to PHC.

Services to Antenatal and Lactating women:

#Nutritional Services:

- Nutritional Supplementation is provided to antenatal and lactating women by preparing food items, rich-in carbohydrates and calories.
- Nutrition education is also provided to improve their daily dietary pattern and intake of themselves and their child.
- Iron folic acid tablets are distributed to antenatal women for proper growth and development of foetus.

#Immunzation Services:

-Every antenatal women is vaccinated by 2 doses of Tetanus Toxoid under the programme of Mamta Day.

#Health Care Services:

- Early registration of pregnancy and 4 antenatal and 4 post-natal check ups are done by the anganwadi worker.
- Antenatal care is also provided.

- Promotion of Institutional deliveries and birth spacing and family planning.
- Treatment of minor ailments during pregnancy are explained.

#Educational Services:

- Lactating women are educated about breast feeding, weaning and prevention of infection to child. Also educated about nutritional practices.

Services to Adolescence:

#Nutritional Services:

- Nutritional Supplementation is provided to adolescence by the anganwadi worker.
- Nutritional Education about balanced diet to improve their dietary pattern and intake.
- Iron tablet distribution by the anganwadi worker.

#Educational Services:

- Health education about personal hygiene, menstrual hygiene and social services like banking, etc. are taught to these girls.

Job description of anganwadi worker:

Primary Functions:

- Listing pregnant mothers and identification of at risk mothers
- Maternal weight recording
- Food supplementation
- Iron and folic acid supplementation
- TT motivation
- Depot holding for contraceptives
- Recording of birth weight and referral of low birth weight babies to VHN
- Ensuring breastfeeding for newborns
- Identification children for immunization
- Follow-up of immunized children
- Growth monitoring – children under 6 months
- Growth monitoring – children 6 months to 3 years
- Identification of children for feeding
- Referral for growth failure and other health problems
- Deworming – children under 6 years
- Vitamin–A supplement – children under 6 years

- Iron and folic acid supplementation
- Treatment of children for minor ailments
- Refferal of ARI cases to VHN
- ORT education and distribution of ORS
- Maintain village based health records

Records and Reports of Anganwadi:

These are the following record and reports maintained in anganwadi:

- Registration book
- Daily food stock register
- Vaccination register
- Survey Register
- Vitamin-A stock register
- Annual register
- Growth chart
- Home visit register
- Antenatal women food supplementation register
- Balbhog register
- Referral register
- Weekly children's weight register

Name of Anganwadi area: Indira colony, Nar

Sr. No	Name	age	Sex	Weight (kg)	Height (cm)	MAC (cm)	CC (cm)	HC (cm)	Remarks
1	AayushiSureshbhaiTadpada	3	Female	11	93	14	47	48	Under Weight
2	SitaPopatbhaiTadpada	4	Female	13	103	14	53	48	Under Weight
3	AnkitPopatbhaiTadpada	3	Male	13	90	15.5	51	48	Under Weight
4	DipaliSapneshbhaiTadpada	1.5	Female	7	71	14.5	46	43	Under Weight
5	KetanSashikantbhaiTadpada	6 m	Male	7	67	15.5	44	45.5	Under Weight
6	Ravi SashikantbhaiTadpada	3	Male	10	81	14.5	47	49	Under Weight
7	BhartiTadpada	3	Female	19	116	16.5	58	49.5	Under Weight
8	JalpaAshwinbhaiTadpada	3	Female	9.8	13	15	51	48	Under Weight
9	GayatriTadpada	2.5	Female	9.2	3	14	50	47	Under Weight
10	ChiragMayurbhaiParmar	4	Male	11	84	15	49	48	Under Weight
11	RadhikaJagdishbhaiParmar	2	Female	11	80	17	49	47	Under Weight
12	KartikRajubhaiParmar	3	Male	15	100	17	55	49	Under Weight
13	SumitrabenJagdishbhaiParmar	3	Female	15	105	17	51	47	Under Weight

Name of Anganwadi area: Nava pura, Nar

Sr. No	Name	age	Sex	Weight (kg)	Height (cm)	MAC (cm)	CC (cm)	HC (cm)	Remarks
1	Manthan m rabari	3	Male	11	72	13	46	48	healthy
2	Smit p tarpada	4	Male	11.6	91	14	49	46	healthy
3	Priti n tarpada	4	female	11.75	79	15	50	48	healthy
4	Jugni s tarpada	3	female	12.2	92	13	47	48	healthy
5	Ayesha s tarpada	2	female	9	78	12	45	44	healthy
6	Saroj g tarpada	5	female	16.3	103	16	39	36	healthy
7	Yogesh b tarpada	4	Male	15	97	15	51	48	healthy
8	Tarun d tarpada	4	Male	15	105	15	52	49	healthy
9	Kartik d tarpada	3	Male	13	49	14	32	36	healthy

10	Vishal b tarpada	4	Male	14	107	15	51	48	healthy
11	Mayank v tarpada	4	Male	15	97	15	51	48	healthy

Name of Anganwadi area: Baraiya Vas, Nar

Sr. No	Name	age	Sex	Weight (kg)	Height (cm)	MAC (cm)	CC (cm)	HC (cm)	Remark
1	Sunil .s. parmar	2.4	male	10	31	14	50	46	healthy
2	Anjali .j. parmar	2.7	female	11	34	16	48	45	healthy
3	Hiral .s. parmar	4.3	female	11	35	14	48	48	healthy
4	Naresh m parmar	3.5	male	14	39	15	51	50	healthy
5	Vinayak m parmar	3.3	male	11	35	15	49	50	healthy
6	Priya s parmar	3.4	female	12.5	38	16	51	46	Under weight
7	Sagar r parmar	3.10	male	14.2	39	18	52	50	healthy
8	Ishita s parmar	3.5	female	14.4	38	17	50	46	healthy
9	Nirali r parmar	3.5	female	10	36	14	46	43	healthy

Name of Anganwadi area: Juno vaghri vas, Nar

Sr. No	Name	age	Sex	Weight (kg)	Height (cm)	MAC (cm)	CC (cm)	HC (cm)	Remark
1	Rajesh v tarpada	13	male	12	93	15	49	48	healthy
2	Minaxi r tarpada	3	female	13.39	103	17	52	49	healthy
3	Dax p tarpada	2.5	male	11.20	82	15	46	45	healthy
4	Ankit m tarpada	2.5	male	10.3	81	15	46	43	healthy
5	Pankaj m tarpada	2	male	8.71	81	14	44	42	healthy
6	Hina n tarpada	2	female	7.50	72	14	46	45	healthy
7	Karan n tarpada	3.5	male	11.30	84	15	49	49	healthy
8	Mikit m tarpada	2.5	male	11.90	90	15	48	49	healthy
9	Japla d tarpada	5	female	14.6	108	14	50	51	healthy
10	Priyank r tarpada	4.5	male	11.2	95	14	46	48	healthy
11	Mittal m tarpada	4	female	13.4	92	16	54	47	healthy

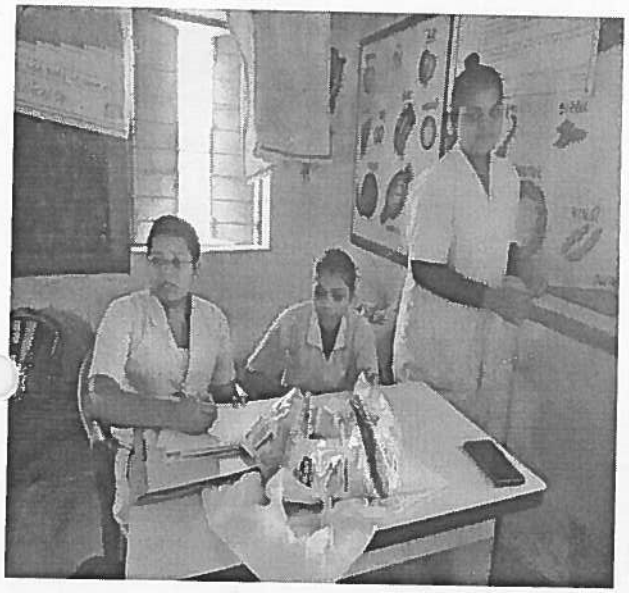
Name of Anganwadi area: Ramdev Pir, Nar

Sr. No	Name	age	Sex	Weight (kg)	Height (cm)	MAC (cm)	CC (cm)	HC (cm)	Remark
1	Jahnvi h rohit	5.2	female	17	14	56	51	15	healthy
2	Deep a rohit	3.5	male	9	70	52	48	12	healthy
3	Divya ja vankar	4.2	female	15	45	50	42	13	healthy
4	Pratik m vankar	2.5	male	11	79	48	42	10	healthy
5	Felon c vankar	5.2	male	16	97	46	44	15	healthy
6	Raj s harijan	2.3	male	11	84	36	32	16	healthy
7	Vivek s parmar	2.5	male	8	90	44	42	17	healthy
8	Hirali m baraiya	4	female	14	86	38	32	13	healthy
9	Dax b harijan	2.9	male	9	79	49	40	13	healthy
10	Kartik s parmar	1.5	male	7	79	37	32	12	healthy
11	Chirag a parmar	2	male	15	91	48	46	11	healthy
12	Mehul g rathod	1.4	male	9.5	92	44	43	16	healthy
13	Pratixa p parmar	3.6	female	16	78	45	42	15	healthy

Conclusion:

Students of 4th Semester/2nd Year B. Sc. Nursing and 3rd Year GNM students have carried out health assessment of Anganwadi children in five anganwadis of Nar Village. We express our gratitude to Principal of MTIN and CHARUSAT University for their unconditional support.

Photogallary





Health Assessment of Anganwadi Children





School Health Program Report

Introduction:

As a part of their curriculum "Manikaka Topawala Institute of Nursing" students of 4th semester / 2nd year B.Sc and 3rd year G.N.M. Nursing have carried out health assessment of School Children at "Kumar (Boys) Primary School, Ajarpura during community health nursing posting on 4th April, 2017 with the following objectives,

Objectives of School Health Programme:-

- Assess the health status of the School children.
- Assess Nutritional status of the school children.
- Identify common health problem of school children.
- Provide care and follow up the identified cases.

The Kumar (Boys) Primary Government school is situated in Ajarpura village, the total number students of school is 225 .The school is from 1st Standard to 8th Standard.

The Class wise total Students is following.

- 1st to 3rd Slandered total Students is 66.
- 4th to 7th slandered total Students is 57.
- 6th to 8th slandered total Students is 102.

The Students of 4th semester/2nd year B.Sc and Third year G.N.M. Nursing were divided into various groups such as Reception group, Height and weight measuring group, Physical Examination group, Vision and hearing assessment group and Analysis group under supervision of Mr. Gururaj Guggari, Nursing Tutor Mr.Jayesh Patidar Assist. Professor and Mrs. Shilpa Dalwadi, Nursing Tutor

Health Assessment of School children is as follow

Sr. No	Name of student	Class	Age	Sex	Height	Weight	BMI	Stunting	Wasting	Vision	Remarks
kumar primary school, Ajarpura std:-1 to 3											
1	vishal M. Gohel	1	6	M	110	15	12.4	normal	normal	good	ear wax, poor hygiene
2	dev d. Kushvaha	1	6	M	112	15	12	normal	normal	good	cold, dental carris
3	dhiren s. Chauhan	1	6	M	105	13	11.8	normal	moderately impaired	good	ear wax, poor hygiene
4	chirag s. Talpada	1	6	M	115	16	12.1	normal	normal	good	ear wax, poor hygiene of nails, dental carris
5	mahendra v. Vaghela	1	6	M	114	15	11.5	normal	normal	good	ear wax, poor hygiene of nails, dental carris
6	mitraj d. Chauhan	1	6	M	111	14	11.4	normal	mildly impaired	good	ear wax, poor hygiene of nails, dental carris
7	kanu r. Bharwad	1	6	M	112	15	12	normal	normal	good	ear wax, poor hygiene of nails, dental carris
8	amit j. Chunara	1	6	M	117	19	13.9	normal	normal	good	ear wax, poor hygiene of nails, dental carris
9	divyraj a. Chauhan	1	6	M	112	15	12	normal	normal	good	ear wax, poor hygiene of nails, dental carris
10	alpesh s. Chunara	1	6	M	112	17	13.6	normal	normal	good	ear wax, poor hygiene of nails, dental carris
11	krish m. Raval	1	6	M	111	17	13.8	normal	normal	good	ear wax, poor hygiene of nails, dental carris
12	aashish b. Gohel	1	6	M	110	15	12.4	normal	normal	good	ear wax, poor hygiene of nails, dental carris
13	amit n. Gohel	1	6	M	113	15	11.7	normal	normal	good	ear wax, poor hygiene of nails, dental carris
14	samir s. Vohara	2	7	M	119	19	13.4	normal	normal	good	ear wax, poor hygiene of nails, dental carris

15	karan h. Gohel	2	7	M	114	17	13.1	normal	normal	good	ear wax, poor hygiene of nails, dental carris
16	harendra j. Vaghela	2	7	M	112	16	12.8	normal	mildly impaired	good	ear wax, poor hygiene of nails, dental carris
17	rohan g. Vohara	2	7	M	121	20	13.7	normal	normal	good	ear wax, poor hygiene of nails, dental carris
18	rohan f. Vohara	2	7	M	128	33	20.1	normal	normal	good	ear wax, poor hygiene of nails, dental carris
19	mohmmad m. Vohara	2	7	M	113	20	15.7	normal	normal	good	ear wax, poor hygiene of nails, dental carris
20	naitik j. Bhoi	2	7	M	125	20	12.8	normal	normal	good	ear wax, poor hygiene of nails, dental carris
21	krunal p. Raval	2	7	M	116	17	12.6	normal	normal	good	ear wax, poor hygiene of nails, dental carris
22	prem p. Raval	2	7	M	122	24	16.1	normal	normal	good	ear wax, poor hygiene of nails, dental carris
23	alpesh s. Vasava	2	7	M	121	20	13.7	normal	normal	good	ear wax, poor hygiene of nails, dental carris
24	mayur d. Talpada	2	7	M	117	20	14.6	normal	normal	good	ear wax, poor hygiene of nails, dental carris
25	bhavin a. Chauhan	2	7	M	107	14	12.2	mildly impaired	moderately impaired	good	ear wax, poor hygiene of nails, dental carris
26	kishan h. Gohel	2	7	M	111	15	12.2	normal	mildly impaired	good	ear wax, poor hygiene of nails, dental carris
27	dharmik j. Patel	2	7	M	125	23	14.7	normal	normal	good	ear wax, poor hygiene of nails, dental carris
28	tarang k. Parmar	2	7	M	124	20	13	normal	normal	good	no complain
29	parth r. Gohel	2	7	M	111	15	12.2	normal	mildly impaired	good	ear wax, poor hygiene of nails, dental carris
30	amit t. Parabiya	2	7	M	122	21	14.1	normal	normal	good	ear wax, poor hygiene of nails, dental carris

31	ankit k. Raval	2	7	M	121	17	11.6	normal	normal	good	ear wax, poor hygiene of nails, dental carris
32	dhruv j. Rohit	2	7	M	115	19	14.4	normal	normal	good	poor hygiene of nails
33	bhavyaraj u. Chauhan	2	7	M	116	17	12.6	normal	normal	good	ear wax, poor hygiene of nails, dental carris
34	vikram k. Gohel	2	7	M	124	20	13	normal	normal	good	ear wax, poor hygiene of nails, dental carris
35	mitul b. Chunara	2	7	M	117	16	11.7	normal	mildly impaired	good	ear wax, poor hygiene of nails, dental carris
36	ravi p. Talpada	2	7	M	116	17	12.6	normal	normal	good	ear wax, poor hygiene of nails, dental carris
37	ravi n. Gohel	2	7	M	117	15	11	normal	mildly impaired	good	poor hygiene of nails
38	mohmmadhusan s. Vohara	3	8	M	127	24	14.9	normal	normal	good	ear wax, poor hygiene of nails, dental carris
39	vanraj t. Chauhan	3	8	M	125	20	12.8	normal	normal	good	ear wax
40	vishal d. Gohel	3	8	M	104	14	12.9	mildly impaired	moderately impaired	good	dental carris
41	gaurav m. Chauhan	3	8	M	125	20	12.8	normal	normal	good	ear wax, poor hygiene of nails, dental carris
42	bharat v. Chunara	3	8	M	130	20	11.8	normal	normal	good	ear wax, poor hygiene of nails, dental carris
43	gopal m. Bharwad	3	8	M	111	16	13	mildly impaired	mildly impaired	good	ear wax, poor hygiene of nails, dental carris
44	harshad k. Vaghela	3	8	M	125	20	12.8	normal	normal	good	ear wax, poor hygiene of nails, dental carris
45	suresh d. Chunara	3	8	M	124	20	13	normal	normal	good	ear wax, poor hygiene of nails, dental carris
46	vivek m. Chauhan	3	8	M	125	20	12.8	normal	normal	good	poor hygiene of nails
47	himul h. Gohel	3	8	M	113	17	13.3	mildly	mildly	good	ear wax, poor hygiene

								impaired	impaired		of nails, dental carris
48	devraj p. Gohel	3	8	M	118	17	12.2	normal	mildly impaired	good	ear wax, poor hygiene of nails, dental carris
49	aayush v. Patel	3	8	M	127	21	13	normal	normal	good	ear wax
50	harsh j. Mahera	3	8	M	123	19	12.6	normal	normal	good	ear wax, poor hygiene of nails, dental carris
51	jignesh s. Gohel	3	8	M	130	23	13.6	normal	normal	good	ear wax, poor hygiene of nails, dental carris
52	rakesh b. Solanki	3	8	M	118	18	12.9	normal	normal	good	ear wax, poor hygiene of nails, dental carris
53	jay c. Rohit	3	8	M	133	23	13	normal	normal	good	ear wax, poor hygiene of nails, dental carris
54	tanveer p. Parmar	3	8	M	113	16	9	mildly impaired	mildly impaired	good	ear wax, poor hygiene of nails, dental carris
55	pruthavi s. Patel	3	8	M	125	20	12.8	normal	normal	good	ear wax, poor hygiene of nails, dental carris
56	mubarkush n. Diwan	3	8	M	126	22	13.9	normal	normal	good	ear wax, poor hygiene of nails, dental carris
57	jay a. Chauhan	3	8	M	123	20	13.2	normal	normal	good	ear wax, poor hygiene of nails, dental carris
58	ansh b. Patel	3	8	M	113	16	12.5	mildly impaired	mildly impaired	good	ear wax, poor hygiene of nails, dental carris
59	bhavya g. Parmar	3	8	M	118	17	12.2	normal	mildly impaired	good	dental carris
60	hitesh k. Gohel	3	8	M	117	18	13.1	normal	normal	good	ear wax, poor hygiene of nails, dental carris
61	mahmud f. Vohara	3	8	M	127	21	13	normal	normal	good	ear wax, poor hygiene of nails, dental carris
62	jaimin s. Gohel	3	8	M	113	17	13.3	mildly impaired	mildly impaired	good	ear wax, poor hygiene of nails, dental carris

63	keyur p. Parmar	3	8	M	125	20	12.8	normal	normal	good	ear wax, poor hygiene of nails, dental carris
64	shlok n. Patel	3	8	M	133	23	13	normal	normal	good	ear wax, poor hygiene of nails, dental carris
65	nikunj a. Vasava	3	8	M	123	18	11.9	normal	normal	good	ear wax, poor hygiene of nails, dental carris
66	aniket m. Vaghela	3	8	M	119	17	12	normal	mildly impaired	Good	ear wax, poor hygiene of nails, dental carris

Kumar shala , Ajarpura

Sr. No.	Name of student	Class	Age(Year)	Sex	Height(cm)	Weight (kg)	BMI	Stanting	Wasting	Vision	Hearing	Remarks
1	Riken T. Purabiya	6	12	M	140	33	16.8	mildly impaired	moderately impaired	impaired	Normal	teeth stain
2	Hardik A. Gohel	6	12	M	125	24	15.4	moderately impaired	severely impaired	impaired	Normal	dental carries
3	Pragnesh K. Chunnara	6	11	M	135	26	14.1	mildly impaired	moderately impaired	impaired	Normal	teeth stain, dental carries
4	Parvin B. Vasava	6	11	M	129	24	14.1	mildly impaired	severely impaired	impaired	Normal	dental carries
5	vipul M. Gohel	6	12	M	140	26	13.3	mildly impaired	severely impaired	impaired	Normal	dental carries
6	Yuvrajsingh B. Gohel	6	12	M	127	21	13	moderately impaired	severely impaired	impaired	Normal	dental carries
7	Wasim S. Vohra	6	11	M	143	33	16.1	normal	normal	Normal	Normal	dental carries
8	Dhaval S. vaghela	6	12	M	132	25	14.3	mildly impaired	severely impaired	Normal	Normal	teeth stain
9	Ronak S. Zala	6	12	M	129	23	13.8	moderately impaired	severely impaired	impaired	Normal	dental carries

10	Ajay R. Chauhan	6	12	M	135	25	13.7	mildly impaired	severely impaired	impaired	Normal	no complaints
11	Kishan P. Thakor	6	12	M	128	25	15.3	moderately impaired	severely impaired	impaired	Normal	dental carries
12	Harshad B. Chunnara	6	12	M	135	25	13.7	mildly impaired	severely impaired	impaired	Normal	teeth stain, dental carries
13	Jay D. Chauhan	6	12	M	137	25	13.3	mildly impaired	severely impaired	impaired	Normal	teeth stain
14	Rahul B. Vaghela	6	12	M	125	25	16	moderately impaired	severely impaired	impaired	Normal	dental carries
15	Rohan A. Vohra	6	12	M	125	22	14.1	moderately impaired	severely impaired	impaired	Normal	dental carries
16	Aayush S. Patel	6	12	M	144	30	14.5	normal	moderately impaired	Normal	Normal	no complaints
17	Meet V. Chauhan	6	12	M	140	24	12.2	mildly impaired	severely impaired	impaired	Normal	no complaints
18	Bhargav M. Chauhan	6	12	M	141	36	13.1	mildly impaired	severely impaired	impaired	Normal	no complaints
19	Meet K. Sadhu	6	12	M	131	24	14	mildly impaired	severely impaired	impaired	Normal	no complaints
20	Daksh K. Pandya	6	12	M	149	60	27	normal	normal	impaired	Normal	dental carries

21	Sunil K. Parmar	6	12	M	132	24	13.8	mildly impaired	severely impaired	Normal	Normal	dental carries
22	Vijay C. Prajapati	6	12	M	139	32	16.6	mildly impaired	mildly impaired	impaired	Normal	dental carries
23	Sachin J. Vaghela	6	12	M	144	44	21.2	normal	normal	impaired	Normal	dental carries
24	Dhaval b. Parmar	6	12	M	127	20	12.4	moderately impaired	severely impaired	impaired	Normal	dental carries
25	Dharmesh D. Parmar	6	11	M	129	25	15	mildly impaired	moderately impaired	Normal	Normal	dental carries
26	Jaydeep P. Goswami	6	11	M	145	30	14.3	normal	mildly impaired	impaired	Normal	dental carries
27	Tarun V. Chauhan	6	11	M	135	28	15.4	mildly impaired	moderately impaired	impaired	Normal	teeth stain
28	SamirsaN.Diwan	6	12	M	139	27	14	mildly impaired	severely impaired	Normal	Normal	dental carries
29	Shiv C. Gohel	6	12	M	122	21	14.1	moderately impaired	severely impaired	impaired	Normal	dental carries
30	Vishal K. Parmar	6	12	M	134	26	14.5	mildly impaired	severely impaired	Normal	Normal	dental carries
31	Ashish D. Chauhan	6	11	M	122	21	14.1	moderately impaired	severely impaired	impaired	Normal	dental carries

32	Chirag A. Vaghela	6	12	M	136	27	14.6	mildly impaired	severely impaired	Normal	Normal	no complaints
33	Ronak S. Rohit	7	13	M	150	34	14.7	normal	moderately impaired	Normal	Normal	dental carries
34	Hasmukh S. Gohel	7	12	M	138	30	15.8	mildly impaired	moderately impaired	impaired	Normal	no complaints
35	Dhaval S. Bhatt	7	12	M	133	26	14.7	moderately impaired	severely impaired	Normal	Normal	no complaints
36	Maunil K. Patel	7	13	M	146	43	20.2	mildly impaired	normal	impaired	Normal	no complaints
37	Sammad S. Vohra	7	12	M	144	30	14.5	normal	moderately impaired	Normal	Normal	dental carries
38	Akshay R. Parmar	7	13	M	136	34	18.4	mildly impaired	moderately impaired	Normal	Normal	no complaints
39	Sachin R. Chauhan	7	12	M	143	35	17.1	normal	normal	impaired	Normal	dental carries
40	Manish B. Vasava	7	13	M	134	24	13.4	moderately impaired	severely impaired	Normal	Normal	dental carries
41	Jayesh R. Vaghela	7	12	M	139	26	13.5	mildly impaired	severely impaired	impaired	Normal	dental carries and teeth stain
42	Vedang A. Bhatt	7	13	M	143	27	13.2	mildly impaired	severely impaired	impaired	Normal	teeth stain

43	Rashik M. Raval	7	13	M	130	26	15.4	moderately impaired	severely impaired	Normal	Normal	dental carries
44	Ketan B. Bhoi	7	13	M	147	39	18	moderately impaired	mildly impaired	impaired	Normal	teeth stain
45	ParthA.Patel	7	13	M	153	34	14.5	normal	moderately impaired	Normal	Normal	teeth stain
46	Sunil R. Gohel	7	12	M	128	24	14.6	moderately impaired	severely impaired	impaired	Normal	dental carries
47	Bejal I. Gohel	7	13	M	140	27	13.8	mildly impaired	severely impaired	impaired	Normal	dental carries,teeth stain
48	Sunil R. Vasava	7	13	M	160	40	15.6	normal	normal	Normal	Normal	no complaints
49	Maulik V. vaghela	7	12	M	144	36	17.4	normal	normal	impaired	Normal	no complaints
50	Jayendra S. Gohel	7	12	M	135	28	15.4	mildly impaired	moderately impaired	impaired	Normal	dental carries, teeth stai
51	Vivek H. Gohel	7	13	M	147	32	14.6	mildly impaired	moderately impaired	impaired	Normal	no complaints
52	Ritesh G. Chauhan	7	12	M	139	27	14	mildly impaired	severely impaired	Normal	Normal	dental carries,right leg pain
53	Naresh R. Teli	7	13	M	153	39	16.7	normal	normal	Normal	Normal	teeth stain

54	Malik J.Chuhan	7	13	M	140	28	14.3	mildly impaired	moderately impaired	Normal	Normal	dental carries
55	Altaf A. Vohra	7	12	M	133	24	13.6	mildly impaired	severely impaired	impaired	Normal	teeth stain
56	Mustufa Vohra	7	12	M	139	40	20.7	mildly impaired	normal	Normal	Normal	dental carries , teeth stain
57	Kiran B. Bhoi	7	12	M	133	23	13	mildly impaired	severely impaired	impaired	Normal	no complaints
58	Ajay A. Vaghela	7	13	M	134	26	14.5	moderately impaired	severely impaired	impaired	Normal	teeth stain
59	Udaysingh M. Mahida	7	12	M	127	20	12.4	moderately impaired	severely impaired	Normal	Normal	dental carries, teeth stain
60	Jay A. Bhoi	7	12	M	129	22	13.2	moderately impaired	severely impaired	impaired	Normal	dental carries
61	Niraj K. Parmar	7	13	M	140	27	13.8	mildly impaired	severely impaired	impaired	Normal	dental carries
62	Sanjay S. Gohel	7	13	M	141	26	13.1	mildly impaired	severely impaired	impaired	Normal	dental carries
63	Samir I. Vohra	7	12	M	130	32	18.9	moderately impaired	mildly impaired	Normal	Normal	dental carries
64	Pavanputra I gohel	7	12	M	146	32	15	mildly impaired	severely impaired	Normal	Normal	dental carries , teeth stain, chest pain

65	Sandeep R. Vaghela	7	14	M	125	20	12.8	moderately impaired	severely impaired	impai red	Nor mal	dental carries
66	Deep J. Rohit	7	12	M	131	30	17.5	mildly impaired	moderately impaired	Norm al	Nor mal	no complaints
67	Ashish S. Chauhan	7	12	M	135	23	12.6	moderately impaired	severely impaired	Norm al	Nor mal	dental carries
68	Aman I. Vohra	7	13	M	157	45	18.3	normal	normal	Norm al	Nor mal	dental carries
69	Rakesh N. Parmar	7	13	M	140	34	17.3	mildly impaired	moderately impaired	impai red	Nor mal	dental carries ,teeth stain
70	Rakesh P.Parmar	7	13	M	158	40	16	normal	normal	impai red	Nor mal	no complaints
71	Vishal I. Vaghela	8	14	M	143	29	14.2	mildly impaired	severely impaired	impai red	Nor mal	dental carries
72	Krunal M. Vasava	8	14	M	143	26	12.2	mildly impaired	severely impaired	impai red	Nor mal	no complaints
73	Karan S. Gohel	8	14	M	141	30	15.1	moderately impaired	severely impaired	impai red	Nor mal	teeth stain
74	Viren M. Vaghela	8	13	M	141	30	13.9	mildly impaired	severely impaired	impai red	Nor mal	dental carries
75	Nitin R. Parmar	8	13	M	152	39	16.9	normal	normal	impai red	Nor mal	no complaints

76	Dhruv S. Patel	8	14	M	151	34	14.9	mildly impaired	moderately impaired	impaired	Normal	teeth stain
77	Tejas S. Gohel	8	14	M	140	43	21.9	moderately impaired	normal	impaired	Normal	dental carries,teeth stain
78	Pinto B. Solanki	8	14	M	157	29	11.8	normal	severely impaired	Normal	Normal	dental carries
79	Hasmukh B. Bhoi	8	14	M	132	25	14.3	moderately impaired	severely impaired	impaired	Normal	dental carries,teeth stain
80	Sailesh M. Parmar	8	14	M	144	35	16.9	mildly impaired	moderately impaired	impaired	Normal	dental carries,teeth stain
81	Ankit M. Parmar	8	14	M	149	30	13.5	mildly impaired	severely impaired	impaired	Normal	dental carries,teeth stain
82	Bhavesh S. Gohel	8	14	M	148	30	13.7	normal	severely impaired	Normal	Normal	dental carries
83	Mayank C. Patel	8	14	M	145	45	21.4	mildly impaired	mildly impaired	impaired	Normal	teeth stain
84	Viren B. Chauhan	8	14	M	142	38	18.8	mildly impaired	moderately impaired	impaired	Normal	dental carries
85	Sandip V. Talpada	8	14	M	160	44	17.2	normal	normal	impaired	Normal	no complaints
86	Soham I. Vohra	8	14	M	149	54	24.3	mildly impaired	normal	Normal	Normal	no complaints

87	Yuvrajsingh B. Gohel	8	14	M	154	62	26.1	normal	normal	Normal	Normal	dental carries
88	Ranjit R. Parmar	8	14	M	149	36	16.2	mildly impaired	moderately impaired	impaired	Normal	dental carries
89	Gaurang D. Gohel	8	14	M	142	37	18.3	mildly impaired	moderately impaired	Normal	Normal	teeth stain
90	Harshil Vohra	8	13	M	150	39	17.3	normal	normal	impaired	Normal	dental carries ,teeth stain
91	Kelvin D. Parmar	8	14	M	150	40	17.8	mildly impaired	mildly impaired	Normal	Normal	no complaints
92	Mehul D. Chauhan	8	14	M	150	33	14.7	mildly impaired	severely impaired	Normal	Normal	teeth stain
93	Jitendra M. Chunara	8	14	M	150	40	17.8	mildly impaired	mildly impaired	impaired	Normal	dental carries
94	Sohail S. Vohra	8	13	M	150	41	18.2	normal	moderately impaired	Normal	Normal	dental carries ,teeth stain
95	Kiran S. solanki	8	13	M	147	33	15.3	mildly impaired	moderately impaired	Normal	Normal	teeth stain
96	Ronak A. Mahida	8	13	M	146	36	16.9	mildly impaired	mildly impaired	impaired	Normal	dental carries
97	Dev S Vohra	8	14	M	153	34	14.5	mildly impaired	moderately impaired	Normal	Normal	no complaints

98	Aaryan P. Chauhan	8	13	M	140	30	15.3	mildly impaired	severely impaired	impaired	Normal	teeth stain
99	Chirag N. Rohit	8	13	M	145	38	18.1	mildly impaired	mildly impaired	Normal	Normal	teeth stain
100	Chetan D.Bhoi	8	14	M	170	54	18.7	normal	normal	Normal	Normal	teeth stain
101	NikulJ.Chauhan	8	14	M	148	51	23.3	mildly impaired	normal	impaired	Normal	dental carries, teeth stain
102	Keyur R. Chauhan	8	13	M	145	29	13.8	mildly impaired	severely impaired	Normal	Normal	no complaints

Sr. no	Name	Age	Class	Gender	Height	Weight	BMI	Stunting	Wasting	findings
1	krushnraj alpeshbhai chauhan	9 years	4th std	male	130 cm	24 kg	14.2	normal	mild impaired	stains, poor nail hygiene
2	hiral jagdishbhai vaghela	10 years	4th std	male	128 cm	25 kg	15.3	mild impaired	moderately impaired	dental caries, cavities, stains, poor nail hygiene
3	dev ganshyambhai vaghela	9 years	4th std	male	128 cm	20 kg	12.2	normal	moderately impaired	dental caries, cavities, stains, poor nail hygiene
4	ronak shashikantbhai chavda	9 years	4th std	male	126 cm	20 kg	12.6	normal	moderately impaired	pale conjuctiva, dental caries, poor nail hygiene
5	kuldip maheshbhai gohil	10 years	4th std	male	130 cm	23 kg	13.6	mild impaired	moderately impaired	pale conjuctiva, dental caries, poor nail hygiene
6	kishanbhai revabhai bharvad	10 years	4th std	male	129 cm	22 kg	13.2	mild impaired	moderately impaired	pale conjuctiva, dental caries, poor nail hygiene
7	mayank ashokbhai rohit	9 years	4th std	male	128 cm	25 kg	15.3	normal	mild impaired	pale conjuctiva, dental caries, poor nail hygiene
8	sayad firozbhai vohra	10 years	4th std	male	125 cm	45 kg	28.8	mild impaired	normal	pale conjuctiva, dental caries, poor nail hygiene
9	dharmesh jayantibhai parmar	10 years	4th std	male	120 cm	20 kg	13.9	mild impaired	severely impaired	pale sclera, dental stain and carries, poor nail hygiene
10	tarun kalpeshbhai chauhan	10 years	4th std	male	123 cm	20 kg	13.2	mild impaired	severely impaired	pale conjuctiva, dental caries, poor nail hygiene
11	neel maheshbhai vasava	10 years	4th std	male	124 cm	20 kg	13	mild impaired	severely impaired	pale conjuctiva, dental caries, poor nail hygiene
12	rudra manojbhai patel	10 years	4th std	male	130 cm	20 kg	11.8	mild impaired	severely impaired	pale conjuctiva, dental caries, poor nail hygiene
13	meghrajbhai devendrasinh chauhan	9 years	4th std	male	120 cm	20 kg	13.9	mild impaired	moderately impaired	pale conjuctiva, dental caries, poor nail hygiene

14	het dilipbhai patel	9 years	4th std	male	131 cm	20 kg	11.7	normal	moderately impaired	pale conjuctiva, poor nail hygiene
15	ronak alpeshbhai vaghela	9 years	4th std	male	128 cm	20 kg	12.2	normal	moderately impaired	poor nail hygiene
16	hari vipulbhai prajapati	9 years	4th std	male	135 cm	21 kg	11.5	normal	moderately impaired	pale conjuctiva, dental caries, poor nail hygiene
17	hitesh shailishbhai zala	10 years	4th std	male	138 cm	22 kg	11.6	normal	moderately impaired	pale conjuctiva, skin allergy, poor nail hygiene
18	ravibhai valjibhai rohit	9 years	4th std	male	121 cm	20 kg	13.7	mild impaired	moderately impaired	dental stains, skin discolouration
19	mo.ayan amitkumar malek	10 years	4th std	male	125 cm	20 kg	12.8	mild impaired	severely impaired	pale conjuctiva, dental stains and carries
20	nikhil dineshbhai rohit	10 years	4th std	male	135 cm	20 kg	11	normal	severely impaired	pale conjuctiva, dental carries and stain
21	ajay vishnubhai chauhan	9 years	4th std	male	125 cm	20 kg	12.8	mild impaired	moderately impaired	pale conjuctiva, cavity stain, poor nail hygiene, dry skin
22	dhruv mukeshbhai vasava	10 years	4th std	male	123 cm	20 kg	13.2	mild impaired	severely impaired	dental caries, poor nail hygiene
23	nikhil maheshbhai gohel	10 years	4th std	male	130 cm	25 kg	14.8	mild impaired	moderately impaired	pale conjuctiva, dry skin, dental caries and stain, poor nail hygiene
24	sarjubhai ramanbhai bhil	10 years	4th std	male	145 cm	26 kg	12.4	normal	mild impaired	dental stains
25	chirag sunilbhai gohel	10 years	4th std	male	128 cm	20 kg	12.2	mild impaired	severely impaired	dental stain, pale conjuctiva, poor nail hygiene
26	ketanbhai kiranbhai chunara	9 years	4th std	male	128 cm	20 kg	12.2	normal	moderately impaired	stains, poor nail hygiene
27	nil maheshbhai gohil	10 years	4th std	male	131 cm	23 kg	13.4	normal	moderately impaired	yellow sclera, cavities and stains, poor nail hygiene

28	deepkumar jashvantbhai prajapati	9 years	4th std	male	126 cm	22 kg	13.9	normal	moderately impaired	yellow sclera, cavities and stains, poor nail hygiene
29										
30	Premkumar j Rohit	10years	5th std	male	128cm	20 kg	11.7	mild impaired	moderately impaired	teeth stains, pale conjuctiva
31	Ketanbhai Rajeshbhai Rohit	11years	5th std	male	130cm	20 kg	12.2	mild impaired	moderately impaired	tooth stain, cavities, nail beds dry
32	Ronakkumar Jagdis bhai Vasava	10years	5th std	male	130cm	21 kg	11.5	mild impaired	moderately impaired	poor nail hygiene, teeths stain
33	Sanjaykumar Mukeshbhai Vasava	10years	5th std	male	130cm	22 kg	11.6	mild impaired	moderately impaired	pale conjuctiva, teeths stain
34	Satishbhai Bharatbhai Bhoi	10years	5th std	male	125cm	20 kg	13.7	mild impaired	moderately impaired	cavity stain, poor nail hygiene
35	Dhruvkumar Maheshbhai Parmar	10years	5th std	male	133cm	20 kg	12.8	normal	severely impaired	pale conjuctiva, cavities, poor nail hygiene
36	Jaydevbhai Dineshbhai Raval	11 years	5th std	male	140cm	20 kg	11	normal	severely impaired	poor nail hygiene, dry skin, teeth stain, pale conjuctiva
37	Dhruvalkumar Harshadbhai Gohel	10years	5th std	male	140cm	20 kg	12.8	normal	moderately impaired	pale conjuctiva
38	Bhupendrabhai Rajeshbhai Vaghela	12years	5th std	male	140cm	20 kg	13.2	normal	severely impaired	teeth stain, skin allergy, pale conjuctiva
39	Gautambhai Rameshbhai Bhoi	10years	5th std	male	135cm	25 kg	14.8	normal	moderately impaired	pale conjuctiva, tooth stain, poor nail hygiene, dry nail beds
40	Yuvrajsinh Sandipbhai Chauhan	10years	5th std	male	125cm	26 kg	12.4	mild impaired	mild impaired	pale conjuctiva, tooth stain, cavities
41	Virendrakumar Kanubhai Gohel	11 years	5th std	male	138cm	20 kg	12.2	normal	severely impaired	cavities

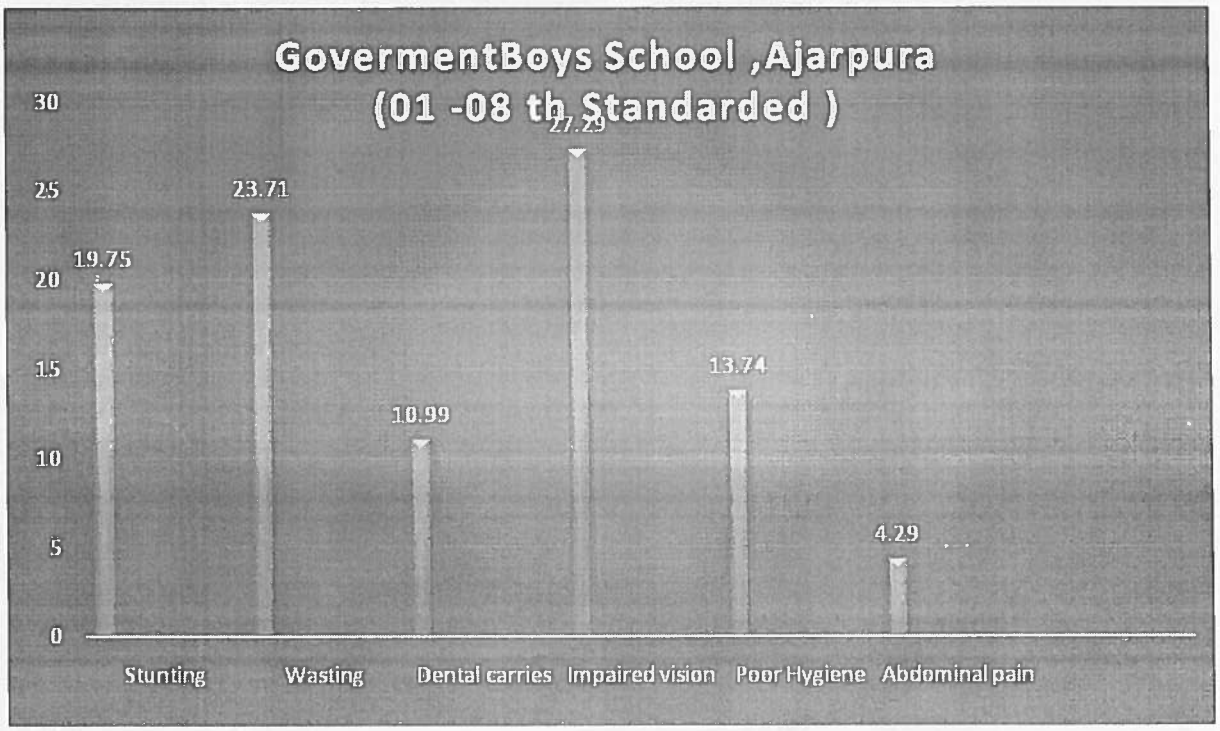
42	Manojbhai Poonambhai Chunara	11years	5th std	male	130cm	20 kg	12.2	mild impaired	moderately impaired	dental caries, stains, poor nail hygiene
43	Kishanbhai Gokadbhai Chunara	11years	5th std	male	135cm		13.4	mild impaired	moderately impaired	pale conjuctiva, dental stains, caries
44	Amit Chandubhai Chunara	11years	5th std	male	125cm		13.9	normal	moderately impaired	pale conjuctiva dental stain cavities, poor nail hygiene
45	Rohanbhai Asifbhai Vohra	11years	5th std	male	135cm	26kg	14.3	normal	mild impaired	dental caries, stains, poor nail hygiene
46	Divy Hiteshbhai Bhatt	11years	5th std	male	140cm	25kg	12.8	normal	moderately impaired	dental caries, stains, poor nail hygiene
47	Jayshinh Yuvrajshinh Chauhan	11years	5th std	male	135cm	25kg	13.7	normal	moderately impaired	poor nail hygiene, dentalstain, pale conjuctiva
48	Rajkumar Harshadbhai Patel	10years	5th std	male	132cm	22kg	12.6	normal	moderately impaired	poor nailhygiene, pale conjuctiva, dentalstain conjuctiva
49	Prashantbhai Alpeshbhai Patel	11years	5th std	male	132cm	25kg	14.3	mild impaired	moderately impaired	dental caries, stains, pale conjuctiva, dry skin
50	Hardikbhai Arvindbhai Gohel	11years	5th std	male	125cm	23kg	14.7	mild impaired	moderately impaired	dental stain, cavities, pale conjuctiva, poor nailhugiene
51	Miteshkumar Jayantibhai Gohel	11years	5th std	male	132cm	25kg	14.3	mild impaired	moderately impaired	dental caries, pale conjuctiva, dental stain, poor nailhygiene
52	Divy Yogeshbhai Patel	10years	5th std	male	133cm	26kg	14.7	normal	mild impaired	dantal caries, poor nailhygiene
53	Akshaykumar Ambalalbhai Vaghela	10years	5th std	male	128cm	25kg	15.3	mild impaired	moderately impaired	dental caries, stain, pale conjuctiva
54	Janakkumar Manubhai Rathod	11years	5th std	male	135cm	25kg	13.7	normal	moderately impaired	pale conjuctiva, dental stains, caries
55	Chiragkumar Rajeshbhai Gohel	10years	5th std	male	135cm	25kg	13.7	normal	moderately impaired	dental stain, cavities, pale conjuctiva, poor nailhugiene

56	Krish sandipbhai Bhatt	11years	5th std	male	122cm	25kg	16.8	mild impaired	moderately impaired	pale conjuctiva, dental stains, caries
57	Hiteshbhai Jaladbhai Bhanvaal	11years	5th std	male	135cm	26kg	14.3	normal	mild impaired	dental stain, cavities, pale conjuctiva, poor nailhugiene

GOVERNMENT BOYS SCHOOL AJARPURA

1st to 8th standard

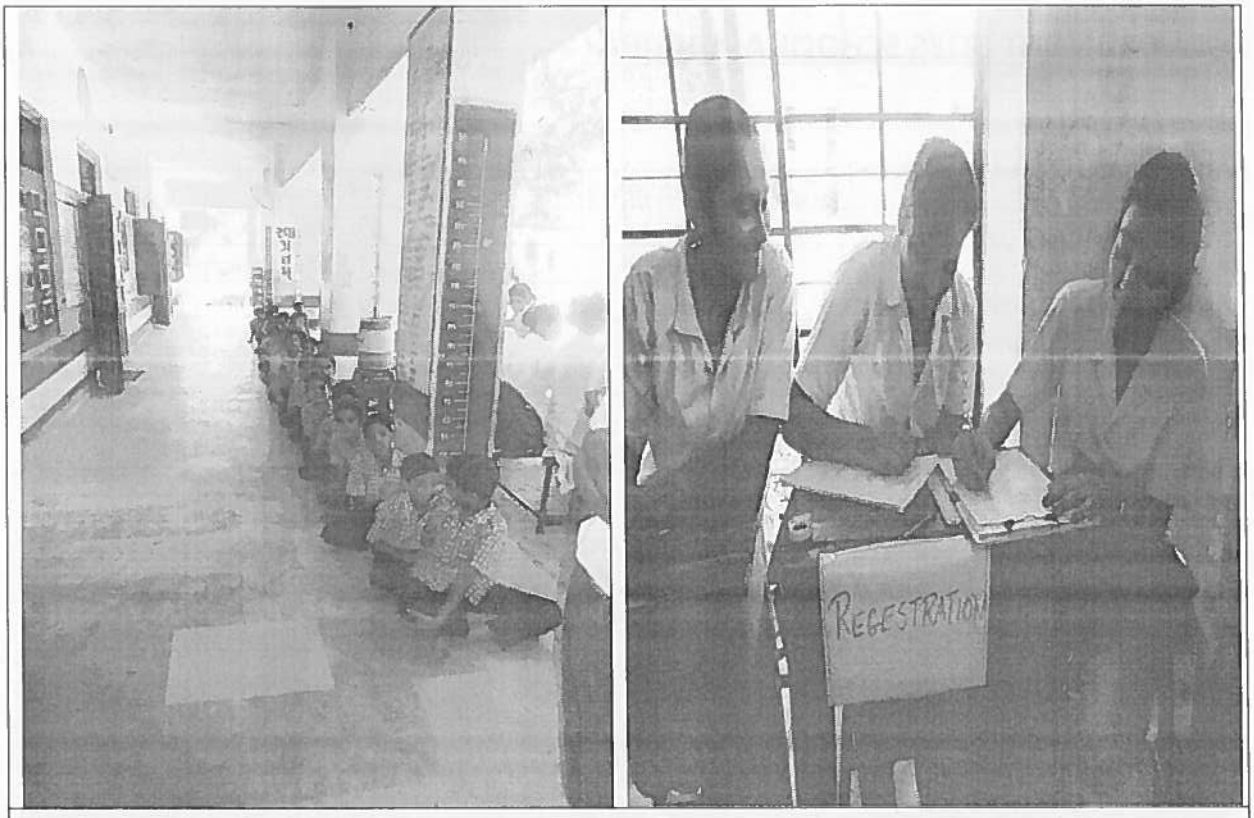
Sr.no.	Conditions	Frequency	Percentage
1.	Stunting	115	19.75%
2.	Wasting	138	23.71%
3.	Dental carries	54	10.99%
4.	Impaired vision	160	27.29%
5.	Poor hygiene	80	13.74%
6.	Abdominal pain	25	4.29%
	Total	582	100%



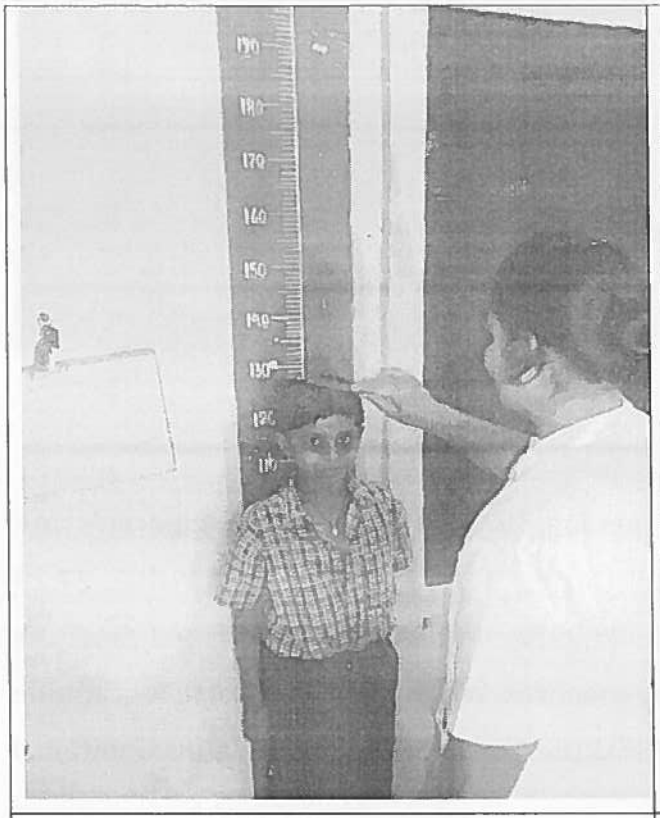
Conclusion:

The major health problems identified among Boys Govt. SchoolChildren's are Stunting: 19.75, Wasting: 23.71 %, Dental carries: 10.99 % , impaired Vision: 27.29 %,Poor Hygiene 13.74 % ,Abdominal pain 04.29 %.. Bananas are distributed to all the students to bring awareness about healthy practices. We express our heartfelt gratitude to Principal, MTIN, Principal, VIA and CHARUSAT university for their unconditional Support.

Photogallary



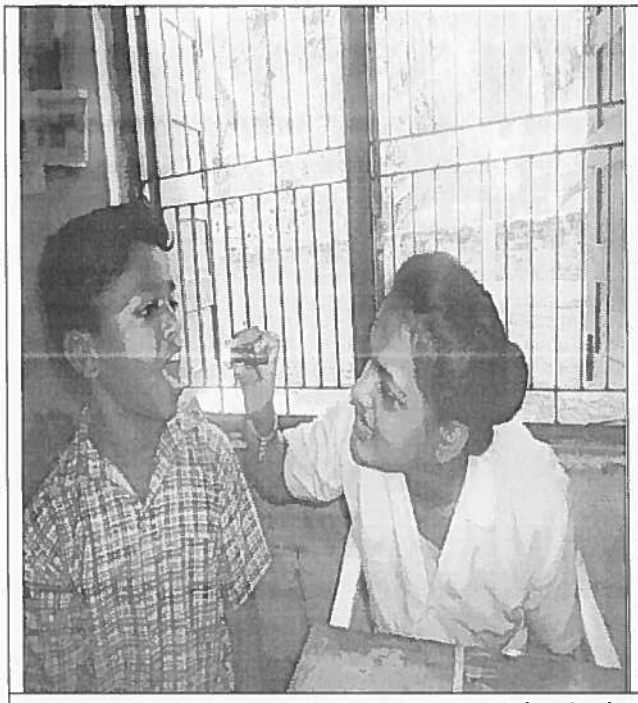
Reception



Height Measurement

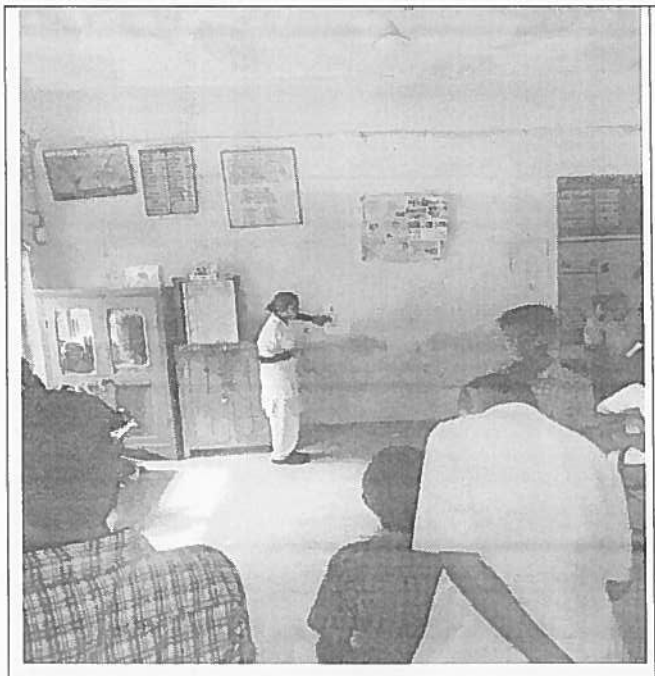


Weight Checking





Physical Assessment



Eye testing



Students enjoying Banana

School Health Program Report

Introduction:

As a part of their curriculum "Manikaka Topawala Institute of Nursing" students of 4th semester B. Sc. Nursing and 3rd Year G. N.M. students have carried out health assessment of School Children at Kanya shala, Nar on 3rd April 2017 with following objectives

Objectives:

At the end of the visit the students will be able to

- Assess the health status of the School children.
- Assess Nutritional status of the school children.
- Identify common health problem of school children.
- Provide care and follow up the identified cases.

Kanya Shala is situated near to primary health centre, Nar. There were total 228 student were studying which includes standard 1 to 8. 124 students were present at time of health check up. Students of 4th semester B. Sc. Nursing & 3rd Year G. N. M. Students were divided into various groups such as Reception group, Height and weight measuring group, Physical Examination group, Vision and hearing assessment group and Analysis group under supervision of Mr. Anilkumar Jarali, Asst. Professor, Mr. Jamin Chauhan, Nursing Tutor & Mrs. Alpna Patel, Clinical Instructor.

Health Assessment of School children is as follows

Sl.No	Name of the Child	Age	Sex	Class	Height	Weight	BMI	Vision	Hearing	Wasting	Stunting	Findings
1.	Nishaben R Talpada	6	Female	1	107cm	15 kg	13.1	Normal	Normal	Normal	Normal	
2.	Anjana M Parmar	6	Female	1	111cm	15 kg	12.17	Normal	Normal	Mild	Moderate	
3.	Khushiben V Patel	6	Female	1	104cm	14 kg	12.44	Normal	Normal	Normal	Normal	
4.	Varsha M Parmar	6	Female	1	105cm	15 kg	13.6	Normal	Normal	Normal	Normal	
5.	Mahi A Gohil	6	Female	1	105cm	15 kg	15	Normal	Normal	Normal	Normal	Dental carries
6.	Harshita V. Parmar	6	Female	1	112cm	17 kg	13	Normal	Normal	Normal	Normal	
7.	Deval D Solanki	7	Female	2	100cm	12kg	12	Normal	Normal	Moderate	Moderate	
8.	Yoganshi P Loy	7	Female	2	115cm	18kg	13.61	Normal	Normal	Normal	Normal	Mild anemia
9.	Minaben M Jadav	7	Female	2	122cm	19kg	12.75	Normal	Normal	Mild	Normal	abdominal pain
10.	Priti B. Talpada	7	Female	2	112cm	16kg	12.75	Normal	Normal	Normal	Normal	anemia
11.	Komalben G. Solanki	7	Female	2	117cm	18kg	13.14	Normal	Normal	Normal	Normal	Dental carries
12.	Vaishali J. Padhiyar	7	Female	2	117cm	18kg	13.14	Normal	Normal	Normal	Normal	Mild anemia
13.	Hiralben M. Tadpada	7	Female	2	110cm	18kg	14.87	Normal	Normal	Normal	Normal	Cough
14.	Divyaben S. Solanki	7	Female	2	117cm	26kg	18.99	Normal	Normal	Normal	Normal	Cough
15.	Kajalben S. Solanki	7	Female	2	105cm	15kg	13.6	Normal	Normal	Normal	Mild	Mild anemia
16.	Jayshreeben D. Bhandari	7	Female	2	118cm	16kg	11.49	Normal	Normal	Mild		Mild anemia
17.	Kinjalben G. Bhandari	7	Female	2	115cm	15kg	12.9	Normal	Normal	Mild	Normal	
18.	Bhumika S. Parmar	8	Female	3	114cm	16kg	12.3	Normal	Normal	Normal	Normal	
19.	Sangita H. Chavda	8	Female	3	113cm	20kg	15.66	Normal	Normal	Normal	Normal	
20.	Kinjal J. Vada	8	Female	3	118cm	21kg	15.8	Normal	Normal	Normal	Normal	mild anemia , abdominal pain
21.	Nirv B. Parmar	8	Female	3	12cm	20kg	13.88	Normal	Normal	Normal	Normal	Dental carries
22.	Chandrika N. Vaghari	8	Female	3	112cm	18kg	14.34	Normal	Normal	Normal	Mild	
23.	Soni A. Jadav	8	Female	3	125cm	22kg	14.08	Normal	Normal	Normal	Normal	

24.	Sherin C. Macwan	8	Female	3	119cm	20kg	14.12	Normal	Normal		Normal	
25.	Tejal S. Parmar	8	Female	3	112cm	15kg	11.9	Normal	Normal	Mild	Normal	
26.	Kirti R. Sodha Parmar	8	Female	3	121cm	22kg	15.02	Normal	Normal	Normal	Normal	mild anemia
27.	Priti R. Talpada	8	Female	3	115cm	18kg	13.61	Normal	Normal	Normal	Normal	
28.	Pragati V. Patel	8	Female	3	114cm	17kg	13.08	Normal	Normal	Normal	Normal	
29.	Chandrika N. Vaghari	8	Female	3	116cm	16kg	11.8	Normal	Normal	Moderate	Normal	
30.	Nilamben D. Dabhi	8	Female	3	111cm	17kg	13.74	Normal	Normal	Normal	Normal	
31.	Jayshreeben D. Bhandari	8	Female	3	127cm	26kg	16.12	Normal	Normal	Normal	Normal	mild anemia
32.	Pinjal R. Jadav	8	Female	3	114cm	16kg	12.3	Normal	Normal	Mild	Normal	mild anemia
33.	Sidhhi D. Solanki	8	Female	3	118cm	20kg	14.36	Normal	Normal	Normal	Normal	mild anemia
34.	Kinjal Thakorbhai Solanki	9	Female	4th	117 cm	20 kg	14.61	Normal	Normal	Normal	Normal	
35.	Saraswatiben G. Paramar	9	Female	4th	128 cm	22 kg	16.5	Normal	Normal	Normal	Normal	right side ear pain
36.	Purviben Mafatbhai Parmar	9	Female	4th	119 cm	22 kg	13.42	Normal	Normal	Normal	Normal	
37.	Saloni Robinbhai Vankar	9	Female	4th	130 cm	22 kg	13	Normal	Normal	Mild	Normal	left side ear pain
38.	Kalpanaben Kanubhai Harijan	9	Female	4th	123cm	23kg	15.2	Normal	Normal	Normal	Normal	mild anemia
39.	Asthaben Dipakbhai Vankar	9	Female	4th	126cm	21kg	13.22	Normal	Normal	Normal	Normal	
40.	Jaikaben Jitubhai Vaghela	9	Female	4th	127cm	24kg	14.88	Normal	Normal	Normal	Normal	mild anemia
41.	Januben Maheshbhai Gohel	9	Female	4th	132cm	26kg	14.92	Normal	Normal	Normal	Normal	
42.	Dhartiben Prakashbhai Solanki	9	Female	4th	115cm	20kg	15.2	Normal	Normal	Normal	Mild	
43.	Maniben Nareshbhai Panchal	9	Female	4th	126cm	24kg	15.11	Normal	Normal	Normal	Normal	
44.	Ishaben Manojbhai Harijan	9	Female	4th	118cm	18kg	12.9	Normal	Normal	Normal	Normal	mild anemia
45.	Valenshiben Chimanbhai Vankar	10	Female	5th	136cm	27kg	14.59	Normal	Normal	Normal	Normal	
46.	Apexaben Kiransingh Rabari	10	Female	5th	132cm	24kg	13.77	Normal	Normal	Normal	Normal	cold
47.	Vishakhaben Vijaybhai Parmar	10	Female	5th	124cm	19kg	12.35	Normal	Normal	Mild	Normal	dental carries
48.	Shraddhaben Punambhai Talpada	10	Female	5th	133cm	23kg	13	Normal	Normal	Mild	Normal	dental carries,mild anemia
49.	Jankiben Rasikbhai Talpada	10	Female	5th	131cm	21kg	12.23	Normal	Normal	Moderate	Normal	severe cough
50.	Gayatriben Laljibhai Parmar	10	Female	5th	132cm	23kg	13.2	Normal	Normal	Mild	Normal	cough,cold

51.	Payal Shaileshbhai Talpada	10	Female	5th	124cm	21kg	13.6	Normal	Normal	Normal	Normal	cold
52.	Riyaben Rameshbhai Solanki	10	Female	5th	126cm	21kg	13.22	Normal	Normal	Mild	Normal	
53.	Minaben Pravinbhai Parmar	10	Female	5th	129cm	22kg	13.22	Normal	Normal	Normal	Normal	pain in ear pinna
54.	Bhavnaben Rajeshbhai Jadav	10	Female	5th	136cm	40kg	21.62	Normal	Normal	Normal	Normal	mild anemia
55.	Mansiben Gopalbhai Solanki	10	Female	5th	130cm	21kg	10.86	Normal	Normal	Mild	Normal	
56.	Jyotiben Daragnath Bhandari	10	Female	5th	125cm	19kg	12.16	Normal	Normal	Mild	Normal	
57.	Bhavishaben Maheshbhai Parmar	10	Female	5th	139cm	30kg	15.5	Normal	Normal	Normal	Normal	
58.	Sejalben Sunilbhai Parmar	10	Female	5th	153cm	49kg	20.9	Normal	Normal	Normal	Normal	
59.	Khushiben Vipulbhai Suthar	10	Female	5th	130cm	24kg	14.2	Normal	Normal	Normal	Normal	
60.	Savitri Manubhai Talpada	10	Female	5th	130cm	27kg	15.9	Normal	Normal	Normal	Normal	
61.	Jyotiben Mafatbhai Parmar	10	Female	5th	133cm	29kg	16.39	Normal	Normal	Severe	Normal	
62.	Dishaben Bharatbhai Talpada	10	Female	5th	128cm	21kg	12.81	Normal	Normal	Mild	Normal	
63.	Priyankaben Rameshbhai Talpada	10	Female	5th	127cm	22kg	13.64	Normal	Normal	Normal	Normal	dental carries
64.	Harshnaben Kiransingh Baria	11	Female	6th	138cm	25kg	13.1	Abnormal	Normal	Mild	Normal	
65.	Nainaben Bharatbhai Vaghela	11	Female	6th	142cm	27kg	13.4	Abnormal	Normal	Mild	Normal	cough
66.	Laxmiben Mahendrabhai Gohel	11	Female	6th	144cm	25kg	12.1	Normal	Normal	Moderate	Normal	
67.	Palakben Rajeshbhai Makvana	11	Female	6th	131cm	24kg	13.9	Normal	Normal	Normal	Normal	left side ear pain
68.	Sejalben Natubhai Parmar	11	Female	6th	132cm	25kg	14.3	Normal	Normal	Normal	Normal	
69.	Ushaben Ramanbhai Parmar	11	Female	6th	128cm	22kg	13.4	Normal	Normal	Normal	Normal	throat pain
70.	Sonalben Kalpeshbhai Parmar	11	Female	6th	122cm	22kg	14.8	Normal	Normal	Normal	Mild	
71.	Nishaben Bharatbhai Talpada	11	Female	6th	128cm	23kg	14	Normal	Normal	Normal	Normal	
72.	Manishaben Shaileshbhai Solanki	11	Female	6th	137cm	25kg	13.3	Normal	Normal	Mild	Normal	
73.	Muktiben Rajnikant Solanki	11	Female	6th	139cm	25kg	11.32	Normal	Normal	Mild	Normal	
74.	Ankitaben Kanubhai Parmar	11	Female	6th	133cm	30kg	17.35	Normal	Normal	Normal	Normal	pus in both of the ears
75.	Manishaben Rajnikant Solanki	11	Female	6th	139cm	26kg	13.4	Normal	Normal	Mild	Normal	mild anemia
76.	Meghaben Jayantibhai Zala	11	Female	6th	135cm	25kg	13.7	Normal	Normal	Normal	Normal	cold,cough
77.	Kiranben Maheshbhai Parmar	11	Female	6th	141cm	24kg	12.1	Normal	Normal	Mild	Normal	cough

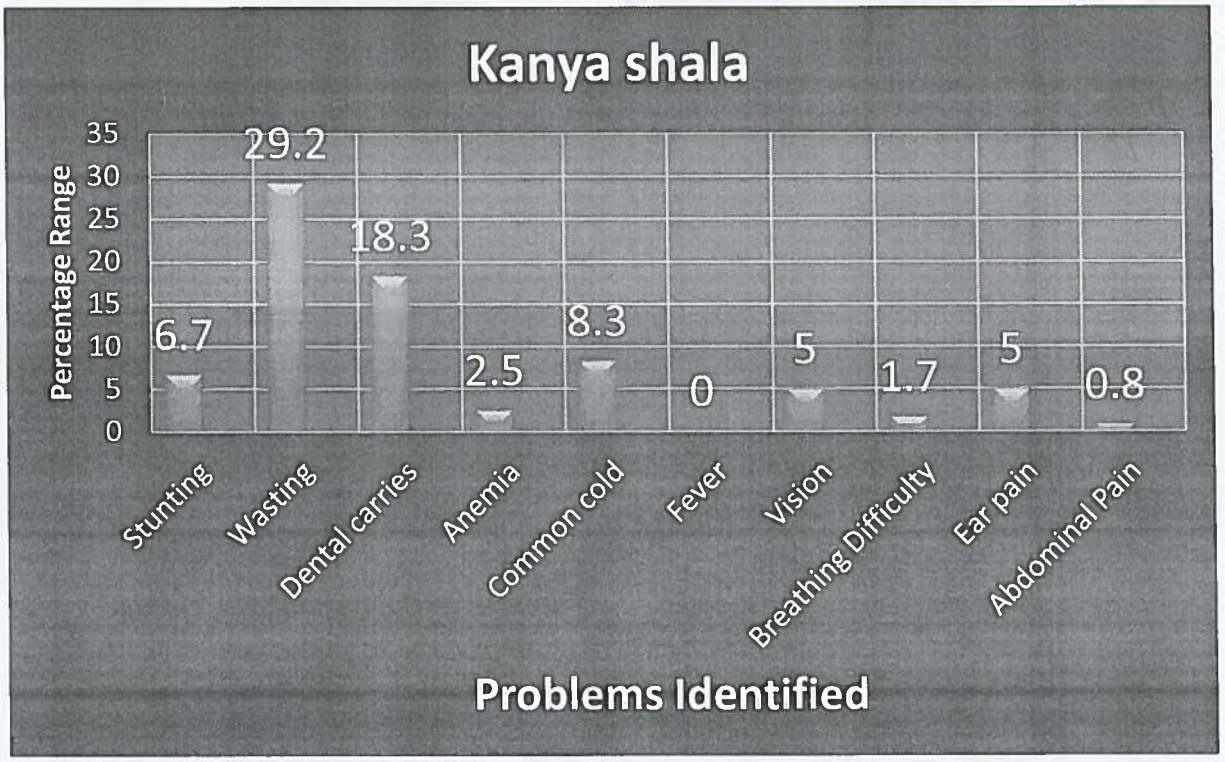
78.	Kajalben Gorakhnath Bhandari	11	Female	6th	140cm	23kg	11.7	Normal	Normal	Moderate	Normal	
79.	Mittalben Vikrambhai Chauhan	11	Female	6th	139cm	30kg	15.52	Normal	Normal	Normal	Normal	
80.	Vandanaben Hasmukhbhai Vankar	11	Female	6th	144cm	31kg	14.94	Normal	Normal	Normal	Normal	mild anemia
81.	Roshniben Rajnibhai Parmar	11	Female	6th	119cm	20kg	15.38	Normal	Normal	Normal	Moderate	mild anemia
82.	Jayshreeben Pravinbhai Solanki	11	Female	6th	127cm	25kg	15.5	Normal	Normal	Normal	Normal	dental carries
83.	Jankiben Harshadbhai Solanki	11	Female	6th	142cm	31kg	15.4	Normal	Normal	Normal	Normal	mild anemia
84.	Jyoshnaben Buddhai Talpada	11	Female	6th	142cm	36kg	17.9	Normal	Normal	Normal	Normal	
85.	Saritaben Bhailalbhai Parmar	11	Female	6th	130cm	24kg	14.2	Normal	Normal	Normal	Normal	
86.	Hinalben Maheshbhai Talpade	12	Female	7	154 cm	30 kg.	12.64	Normal	Normal	Moderate	Normal	Cough Present, Cold Present
87.	Tejalben Natubhai Parmar	12	Female	7	145 cm	40 kg.	19.02	Abnormal	Normal	Normal	Normal	Dental Carries
88.	Kunjanben Ishwarbhai Tadvi	12	Female	7	155 cm	35 kg.	14.56	Normal	Normal	Mild	Normal	-
89.	Pujaben Rajeshbhai Parmar	12	Female	7	148 cm	40 kg.	18.26	Normal	Normal	Normal	Normal	-
90.	Arpitaben Pintubhai Talpade	12	Female	7	131 cm	27 kg.	15.73	Normal	Normal	Normal	Mild	-
91.	Hinaben Punambhai Parmar	12	Female	7	137 cm	33 kg.	17.6	Normal	Normal	Normal	Normal	-
92.	Rinkuben Rajeshbhai Padhiyar	12	Female	7	133 cm	25 kg.	14.1	Normal	Normal	Normal	Normal	-
93.	Manishaben Dineshbhai Talpade	12	Female	7	134 cm	27 kg.	15	Normal	Normal	Normal	Normal	-
94.	Gayatriben Chandubhai Sindha	13	Female	8	138 cm	26 kg.	13.65	Normal	Normal	Mild	Normal	Dental Carries
95.	Nishben Dahyabhai Vankar	13	Female	8	143 cm	33 kg.	19.52	Normal	Normal	Normal	Normal	-
96.	Gayatriben Rajubhai Talpade	13	Female	8	146 cm	30 kg.	17.75	Normal	Normal	Mild	Normal	-
97.	Parulben Punambhai Talpade	12	Female	7	138 cm	30 kg.	15.75	Normal	Normal	Normal	Normal	Dental Carries
98.	Ankitaben Ganshyambhai Parmar	12	Female	7	139 cm	26 kg.	13.45	Abnormal	Normal	Mild	Normal	Dental Carries
99.	Priyaben Mangalbhai Solanki	12	Female	7	135 cm	25 kg.	12.93	Normal	Normal	Mild	Normal	Stomach Pain
100	Rinkelben Dineshbhai Solanki	12	Female	7	139 cm	29 kg.	15	Normal	Normal	Normal	Normal	-
101	Ushaben Ratilal Solanki	13	Female	8	146 cm	35 kg.	16.41	Normal	Normal	Normal	Normal	Dental Carries
102	Sonaliben Maheshbhai Talpade	13	Female	8	150 cm	40 kg.	17.77	Normal	Normal	Normal	Normal	Dental Carries
103	Kailashaben Bhailalbhai Solanki	13	Female	8	137 cm	28 kg.	14.91	Normal	Normal	Normal	Normal	-
104	Jashodaben Jayantibhai Padhiyar	12	Female	7	147 cm	33 kg.	15.27	Normal	Normal	Mild	Normal	Mild Anemia

105	Bhavikaben Bhanubhai Solanki	12	Female	7	133 cm	25 kg.	14.13	Normal	Normal	Normal	Normal	Breathing Difficulties
106	Manishaben Bhupendrabhai Parmar	12	Female	7	144 cm	35 kg.	16.87	Normal	Normal	Normal	Normal	Cold
107	Bhumi Rajanikant Solanki	13	Female	8	158 cm	36 kg.	14.42	Normal	Normal	Normal	Normal	-
108	Bhavanaben Govindbhai Parmar	13	Female	8	150 cm	36 kg.	16	Normal	Normal	Normal	Normal	Dental Carries
109	Jalpaben Rameshbhai Solanki	13	Female	8	151 cm	36 kg.	15.78	Normal	Normal	Normal	Normal	Dental Carries
110	Anjaliben Rajanibhai Solanki	13	Female	8	150 cm	45 kg.	20	Normal	Normal	Normal	Normal	Breathlessness
111	Reshmaben Jagdishbhai Parmar	13	Female	8	146 cm	35 kg.	16.41	Normal	Normal	Normal	Normal	Dental Carries
112	Nehaben Manojbhai Harijan	12	Female	7	133 cm	25 kg.	14.13	Normal	Normal	Normal	Normal	Mild Fever, Dental Carries
113	Hinaben Shaileshbhai Solanki	12	Female	7	133 cm	30 kg.	17	Normal	Normal	Normal	Normal	Dental Carries
114	Priyaben Rameshbhai Parmar	12	Female	7	144 cm	31 kg.	14.9	Abnormal	Normal	Normal	Normal	-
115	Kajalben Bhupendrabhai Parmar	12	Female	7	150 cm	45 kg.	20	Normal	Normal	Normal	Normal	Anemic
116	Nehaben Pravinbhai Parmar	13	Female	8	141 cm	26 kg.	13.07	Normal	Normal	Moderate	Normal	Dental Carries
117	Rinkuben Chandubhai Solanki	13	Female	8	147 cm	30 kg.	13.88	Normal	Normal	Mild	Normal	Dental Carries
118	Komalben Durag Bhandari	13	Female	8	148 cm	36 kg.	16.43	Normal	Normal	Normal	Normal	Dental Carries
119	Kajalben Rameshbhai Parmar	13	Female	8	141 cm	30 kg.	15.08	Normal	Normal	Normal	Normal	-
120	Krupaliben Rameshbhai Sodhaparmar	13	Female	8	147 cm	35 kg.	16.19	Normal	Normal	Normal	Normal	Dental Carries
121	Vaishaliben Jalambhai Parmar	13	Female	8	159 cm	47 kg.	18	Normal	Normal	Normal	Normal	Eay Problem
122	Hinalben Rajeshbhai Vaghela	12	Female	7	124 cm	25 kg.	16.3	Normal	Normal	Normal	Moderate	Mild Anemia
123	Tulsiben Rajeshbhai Parmar	12	Female	7	143 cm	33 kg.	16.1	Abnormal	Normal	Normal	Normal	-
124	Bhumiben Sureshbhai Harijan	12	Female	7	134 cm	22 kg.	12.3	Normal	Normal	Mild	Normal	-

Graphical Presentation of Health status of School Children:

Total students: 124

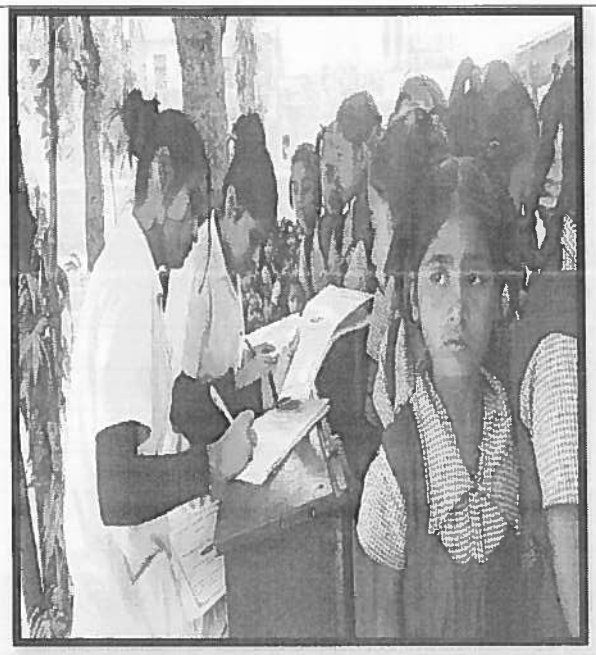
Sl. No	Condition	Frequency	Percentage
1.	Vision	6	5.0
2.	Wasting	35	29.2
3.	Stunting	8	6.7
4.	Abdominal Pain	1	0.8
5.	Anaemia	3	2.5
6.	Breathing Difficulties	2	1.7
7.	Cold & Cough	10	8.3
8.	Dental Carries	22	18.3
9.	Ear Pain	6	5.0



Conclusion:

The major health problems identified among Kanya Shada Children's are Wasting: 29.2% Dental carries: 18.3%, Vision: 5.0%. Bananas are distributed to all the students to bring awareness about healthy practices. We express our heartfelt gratitude to Principal, MTIN, Principal, VIA and CHARUSAT university for their unconditional Support.

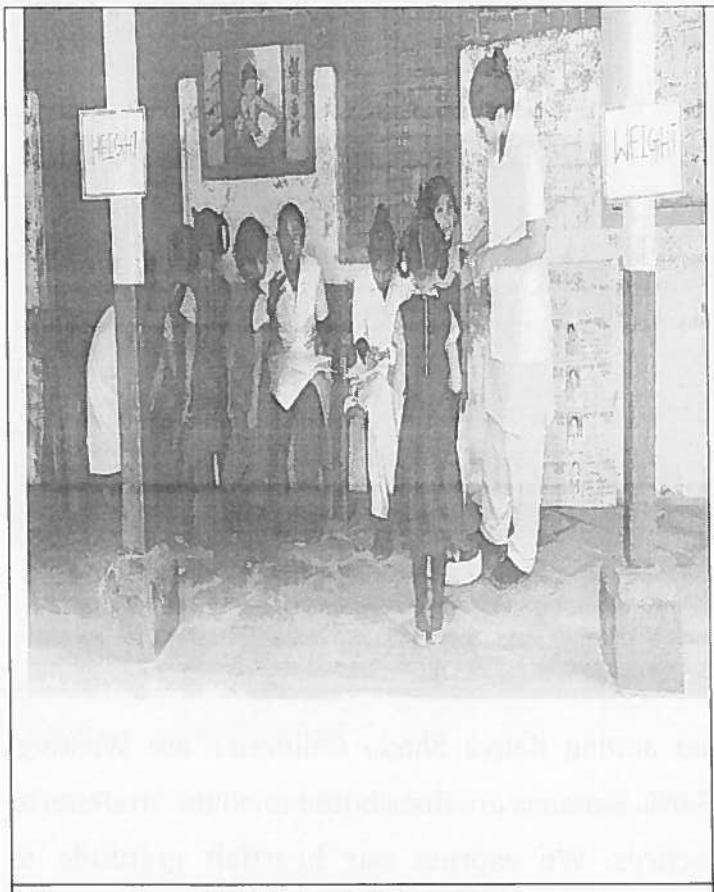
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Reception



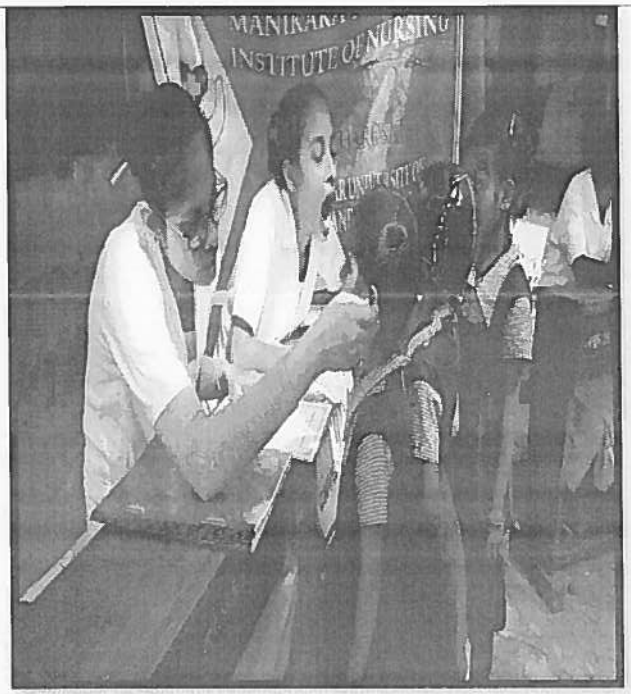
Vision Assessment



Height Measurement



Weight Measurement

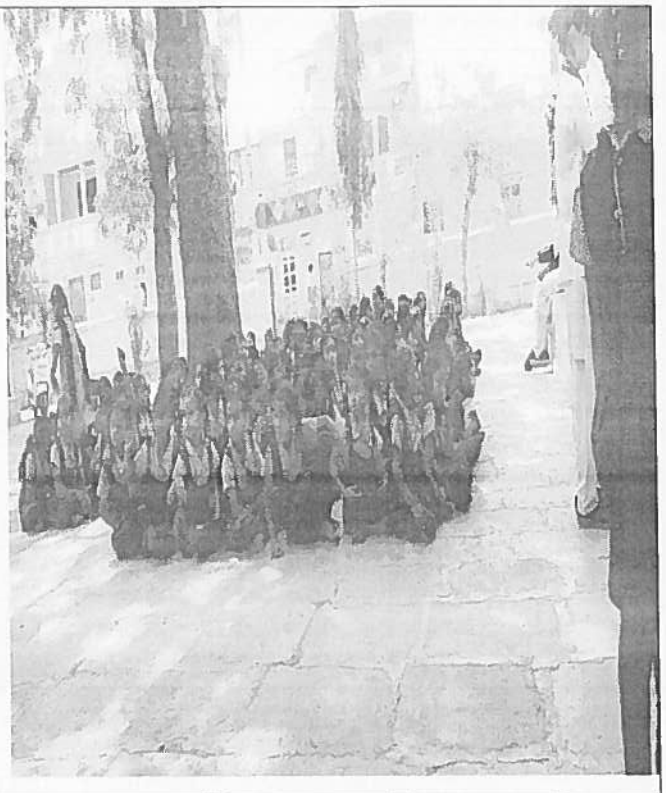




Physical Assessment



Hearing Test



Health Education

ANGANWADI REPORT

Introduction:

As a part of their curriculum students of 4th semester / 2ndyear B.Sc Nursing and 3rd year GNM students have carried out health assessment of Anganwadi Children at Ajarpura village under the supervision of Mr. GururajGuggari, Nursing Tutor Mr.JayeshPatidar Assist. Professor and Mrs. Shilpa Dalwadi, Nursing Tutor on 1st and 6th April, 2017 with following objectives

Objectives:

At the end of the visit the students will be able to

1) Assess the health status of anganwadichildren's
2) Explain the organization chart of ICDS
3) Describe various services rendered by anganwadi
4) Elaborate job description of anganwadi worker and helper
5) Discuss role of various health agencies in ICDS
6) Elucidate records and reports maintained at anganwadi

The anganwadi is handled by anganwadi worker and her helper. Students have covered all five Anganwadi's which are under PHC, Ajarpura. These anganwadi renders its services to children from age group of 0-6 years, adolescent girls from age of 11-18 years, antenatal women and lactating women.

The details of the Anganwadi is fallowing

Sl No	Area name	Name of AWW	Population covered	Total no of children present during assessment
1	Mata vaduFaliya	Mrs.Beenaben Patel	1200	19
2	Christivas	Mrs.NandabenVaghela	1026	13
3	Pagivaggu	Mrs.MeenabenParmar	1100	09
4	Meldimata	Mrs.RenukabenAtadiya	1026	14
5	Luharvas	Mrs.Reetaben	835	08

Organization of ICDS:



Activities Performed atAnganwadi

Every anganwadi has been provided with the schedule of activities that are to be followed regularly on daily basis by the anganwadi worker, this schedule is as follow:

Time	Activities
9:00 to 9:30 am	**For 6 months - 3 years of chidren**
	Cleaning and housekeeping of anganwadi
9:30 to 10:00 am	Cooking of breakfast by the helper
	Instruction about breast feeding and weaning to mothers by anganwadi worker
10:30 to 10:45 am	**For 3 years - 6 years of chidren**
	Childrens' arrival
	Maintaining peronal hygiene of children
	Prayer is performed and nutrition candy distribution
10:45 to 11:00 am	Breakfast time for children as per weekly menu
11:15 to 12:15 pm	Pre-primary education: about colours, animals, shaes, numbers, even poems, etc
12:15 to 12:45 pm	Out-door games and playing for children
12:45 to 13:15 pm	Afternoon lunch/snacks provided to children

13:15 to 14:00 pm	Group discussion among anganwadi worker and helper about anganwadi services and indoor activities for children using pre-school kit
14:00 to 15:30 pm	Promotion of ICDS and anganwadi services related to growth monitoring into public by anganwadi worker

Along with these daily activities, many activities are conducted on weekly, monthly or need basis by anganwadi worker under guidance of Female Health Worker.

Activities per week:

Every Monday

Mamta Day: I this program anganwadi worker assist Female Health Worker in immunization of all under 5 children's.

Every Wednesday and Saturday:

Provide ferrous sulphate syrup to children.

Every Tuesday and Saturday:

Kisori Sabha / Meeting: In this programme, adolescence girls are gathered and educated regarding personal hygiene, menstrual hygiene and even social activities like banking, hospital visits, etc. Some girls are provided readymade sessas of food materials.

Other than these, on month of January, May and September, 3rd Saturday of the months, Vatsalya Divas is celebrated. In this progrmme antenatal women and lactating women, who are for first time experiencing this stage of life are undergone ritual ceremony and provided with certain materials and lunch.

Activities of every month:

Every 2nd Thursday of a month

Rasoi show: On this adolescent girl, antenatal and lactating womens are taught to prepare various healthy food items out of ready-made packets provided by government.

Every 3rd Thursday of a month

Bal Divas: On this day, parents are gathered and are awared about their childs progress, and along with that weight measurement of all childrens are done to maintain in growth chart.

Every 4th Friday of a month

AanPrasanVidhi: In this program, mothers of children of age more than 6 months are given education about weaning and supplementary food.

ICDS Services:

ICDS SERVICES	**SERVICES PROVIDED BY ANGANWADI**
Nutritional Services	**Nutritional Services**
Nutritional supplementation	Nutritional supplementation
Vit-A syrup and IFA tablets distribution	Vit-A syrup and IFA tablets distribution
Nutrition Education	Nutrition Education
Growth monitoring	Growth monitoring
Immunization services	**Immunization services**
Health Care Services	**Health Care Services**
Periodical health check-up	Periodical health check-up
Treatment of minor ailments	
Educational services	**Educational services**
Health education to mothers	Health education to mothers
Informal preschool education to children	Informal preschool education to children
Referral Services	**Referral Services**

Supplementary Food of Anganwadi:

Every anganwadi provides breakfast and afternoon snacks to all the children, for this they provide food materials prepared from readymade packets provided by government. They have weekly menu as follows:

Week days	Breakfast	Afternoon Snacks
Monday	Shiro	Thapla, tuvar dal, friuts
Tuesday	Sweet Puda	Sabji, thapla
Wednesday	Sukhdi	Chana and vegetables pulav
Thursday	Shiro	Dal, rice, sabji and fruit
Friday	Idli	Thapla, chana
Saturday	Sweet Puda	Vegetables khichadi

Along with these food items, malnourished children are provided with laduswhich are rich in carbohydrates and calorie made up of 20 grams chana flour, 5 grams wheat flour, 5 grams peanuts, 8 grams edible oik and 15 grams jaggery.

Even adolescent girls and antenatal and lactating women are provided with packets of upma, shire and puda.

Revised Supplementary Nutritional norms:

Sr No.	Category	K Cals/day	Protein (g/day)
1	Children(6-72 months)	500	12--15
2	Pregnant and nursing mothers	600	18-20
3	Severely malnourished children(6-72 months)	800	20-25

Job description of anganwadi worker:

Primary Functions:

- Listing pregnant mothers and identification of at risk mothers
- Maternal weight recording
- Food supplementation
- Iron and folic acid supplementation
- TT motivation
- Depot holding for contraceptives
- Recording of birth weight and referral of low birth weight babies to VHN
- Ensuring breastfeeding for newborns
- Identification children for immunization
- Follow-up of immunized children
- Growth monitoring – children under 6 months
- Growth monitoring – children 6 months to 3 years
- Identification of children for feeding

- Referral for growth failure and other health problems
- Vitamin–A supplement – children under 6 years
- Iron and folic acid supplementation
- Treatment of children for minor ailments
- Referral of ARI cases to VHN
- ORT education and distribution of ORS
- Maintain village based health records

Records and Reports of Anganwadi:

These are the following record and reports maintained atanganwadi:

- Registration book
- Daily food stock register
- Vaccination register
- Survey Register
- Vitamin-A stock register
- Annual register
- Growth chart
- Home visit register
- Antenatal women food supplementation register
- Balbhog register
- Referral register
- Weekly children's weight registers

Name of Anganawadi area:PagiVagu,Ajarpura

Sr. No	Name	age	Sex	Height (cm)	Weight (kg)	HC (cm)	CC (cm)	MAC(cm)	Degree of mal nutrition	Remarks
1	Shambhu L. Parmar	4	Male	96	15	48	51	15	93.75%	Normal
2	Vishal N. Parmar	5	Male	99	14	48	52	17	77.7%	Malnourished
3	Harshil S. Parmar	4	Male	94	15	49	48	15	93.75%	Normal
4	Sejal K. Parmar	5	Female	111	15	48	54	17	83.33%	Malnourished
5	Prasista V. Gohel	4	Female	102	14	47.5	51	15	87.5%	Malnourished
6	Manish V. Gohel	3.5	Male	83	10	47	45	74	66.67%	Malnourished
7	Roshni H. Parmar	5	Female	102	15	49	53	16	83.33%	Malnourished
8	Mahi H. Parmar	4	Female	95	13	47	49	16	81.25%	Malnourished
9	Mayur C. Gohel	3	Male	86	14	47	48	17	100%	Normal

Name of Anganawadi area:ChristivasAjarpura

Sr. No.	Name of child	Age (years)	Sex	Weight (kg)	Height (cm)	MAC (cm)	CC (cm)	HD (cm)	Degree of mal nutrition	Remarks
1	Kartik P. Chunara	5	M	14	101	17	49	44	77.78%	Malnourished
2	Kaushal N. Chunara	4.7	M	14.1	103	16	49	48	87.5%	Malnourished
3	Vishal S. Chunara	4.7	M	14	100	17	56	55	87.5%	Malnourished
4	Priyanka S. Vasava	4.7	F	13.5	98	15	46	42	81.25%	Malnourished
5	Tejal N. Chunara	5.3	F	14	109	17	49	46	77.8%	Malnourished
6	Tulsi I. Chunara	5.3	F	14	100	16	52	50	77.8%	Malnourished
7	Mehul C. Chunara	5.7	M	15	114	16	52	51	83.33%	Malnourished
8	Krishna Solanki	5	Female	16	102	17	53	48	95%	Normal
9	PriteshGohel	3	Male	12	90	16	49	46	84%	Malnourished
10	AmitParmar	4	Male	11.5	101	15	50	48	91.60%	Normal

11	TusharParmar	6	Male	9	93	17	48	47	88.5%	Malnourished
12	ChetnaSolanki	5	Female	14	108	15	52	53	95%	Normal
13	MitalParmar	4	Female	8	88	15	47	45	85.4%	Malnourished

Name of Anganawadi area:LuharvasAjarpura

Sr. no	Name of child	Gender	Age	Height (Cm)	Weight (Kg)	MAC (Cm)	CC (Cm)	HD (Cm)	Degree of malnutrition (%)	Remarks
1.	Divyaben R. Bhoi	F	3	91	10	18	48	48	99%	Normal
2.	Guru B. Rohut	M	3	103	11	19	53	53	100%	Normal
3.	Kishankumar R. Rohit	M	5	109	13	17	52	48	100%	Normal
4.	Shlokkumar P. Prajapati	M	2	86	10	16	50	49	100%	Norm
5.	Kittuben y. Rohit	F	3	84	11	19	62	49	100%	Normal
6.	Nishi P. Christian	F	3	88	11	16	49	48	89.2%	Malnourished
7.	Mittl	F	5	99	14	16	50	48	100%	Normal
8.	Mukti M. Rohit	F	4	94	12	15	49	48	84.6%	Malnourished

Name of Anganawadi area:MeldimataAjarpura

Sr.no	Name of child	Age (years)	Sex	Weight (kg)	Height (cm)	MAC (cm)	CC (cm)	HC (cm)	Degrre of mal - nutrition	Remark
1	Krunal.c.vaghela	2 ½	Male	10	88	16	48	48	100%	Normal
2	Reshu.B.Bharya	4	Female	13	104	17	50	47	81.25%	Malnourished
3	Mayank.B.thakor	4	Male	14	96	16	55	48	77.7%	Malnourished
4	Reshma.N.Bharya	5	Female	18	121	17	52	49	90%	Normal
5	Krupa.K.Patel	6	Female	11	88	16	49	48	78.57%	Malnourished
6	Hardik.S.Vaghela	3	Male	10	84	16	47	47	71.42%	Malnourished
7	Veer.S.Vaghela	3	Male	10	95	16	46	49	55.5%	Malnourished
8	Hetvi.M.Vaghela	5	Female	11	94	15	45	47	67.5%	Malnourished
9	Suki.B.Bharya	4	Female	12	94	15	52	48	75%	Malnourished
10	Virat.M.Vaghela	4	Male	8	80	15	46	47	66.8%	Malnourished
11	Aksh.B.Patel	4	Male	13	95	16	50	51	81.25%	Malnourished

12	Maynk.P.Suthar	2 ½	Male	10	79	15	45	46	83.33%	Malnourished
13	Hetant.B.Suthar	3	Male	7	80	15	47	46	68.5%	Malnourished
14	Riya.V.Vasava	5	Female	11	95	15	48	44	61.11%	Malnourished

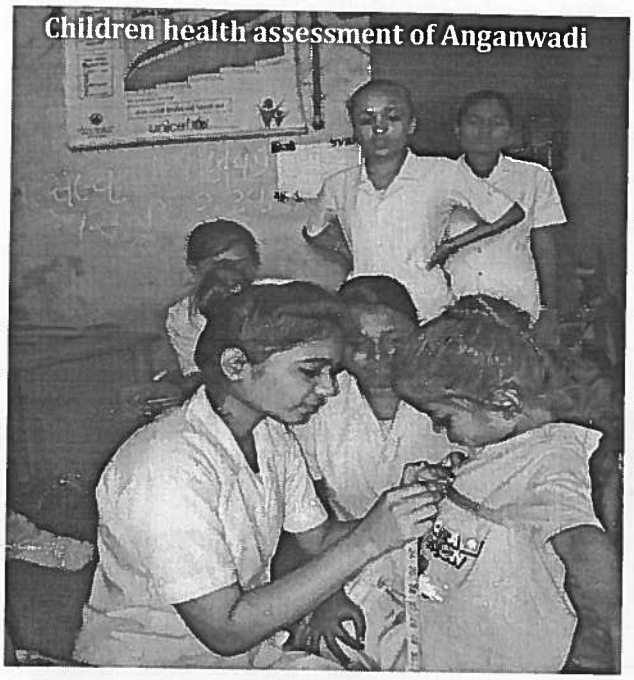
Name of Anganawadi area:Mata vaduFaliyaAjarpura

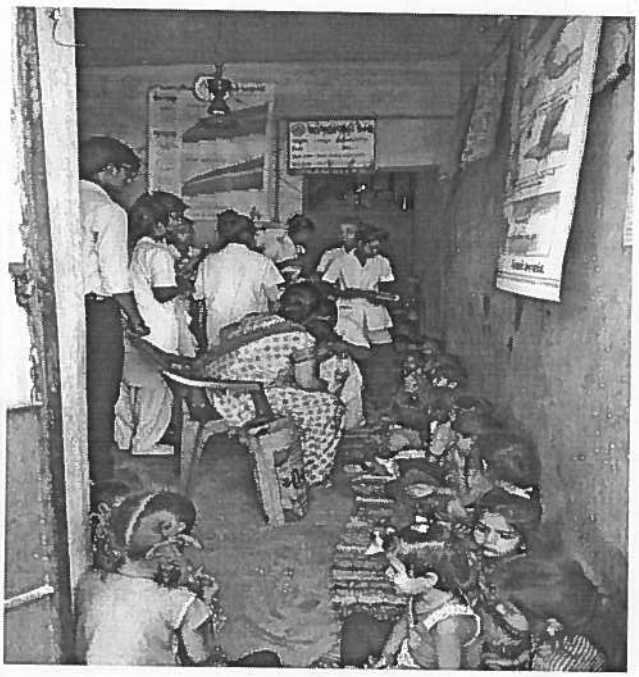
Sr. no	Name of child	Age (year)	sex	Weight (kg)	Height (cm)	MAC (cm)	CC (cm)	HC (cm)	Degree of malnutrition	Remarks
1	Parmarsanjana J.	2 ½	F	10	88	13	46	47	100%	Normal
2	Chauhanjatin A.	3	M	11	94	14.5	45	47.5	78.5%	Malnourished
3	Parmarmahi J.	5	F	18	109	16	54.5	52	100%	Malnourished
4	Gohelrajveer M.	5	M	14	100	15	50	49.2	77.7%	Malnourished
5	Chauhanbhavya M.	1 ½	M	6	71	13	44	43	66.6%	Malnourished
6	Valandmohit J.	2 ½	M	10	91	16.5	55.5	48.5	100%	Malnourished
7	Sutharrudra S.	5	M	15	101	15	51	49	83.3%	Malnourished
8	Parmaramit M.	3 ½	M	11	93	15.5	50	49	100%	Normal
9	Vaghelajaimin A.	4 ½	M	11	89	13.5	46	50.5	91.6%	Normal
10	Chauhanvandana S.	4	F	11	93	13.5	48.5	46	68.7%	Malnourished
11	Chauhannavya M.	3	F	10	81	13	46.5	45.5	71.4%	Malnourished
12	Gohelmahi M.	5 ½	F	13	115	16	52	48	100%	Normal
13	Gohelprem M.	5	M	13	108	15	52.5	50	72.2%	Malnourished
14	Valandnilam P.	3	F	11	96	17	51	48	100%	Normal
15	Vaghela jay T.	3	M	10	89	14	46	48	71.4%	Malnourished
16	Vaghelabimdiya T.	5 ½	F	10	103	13	48	49	76.9%	Malnourished
17	Vaghelasanjana B.	2 ½	F	10	109	15	49	47	100%	normal
18	Parmarakshay B.	2 ½	M	10	84	13	45	47.5	100%	normal
19	Vaghelapalak	2 ½	F	10	81	14	48	46	100%	normal

Conclusion:

Students of 4th Semester/2nd YearB.Sc Nursing and 3rd Year GNM students have carried out children health assessment of Anganwadi in five angawadi's of Aajrapura Village and Chana Dal is distributed to all the children's . We express our gratitude to Principal of MTIN and CHARUSAT University for their unconditional support.

Photogallary





Health assessment of Anganwadi Children at Ajarpura village



Health assessment of Anganwadi Children at Ajarpura village

School Health Program Report

Introduction:

As a part of their curriculum "Manikaka Topawala Institute of Nursing" students of 4th semester B. Sc. Nursing and 3rd Year G. N.M. students have carried out health assessment of School Children at Kumar shala, Nar on 1st April 2017 with following objectives

Objectives:

At the end of the visit the students will be able to

- Assess the health status of the School children.
- Assess Nutritional status of the school children.
- Identify common health problem of school children.
- Provide care and follow up the identified cases.

Kumar Shala is situated near to primary health centre, Nar. There were total 270 student were studying which includes standard 1 to 8. 126 students were present at time of health check up. Students of 4th semester B. Sc. Nursing & 3rd Year G. N. M. Students were divided into various groups such as Reception group, Height and weight measuring group, Physical Examination group, Vision and hearing assessment group and Analysis group under supervision of Mr. Anilkumar Jarali, Asst. Professor, Mr. Jamin Chauhan, Nursing Tutor & Mrs. Alpna Patel, Clinical Instructor.

Health Assessment of School children is as follows

Sl.No	Name of the Child	Age	Sex	Class	Height	Weight	BMI	Vision		Hearing	Wasting	Stunting	Findings
								Right	Left				
1	Yuvraj Vijaybhai Parmar	6	Male	1st	106 cm	15kg	13.34			Normal	90.9	97.69	
2	Hardik Kamleshbhai	6	Male	1st	116 cm	21 kg	13.6			Normal	107.69	106.91	
3	Kishankumar Rajubhai Solanki	6	Male	1st	106 cm	20 kg	17.79			Normal	121.21	97.69	
4	Jiten Rameshbhai Talpada	6	Male	1st	112 cm	18 kg	14.34			Normal	109.09	103.22	dental carriers
5	Nitin Shashikant Talpada	6	Male	1st	119 cm	22 kg	15.53			Normal	88.63	91.18	
6	Bhaveshkumar Dhirubhai Parmar	6	Male	1st	117 cm	15 kg	10.95			Normal	76.92	92.73	dental carriers
7	Jayeshkumar Gopal Talpada	6	Male	1st	113 cm	18 kg	14.9			Normal	100	104.14	sinusitis, URI
8	Ketan Maheshbhai Talpada	6	Male	1st	105 cm	15 kg	13.6			Normal	100	96.77	
9	Dharmeshbhai Girishkumar Padhiyar	6	Male	1st	113 cm	14 kg	10.96			Normal	77.77	104.14	dental carriers
10	Krish Prafulbhai Parmar	6	Male	1st	109 cm	19 kg	15.99			Normal	115.13	100.4	
11	Divyesh Lalbhai Parmar	7	Male	2nd	122 cm	20 kg	13.43			Normal	93.02	107.07	ear wax
12	Shivam Sureshbhai Makwaana	7	Male	2nd	113 cm	19 kg	14.87			Normal	105.55	99.12	
13	Dharmesh Rajubhai Talpada	7	Male	2nd	126 cm	28 kg	17.63			Normal	119.14	110.52	
14	Paresh Mafatbhai Parmar	7	Male	2nd	104 cm	14 kg	12.94			Normal	93.33	91.22	
15	Keval Maheshbhai Parmar	7	Male	2nd	118 cm	19 kg	13.64			Normal	97.43	103.5	
16	Rohit Maheshbhai Padhiyar	7	Male	2nd	109 cm	13 kg	10.94			Normal	78.78	95.97	
17	Jainil Sanjaybhai Padhiyar	7	Male	2nd	108 cm	14 kg	12			Normal	84.84	94.73	

18	Prit Kirit Bhai Parmar	7	Male	2nd	111 cm	18 kg	14.6			Normal	100	97.36	
19	Yash Dipakbhai Bhoye	7	Male	2nd	109 cm	15 kg	12.62			Normal	90.9	95.61	dental carriers
20	Dax Dipakbhai Vankar	7	Male	2nd	115 cm	18 kg	13.61			Normal	100	100.87	
21	Jaideep Ilendra Vankar	7	Male	2nd	117 cm	20 kg	14.61			Normal	102.56	102.63	URTI
22	Jaimin Somabhai Solanki	7	Male	2nd	116 cm	16 kg	11.89			Normal	88.88	101.75	
23	Parthkumar Rajeshbhai Bhoi	7	Male	2nd	122 cm	25 kg	25			Normal	93.2	107.1	dental carriers
24	Bhashkar Jignesh Bhai Talpada	7	Male	2nd	117 cm	16 kg	16			Normal	121.87	102.63	mild anemia
25	Sanket Hashmukhbhai Talpada	7	Male	2nd	118 cm	19 kg	19			Normal	97.43	103.5	
26	Bharat Jigneshbhai Talpada	7	Male	2nd	119 cm	16 kg	16			Normal	82.05	104.38	
27	Daxesh Laljibhai Talpada	9	Male	3rd	122 cm	23 kg	23			Normal	106.97	99.59	cold & cough
28	Anil Rameshbhai Talpada	9	Male	3rd	123 cm	23 kg	23			Normal	106.97	99.59	dental carriers
29	Piyushbhai Rameshbhai Talpada	9	Male	3rd	126 cm	20 kg	20			Normal	85.1	102.02	cold & cough
30	Prem Mitulbhai Parmar	9	Male	3rd	114 cm	17 kg	17			Normal	87.17	95.54	dental carriers
31	Kanu Vijaybhai Parmar	9	Male	3rd	118 cm	17 kg	17			Normal	87.17	95.54	dental carriers
32	Chiragbhai Kanubhai Talpada	9	Male	3rd	131 cm	25 kg	17			Normal	96.15	106.07	dental carriers
33	Rohitbhai Shaileshbhai Parmar	9	Male	3rd	122 cm	21 kg	21			Normal	97.67	90.68	pain in teeth
34	Mayank Sanjaybhai Parmar	9	Male	3rd	118 cm	20 kg	20			Normal	102.56	95.54	yellowish teeth
35	Vanrajsingh Rajeshbhai Parmar	9	Male	3rd	114 cm	19 kg	19			Normal	105.55	92.3	
36	Darsrath Sanbhubhai Parmar	9	Male	3rd	124 cm	21 kg	21			Normal	97.67	100.4	cold & cough

37	Mitul Ashwinbhai Parmar	9	Male	3rd	114 cm	19 kg	19			Normal	105.55	92.3	pain in right ear
38	Ravi Mukeshbhai Parmar	9	Male	3rd	118 cm	17 kg	17			Normal	87.17	95.54	dental carriers
39	Rajubhai Ranchatbhai Maruadi	9	Male	3rd	137 cm	29 kg	15.45			Normal	101.75	110.93	pain in molar
40	Jigneshbhai Kanubhai Talpada	10	Male	4	125 cm	21 kg	13.44	20/20	20/20	Normal	97.67	97.27	dental caries,cough
41	Jay Bhupendra Parmar	10	Male	4	123 cm	23 kg	15.2	20/20	20/20	Normal	106.97	95.75	dental caries,cough
42	Nikunj Pravinbhai Rathod	10	Male	4	121 cm	19 kg	12.97	20/20	20/20	Normal	88.37	94.16	cold
43	Jayeshbhai Dineshbhai Talpada	10	Male	4	116 cm	22 kg	16.34	20/20	20/20	Normal	122.22	90.26	yellowish teeth
44	Nirmalbhai Bhaveshbhai Talpada	10	Male	4	123 cm	24 kg	15.86	20/20	20/20	Normal	102.12	95.71	yellowish teeth
45	Akshaybhai Vikarmbhai Sindha	10	Male	4	122 cm	23 kg	15.45	20/20	20/20	Normal	106.97	94.44	yellowish teeth
46	Nareshbhai Ghanshyambhai Parmar	10	Male	4	133 cm	23 kg	13	20/20	20/20	Normal	86.79	103.5	skin disease,yellowish teeth
47	Ayushkumar Navinbhai Solanki	10	Male	4	126 cm	20 kg	12.59	20/20	20/20	Normal	76.92	98.05	cold,cough,yellowish teeth
48	Alkeshkumar Maheshbhai Padhiyar	10	Male	4	117 cm	18 kg	13.14	20/20	20/20	Normal	92.3	91.05	cough
49	Hirenkumar Ghanshyam Solanki	10	Male	4	118 cm	18 kg	12.92	20/20	20/20	Normal	92.3	91.82	dental caries,cough
50	Savankumar Vishnubhai Talpada	10	Male	4	126 cm	26 kg	14.48	20/20	20/20	Normal	97.87	98.05	yellowish teeth
51	Karankumar Rajeshbhai Padhiyar	10	Male	4	121 cm	21 kg	14.34	20/20	20/20	Normal	97.67	94.16	dental caries
52	Dhanushkumar Ashokbhai Rohit	10	Male	4	133 cm	24 kg	13.88	20/20	20/20	Normal	92.3	103.5	dental caries
53	Ravikumar Bhailalbhai Parmar	10	Male	4	130 cm	30 kg	17.75	20/20	20/20	Normal	127.6	101	cough, cold
54	Chandreshkumar Vijaybhai Talpada	10	Male	4	134 cm	25 kg	13.9	20/20	20/20	Normal	106	104	dental caries, cold
55	Dasrath Lakshmanbhai Solanki	11	Male	5	132 cm	23 kg	13.2	20/20	20/20	Normal	88.4	99.2	dental caries,ear pain

56	Rakeshbhai Bhupendrabhai Parmar	11	Male	5	134 cm	31 kg	17.26	20/20	20/20	Normal	119	100.3	dental caries
57	Satish Rajubhai Talpada	11	Male	5	128 cm	24 kg	14.6	20/20	20/20	Normal	104	96.9	dental caries
58	Nimeshbhai Pravinbhai Chauhan	11	Male	5	131 cm	34 kg	19.8	20/20	20/20	Normal	130.7	98	dental caries
59	Nileshbhai Jaynteebhai Parmar	11	Male	5	123 cm	23 kg	16.2	20/20	20/20	Normal	106	92.4	dental caries
60	Ravi Pintubhai Talpada	11	Male	5	132 cm	23 kg	13.2	20/20	20/20	Normal	88.4	98.8	sinusitis
61	Dharmesh Maheshbhai Talpada	11	Male	5	137 cm	27 kg	14.3	20/20	20/20	Normal	94.7	102.6	dental caries, abdiminal pain
62	Ummit Bhanubhai Vankar	11	Male	5	127 cm	25 kg	15.5	20/20	20/20	Normal	106	95.1	dental caries
63	Jiten Rajubhai Parmar	11	Male	5	132 cm	22 kg	12.6	20/20	20/20	Normal	123	98.8	dental caries
64	Pritesh Ramabhai Solanki	11	Male	5	128 cm	20 kg	12.2	20/20	20/20	Normal	85.1	95.8	
65	Yash Rajeshbhai Solanki	11	Male	5	132 cm	28 kg	16	20/20	20/20	Normal	107	98.8	
66	Meet Prafulbhai Waghela	11	Male	5	130 cm	22 kg	13	20/20	20/20	Normal	93.3	97.3	mild dental caries
67	Shravan Vijaybhai Parmar	11	Male	5	130 cm	21 kg	12.4	20/20	20/20	Normal	89.5	97.5	cough,dental caries
68	Shavan Punjabhai Parmar	11	Male	5	126 cm	22 kg	13.8	20/20	20/20	Normal	93.6	94.7	cough,cold
69	Guruchandra Mahendrabhai Talpada	11	Male	5	132 cm	24 kg	13.7	20/20	20/20	Normal	92.3	98.8	dental caries
70	Dilip Chimanbhai Talpada	11	Male	5	138 cm	23 kg	14.48	20/20	20/20	Normal	97.8	95.8	
71	Rajesh Pravinbhai Sindha	11	Male	5	129 cm	21 kg	12.6	20/20	20/20	Normal	89.36	96.6	dental caries
72	Brijesh Rakeshbhai Rohit	11	Male	5	129 cm	21 kg	12.6	20/20	20/20	Normal	89.36	96.6	dental caries
73	Mihir Prafulbhai Waghela	11	Male	5	131 cm	23 kg	13.4	20/20	20/20	Normal	88.4	98.1	uri
74	Pareshkumar Rajubhai Waghela	11	Male	5	121 cm	21 kg	14.3	20/20	20/10	Normal	97.6	90.6	dental caries

75	Pratikkumar Ramabhai Solanki	11	Male	5	123 cm	21 kg	13.6	20/20	20/20	Normal	97.6	92.1	
76	Ashishkumar Rajeshbhai Talpada	12	Male	6	130 cm	24 kg	14.2	20/20	20/20	Normal	92.3	89.96	yellowish teeth
77	Dhavalbhai Gopalbhai Talpada	12	Male	6	130 cm	27 kg	15.97	20/20	20/20	Normal	103.8	89.96	
78	Hiteshbhai Rajubhai Talpada	12	Male	6	127 cm	24 kg	14.9	20/20	20/20	Normal	92.3	87.8	dental caries
79	Prem Vishnu Talpada	12	Male	6	133 cm	25 kg	14.2	20/20	20/20	Normal	96.1	99.6	yellowish teeth
80	Raj Dilipbhai Talpada	12	Male	6	136 cm	34 kg	18.47	20/20	20/20	Normal	119	101.8	yellowish teeth
81	Gautam Dahyabhai Vankar	12	Male	6	131 cm	29 kg	16.95	20/20	20/20	Normal	111	98.1	
82	Kishor Maheshbhai Solanki	12	Male	6	137 cm	25 kg	13.36	20/20	20/20	Normal	87.8	102.6	yellowish teeth,cold,cough
83	Mehulbhai Bhailalbhai Parmar	12	Male	6	134 cm	30 kg	16.75	20/20	20/20	Normal	115	100.3	yellowish teeth
84	Sunilkumar Dineshbhai Talpada	12	Male	6	136 cm	30 kg	16.3	20/20	20/20	Normal	105.2	101.8	
85	Tejas Prafulbhai Talpada	12	Male	6	142 cm	36 kg	17.91	20/20	20/20	Normal	112	106	yellowish teeth
86	Vivekkumar Rameshbhai Sodha Parmar	12	Male	6	132 cm	27 kg	15.51	20/20	20/20	Normal	103	98.8	abdominal pain
87	Atulbhai Ashokbhai Talpada	12	Male	6	135 cm	30 kg	16.48	20/20	20/20	Normal	115	101	
88	Druvkumar Sureshbhai Makwana	12	Male	6	131 cm	27 kg	15.78	20/20	20/20	Normal	103.8	98.12	
89	Jayendrakumar Rajeshbhai Parmar	12	Male	6	122 cm	23 kg	15.54	20/20	20/20	Normal	106.9	91.3	
90	Ajaybhai Ghanshyambhai Parmar	12	Male	6	135 cm	28 kg	15.38	20/20	20/20	Normal	107.6	101.1	
91	Ratankumar Hemrajbhai Rabari	12	Male	6	145 cm	35 kg	16.67	20/20	20/20	Normal	98.5	108.6	fever
92	Ronakkumar Chandrakantbhai Padhiyar	12	Male	6	133 cm	27 kg	15.34	20/20	20/20	Normal	103.8	99.6	cold,cough
93	Manishbhai Risinghbhai Talpada	12	Male	6	129 cm	27 kg	16.26	20/20	20/20	Normal	114.8	96.6	

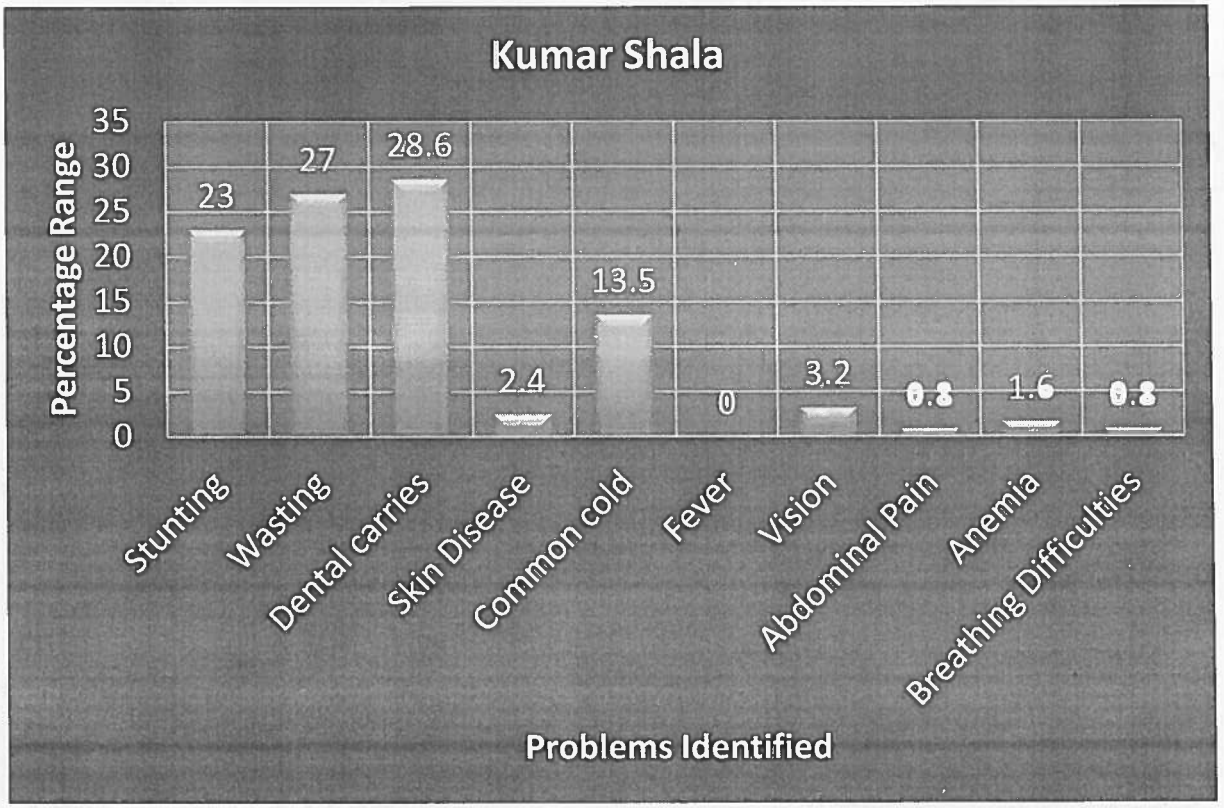
94	Mukeshbhai Arvindbhai Talpada	12	Male	6	141 cm	35 kg	17.67	20/20	20/20	Normal	109.3	105.6	yellowish teeth
95	Subhashbhai Jagdishbhai Talpada	12	Male	6	141 cm	30 kg	15.15	20/20	20/20	Normal	105.2	105.6	cold,cough
96	Rahul Ashokbhai Rohit	13	Male	7th	114	30kg	22.9	20/20	20/20	Normal	166	78.8	Fever,cough,cold
97	Kaushik Rajubhai Talpada	13	Male	7th	148	31	14.15	20/20	20/20	Normal	87.3	102.4	cold
98	Raju Mahendra Parmar	13	Male	7th	136	24	13.04	20/20	20/20	Normal	84.2	94.11	Dental caries
99	Sunil Dineshbhai Waghela	13	Male	7th	138	23	12.1	20/20	20/20	Normal	80.5	95.5	
100	Anilkumar Kanubhai Waghela	13	Male	7th	140	28	14.28	20/30	20/20	Normal	87.5	96.88	Ring warm
101	Tushar Dineshbhai Parmar	13	Male	7th	128	20	12.26	20/20	20/20	Normal	93	88.5	Dental caries
102	Rutuik Jayantibhai Solanki	13	Male	7th	140	28	14.28	20/20	20/20	Normal	98.24	96.8	Dental carries
103	Parth Bharatbhai Vaghari	13	Male	7th	148	33	15.06	20/20	20/20	Normal	103.1	102.4	
104	Hasmukhbhai Sambhubhai Talpada	13	Male	7th	133	26	14.47	20/20	20/20	Normal	81.21	92	
105	Hitesh Sashikant Talpada	13	Male	7th	136	29	15.76	20/20	20/20	Normal	101.7	94.4	cough,shortneck deformity,microphonia
106	Jigneshkumar Kanjibhai Parmar	13	Male	7th	140	30	15.3	20/20	20/20	Normal	105.2		
107	Samirkumar Arvindbhai Parmar	13	Male	7th	144	33	15.94	20/20	20/20	Normal	85.11	99.6	Dental carries,fever since two days
108	Niraj Vijaybhai Talpada	13	Male	7th	137	24	12.78	20/20	20/20	Normal	84.21	94.8	
109	Kalpesh Dilipbhai Talpada	13	Male	7th	153	26	11.1	20/30	20/30	Normal	65.82	105.88	
110	Bhagabhai Thakubhai Talpada	13	Male	8th	140	37	18.57	20/20	20/20	Normal	129.82	96.88	
111	Ravikant Budhabhai Talpada	13	Male	8th	160	35	17.67	20/20	20/20	Normal	88.6	110.72	Mild anemic
112	Bhinalbhai Babubhai Parmar	13	Male	8th	134	26	14.47	20/20	20/20	Normal	100	108.4	Dental carries

113	Bhaveshbhai Arvindbhai Solanki	13	Male	8th	140	26	13.26	20/20	20/20	Normal	91.22	96.88	
114	Chiragkumar Dilipkumar Padhiyar	13	Male	8th	139	29	15.02	20/20	20/20	Normal	101.75	96.9	cold since 1 week
115	Gauravbhai Ajitbhai Padhiyar	13	Male	8th	148	30	13.6	20/20	20/20	Normal	84.15	102.45	
116	Harshit Kamlesh Harijan	13	Male	8th	153	34	14.52	20/20	20/20	Normal	86.07	94.44	Dental carries,cold
117	Pruthvik Khodabhai Parmar	13	Male	8th	146	33	15.49	20/20	20/20	Normal	103.12	98.97	Dental carries,fever
118	Bhavesh Chandrakant Padhiyar	13	Male	8th	144	33	15.94	20/20	20/20	Normal	103.13	99.62	
119	Atulbhai Naginbhai Solanki	13	Male	8th	133	29	16.47	20/20	20/20	Normal	111.5	92	Cold,Fever
120	Kaushikkumar Saileshbhai Talpada	13	Male	8th	153	40	17.31	20/20	20/20	Normal	112.6	105.1	Cold,Cough
121	Rajendrakumar Rajeshbahi Talpada	13	Male	8th	156	41	16.87	20/20	20/20	Normal	103.7	107.9	c0ugh
122	Sahilkumar Sureshbhai Talpada	13	Male	8th	145	34	16.19	20/20	20/20	Normal	106.02	100.3	breathing problem at night
123	Rutvik Amrutbhai Dave	13	Male	8th	153	40	16.09	20/30	20/30	Normal	101.2	105.8	skin disease
124	Urvesh Laljibhai Harijan	13	Male	8th	149	30	13.1	20/30	20/30	Normal	84.5	103.1	skin disease
125	Harshkumar Vishnubhai Talpada	13	Male	8th	128	24	15.38	20/20	20/20	Normal	102.01	86.5	
126	Ayushkumar Prabhas Rabari	13	Male	8th	158	47	18.87	20/20	20/20	Normal	118.9	109.3	

Graphical Presentation of Health status of School Children:

Total students: 126

Sl. No	Condition	Frequency	Percentage
1.	Vision	4	3.2
2.	Wasting	34	27.0
3.	Stunting	29	23.0
4.	Abdominal Pain	1	0.8
5.	Anaemia	2	1.6
6.	Breathing Difficulties	1	0.8
7.	Cold & Cough	17	13.5
8.	Dental Carries	36	28.6
9.	Skin disease	3	2.4

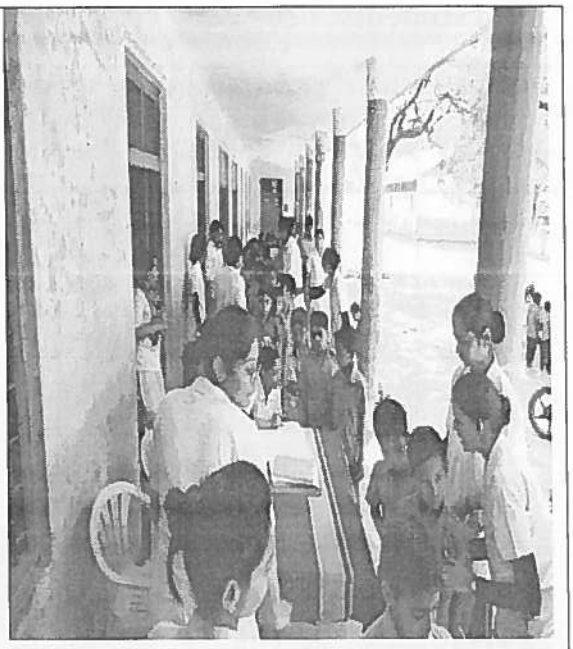


Conclusion:

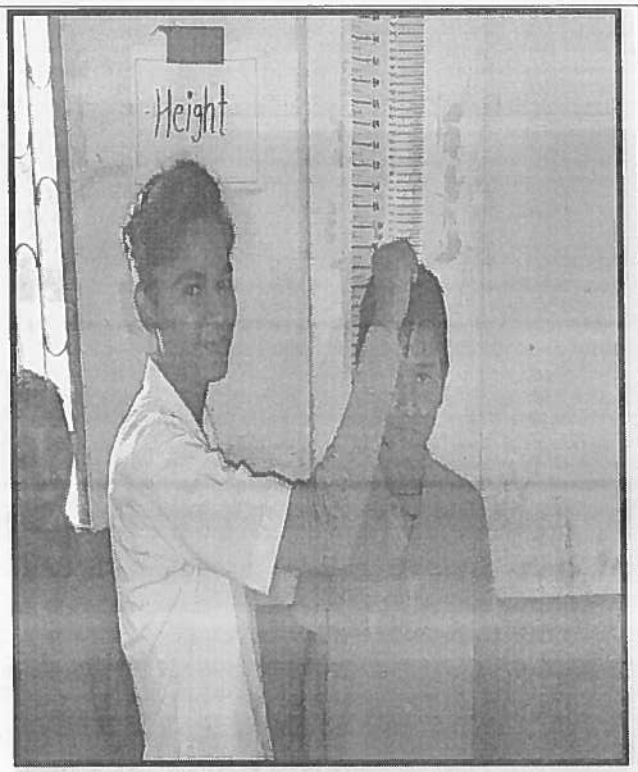
The major health problems identified among Vibrant International Academy School Children's are Wasting: 27%, Dental carries: 28.6%, Vision: 3.2%. Bananas are distributed to all the students to bring awareness about healthy practices. We express our heartfelt gratitude to Principal, MTIN, Principal, VIA and CHARUSAT university for their unconditional Support.

Photogallary





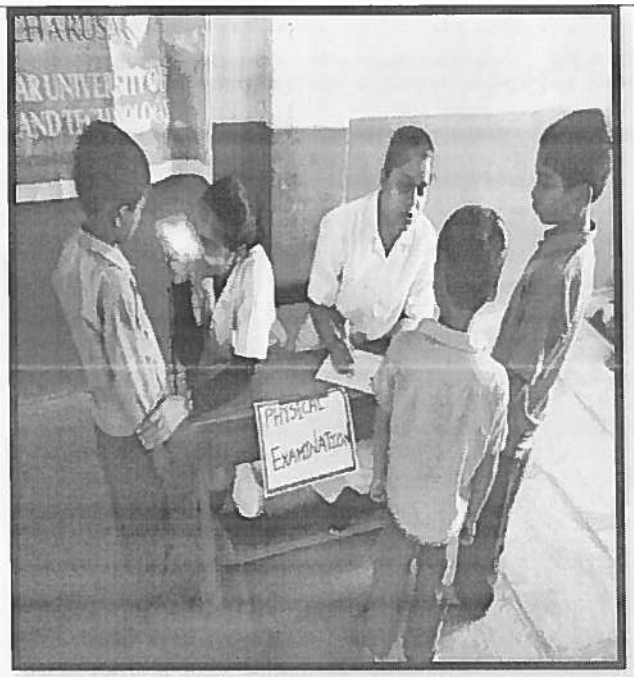
Reception



Height Measurement



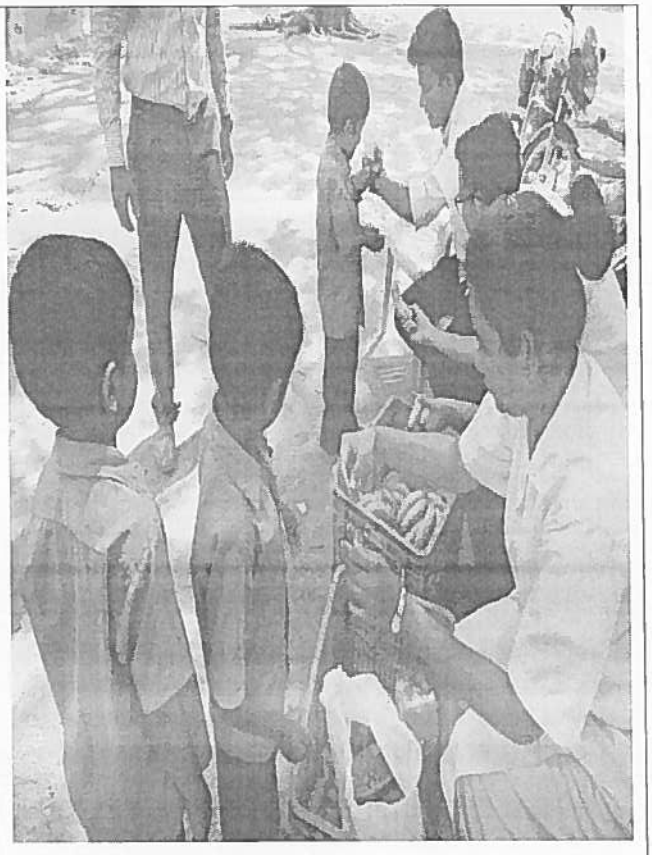
Weight Measurement





Physical Assessment





Hearing Test



School Health Program Report

Introduction:

As a part of their curriculum "Manikaka Topawala Institute of Nursing" students of 4th semester B. Sc. Nursing and 3rd Year G. N.M. students have carried out health assessment of School Children at Valmiki School, Nar on 31st March, 2017 with following objectives

Objectives:

At the end of the visit the students will be able to

- Assess the health status of the School children.
- Assess Nutritional status of the school children.
- Identify common health problem of school children.
- Provide care and follow up the identified cases.

Valmiki School is situated near to primary health centre, Nar. There were total 100 student were studying which includes standard 1 to 5. Students of 4th semester B. Sc. Nursing & 3rd Year G. N. M. Students were divided into various groups such as Reception group, Height and weight measuring group, Physical Examination group, Vision and hearing assessment group and Analysis group under supervision of Mr. Anilkumar Jarali, Asst. Professor, Mr. Jamin Chauhan, Nursing Tutor & Mrs. Alpna Patel, Clinical Instructor.

Health Assessment of School children is as follows

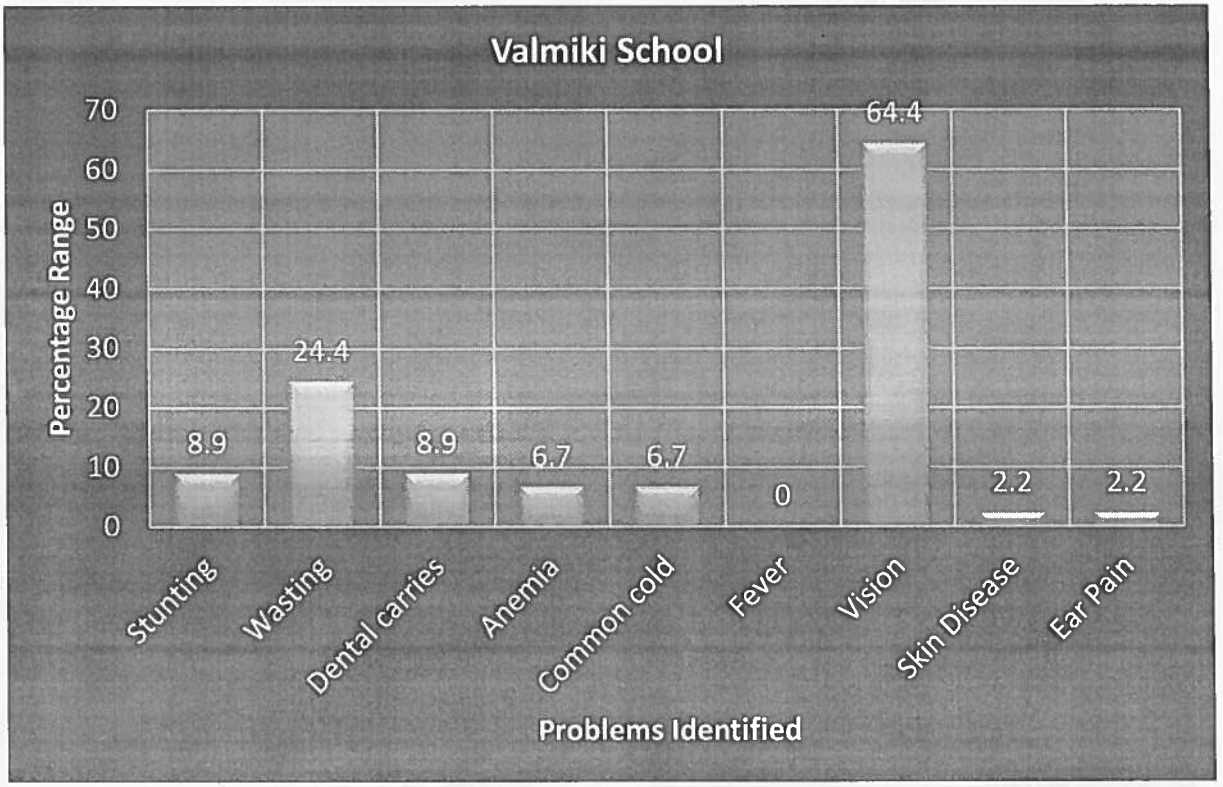
Sl. No	Name of the Child	Age	Sex	Class	Height	Weight	BMI	Vision	Hearing	Wasting	Stunting	Findings
1	Daxeshbhai Talpada	6	Male	1	105cm	14kg	12.6	Abnormal	Normal	Mild	Normal	
2	Umangbhai Talpada	6	Male	1	104cm	15kg	13.8	Abnormal	Normal	Normal	Normal	Mild Anemia
3	Akshay Talpada	6	Male	1	118cm	19kg	13.6	Abnormal	Normal	Normal	Normal	
4	Siddhart Talpada	6	Male	1	108cm	15kg	15	Normal	Normal	Normal	Normal	Dental Carries
5	Vishal Talpada	6	Male	1	113cm	15kg	15	Normal	Normal	Normal	Normal	
6	Ravibhai Talpada	6	Male	1	198cm	11kg	11	Normal	Normal	Severe	Severe	
7	Anjuben Talpada	6	Female	1	103cm	15kg	12	Normal	Normal	Normal	Normal	
8	Sonalben Talpada	6	Female	1	106cm	14kg	12.5	Normal	Normal	Normal	Normal	
9	Kinjalben Talpada	6	Female	1	109cm	15kg	12.6	Abnormal	Normal	Normal	Normal	Cough
10	Jyotiben Talpada	6	Female	1	106cm	15kg	13.3	Abnormal	Normal	Normal	Normal	Dandruff, Cold, Cough
11	Jyotiben.J. Talpada	6	Female	1	107cm	14kg	12.2	Abnormal	Normal	Mild	Normal	Dandruff
12	Pinalben Vijaybhai Talpada	6	Female	1	109cm	15kg	12.6	Normal		Normal		
13	Amit Talpada	7	Male	2	110cm	16kg	13.2	Abnormal	Normal	Normal	Normal	
14	Hasmukh Talpada	7	Male	2	111cm	19kg	15.4	Abnormal	Normal	Normal	Normal	Dental Carries
15	Dip Talpada	7	Male	2	116cm	17kg	12.6	Abnormal	Normal	Mild	Normal	
16	Virendrakumar Talpada	7	Male	2	114cm	16kg	16	Abnormal	Normal	Mild	Normal	Mild Anemia
17	Vishnubhai Talpada	7	Male	2	112cm	20kg	20	Normal	Normal	Normal	Normal	
18	Jankiben Talpada	7	Female	2	120cm	20kg	20	Normal	Normal	Normal	Normal	
19	Roshniben Talpada	7	Female	2	98cm	11kg	11	Abnormal	Normal	Severe	Moderate	Black Spot Present In Both Eyes
20	Arpitaben Laljibhai Talpada	8	Female	3	123cm	20kg	30.25	Abnormal	Normal	Normal	Normal	Cough, Middle Ear Discharge Present
21	Manguben Rajubhai Talpada	8	Female	3	113cm	15kg	15	Abnormal	Normal	Normal	Normal	Cough, Cold, Heart Disease

22	Dharmisthaben Maheshbhai Talpada	8	Female	3	116cm	20kg	20	Abnormal	Normal	Normal	Normal	
23	Shachin Bhai Manubhai Talpada	8	Male	3	120cm	20kg	13.8	Abnormal	Normal	Normal	Normal	Skin Allergy
24	Mayurbhai Satishbhai Talpada	8	Male	3	105cm	15kg	13.6	Abnormal	Normal	Normal	Moderate	
25	Resnaben Sambhubhai Talpada	8	Female	3	118cm	20kg	14.3	Abnormal	Normal	Normal	Normal	Mild Anemia
26	Darshan Bhai Sanabhi Talpada	8	Male	3	120cm	19kg	19	Abnormal	Normal	Normal	Normal	
27	Anilbhai Rajubhai Talpada	8	Male	3	123cm	20kg	20	Normal	Normal	Normal	Normal	
28	Dasharthbhai Shaileshbhai Talpada	8	Male	3	118cm	22kg	22	Normal	Normal	Normal	Normal	
29	Bhumika Mukeshbhai Talpada	10	Female	4	123cm	19kg	12.5	Abnormal	Normal	Mild	Normal	Dendruff
30	Laxmiben Prabhubhai Talpada	10	Female	4	118cm	20kg	14.36	Abnormal	Normal	Normal	Mild	
31	Divyaben Manharbhai Talpada	9	Female	4	125cm	25kg	16	Abnormal	Normal	Normal	Normal	
32	Komalben Prafulbhai Talpada	9	Female	4	126cm	19kg	11.9	Normal	Normal	Mild	Normal	Mild Fever Since 2-3 Days
33	Hetalben Kamleshbhai Talpada	9	Female	4	124cm	23kg	14.9	Normal	Normal	Normal	Normal	
34	Vaishaliben Maheshbhai Talpada	9	Female	4	133cm	27kg	15.26	Normal	Normal	Normal	Normal	Dandruff ,Cough
35	Kunjalben Bhaskarbhai Talpada	9	Female	4	128cm	21kg	12.8	Normal	Normal	Mild	Normal	
36	Riyaben Bharatbhai Talpada	9	Female	4	117cm	16kg	11.6	Normal	Normal	Mild	Normal	Teeth Irruption
37	Bhvishaben Shaileshben Talpada	9	Female	4	127cm	21kg	13.02	Abnormal	Normal	Mild	Normal	
38	Kisharbhai Dayabhai Talpada	9	Male	4	119cm	17kg	96.06	Abnormal	Normal	Moderate	Normal	Dental Carries
39	Vishalbhai Manubhai Talpada	9	Male	4	123cm	20kg	13.21	Abnormal	Normal	Normal	Normal	
40	Sakarben Thakor Talpada	10	Female	5	129cm	25kg	17.36	Abnormal	Normal	Normal	Normal	Ear Pain
41	Jankiben Chimanbhai Talpada	10	Female	5	123cm	30kg	19.8	Abnormal	Normal	Normal	Normal	Dandruff
42	Mansiben Bhagabhai Talpada	10	Female	5	129cm	21kg	12.6		Normal	Mild	Normal	-
43	Aminben Rajubhai Talpada	11	Female	5	129cm	22kg	13.2	Abnormal	Normal	Normal	Normal	Dental Caries
44	Gayatriben Sambhubhai Talpada	10	Female	5	130cm	23kg	13.6	Abnormal	Normal	Mild	Normal	Calcium Deficiency Mild Fever
45	Arpitaben Shasikant Talpada	11	Female	5	128cm	25kg	15.2	Abnormal	Normal	Normal	Normal	Dental Caries

Graphical Presentation of Health status of School Children:

Total students: 45

Sl. No	Condition	Frequency	Percentage
1.	Vision	29	64.4
2.	Wasting	11	24.4
3.	Stunting	4	8.9
4.	Ear Pain	1	2.2
5.	Anaemia	3	6.7
6.	Cold & Cough	3	6.7
7.	Dental Carries	4	8.9
8.	Skin disease	1	2.2



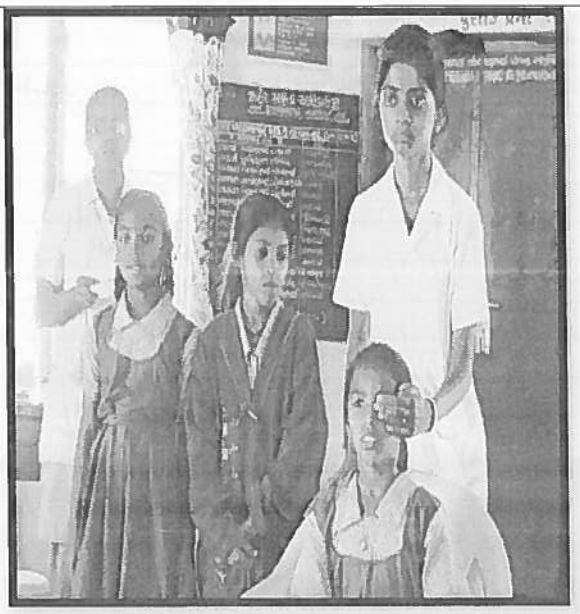
Conclusion:

The major health problems identified among Vibrant International Academy School Children's are Wasting: 24.4 %, Dental carries: 8.9%, Vision: 64.4%. Bananas are distributed to all the students to bring awareness about healthy practices. We express our heartfelt gratitude to Principal, MTIN, Principal, VIA and CHARUSAT university for their unconditional Support.

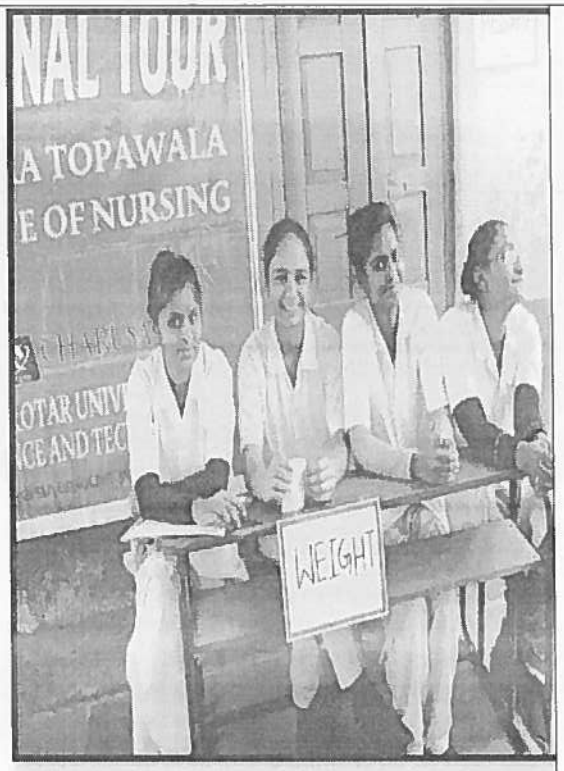
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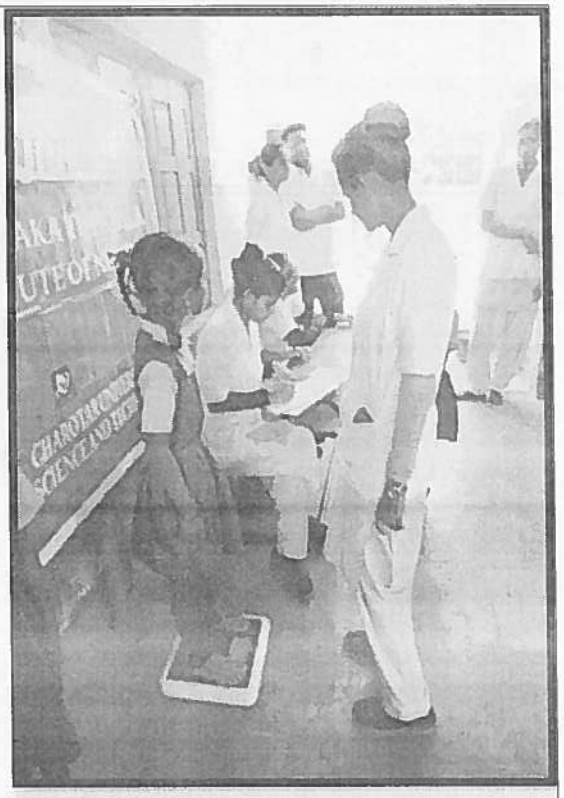
Reception



Vision Assessment



Height Measurement



Weight Measurement





Physical Assessment



Hearing Test



Health Education

School Health Program Report

Introduction:

As a part of their curriculum "ManikakaTopawala Institute of Nursing" students of 4th Semester / 2nd year B.Sc and 3rd year G.N.M. Nursing have carried out health assessment of School Children at Sarvoday VinayVidhyamandirHighschool, Ajarpura during the posting on 30th march, 2017 with the following objectives.

Objectives of School Health Programme:-

- Assess the health status of the School children.
- Assess Nutritional status of the school children.
- Identify common health problem of school children.
- Provide care and follow up the identified cases.

The Sarvoday Vinay Vidhyamandir High school is situated in Ajarpura village; the total 185 students studying in 9th and 11th standard are covered.

Details of students present during school health program is as follows,

- 9th standard students :104
- 11th standard students : 49

TheStudents of 4th semester/2nd yearB.Sc and Third year G.N.M. Nursing were divided into various groups such as registration group, Height and weight measuring group, Physical Examination group, vital signs monitoring group and Analysis group under supervision of Mr. GururajGuggari, Nursing TutorMr.JayeshPatidar Assist. Professor.

Health Assessment of high School children is as following

SarvodayVinayVidhyamandirHighschoolAjarpura											
Sr. no	**Name**	**Class**	**Age (year)**	**Sex**	**Height (cm)**	**Weight (kg)**	**BMI**	**Blood Pressure (Mm/Hg)**	**Pulse (bpm)**	**Academic performance (%)**	**Remarks**
1	Prinki N. Patel	9-A	15	F	152	37	16	120/80	72	73	BMI: Under weight, Dental carries
2	Binitaben K. Raval	9-A	15	F	155	36	15	130/80	78	89	BMI: Under weight
3	Varshaben M. Parmar	9-A	15	F	155	34	14.2	120/70	80	77.7	BMI:Underweight, Dental Carries
4	HeenabenMahendrabhai. Gohil	9-A	18	F	142	29	14.4	120/90	72	50	BMI:Underweight, Dental Carries
5	HeenabenManubhaiGohil	9-A	14	F	150	34	15.1	130/90	80	50	BMI: Underweight, Dental carries
6	Kinjal N. Gohil	9-A	15	F	147	35	16.2	120/80	72	70	BMI: Underweight, Dental carries
7	Jaykumar S. Patel	9-A	15	M	151	53	23.2	130/90	74	66	
8	Nileshkumar M. Solnki	9-A	14	M	144.4	31	14.9	120/80	80	73	BMI: Underweight
9	Gignesh L. Talpada	9-A	13	M	161.2	43	16.5	110/70	72	75	BMI: Underweight
10	Dakshaben K. Gohil	9-A	14	F	150	35	15.6	130/90	70	60	BMI: Underweight, Anemia
11	Sheron Y. Bundela	9-A	16	F	136	42	22.7	120/80	60	85	Anemia, dental carries
12	Hetalben R. Gohil	9-A	15	F	153	36	15.4	130/90	75	66	BMI: Underweight, Anemia
13	Priyanka D. Gohil	9-A	14	F	152	33	14.3	110/70	72	70	BMI: Underweight
14	Amisha S. Jadav	9-A	15	F	148	36	16.4	130/90	76	80	BMI: Underweight
15	Priti J. Khristi	9-A	15	F	159	43	17	110/70	78	86	BMI: Underweight

16	Hiral B. Solanki	9-A	14	F	151	33	14.5	120/80	72	80	BMI: Underweight
17	Kajal A. Vaghela	9-A	16	F	148	39	17.8	110/70	86	90	BMI: Underweight
18	Radhikaben P. Vaghela	9-A	14	F	148	34	15.5	120/70	70	90	BMI: Underweight
19	Harsh D. Vaghela	9-A	15	M	155	34	14.2	110/70	82	60	BMI: Underweight
20	Narendra B. Parmar	9-A	14	M	149	35	15.8	110/80	84	60	BMI: Underweight
21	Minesh M. Gohil	9-A	15	M	153	37	15.8	120/90	84	70	BMI: Underweight, Dental carries
22	Nayan A. Vaghela	9-A	15	M	137	27	14.4	120/90	72	81	BMI: Underweight, Dental carries
23	Kishan M. Vasava	9-A	15	M	144.3	29	13.9	110/70	80	63	BMI: Underweight, Dental carries
24	Kamal H. Gohil	9-A	16	M	148	40	18.3	120/60	82	62	BMI: underweight
25	Sacchin A. Parmar	9-A	14	M	136.2	30	16.2	120/80	72	89	BMI: underweight
26	Vinay A. Gohil	9-A	14	M	157.4	41	16.5	110/80	82	84	BMI: underweight, Dental carries
27	Renis R. parmar	9-A	14	M	150	33	14.7	110/70	72	81	BMI: Underweight, Ab FH: TB and Glucoma
28	Mehul P. Gohil	9-A	15	M	166	52	18.9	110/70	78	61	BMI: Normal, Dental
29	Kismat G. Gohil	9-A	15	M	150	34	15.1	120/80	70	61	BMI: Underweight, Dental carries
30	Deep D. Vaghela	9-A	15	M	151	52	21.1	110/80	78	63	BMI: Normal, Dental carries
31	Bhavna R. Rohit	9-A	14	M	151.2	35	15.4	120/80	74	83	BMI: Underweight, Calcium deficiency
32	Mitesh A. Bhoi	9-A	14	M	163	48	18.1	130/90	72	75	BMI: Normal, Dental carries
33	Amitbhai V. chauhan	9-A	14	M	154	34	14.3	130/90	78	74	BMI: Underweight
34	Vishal Gohil	9-A	15	M	150	38	16.9	120/70	84	60	BMI: Underweight
35	Bhavdip K. Sasaliya	9-A	14	M	152	31	13.4	100/60	82	75	BMI: Underweight
36	Hardik S. Chashtiya	9-A	15	M	146	34	16	120/90	72	75	BMI: Underweight

37	Dharmesh A. Gohil	9-A	15	M	141	34	17.1	120/70	78	62	BMI: Underweight, Dental carries
38	Ajaybhai G. Parmar	9-A	14	M	156	35	14.4	120/80	74	60	BMI: Underweight, Dental carries
39	Jayendrakumar J. Tadapda	9-A	14	M	163.3	43	16.1	100/70	84	87	BMI: Underweight, Dental carries
40	Sanjaykumar R. Tadapda	9-A	14	M	156.2	45	18.4	120/80	82	82	BMI: Underweight
41	Anil C. Patel	9-A	13	M	138.3	26	13.6	120/80	72	80	BMI: Underweight, Dental carries
42	Rakesh M. Vaghela	9-A	14	M	160.2	50	19.5	110/70	80	86	
43	Sagar B. Vaghela	9-A	14	M	152.2	36	15.5	110/70	80	80	BMI: Underweight
44	Tarun A. Vaghela	9-A	14	M	156	35	14.4	120/80	82	96	BMI: Underweight
45	Vishal A. Vaghela	9-A	15	M	143.3	31	15.2	120/80	78	97	BMI: Underweight, Coughing, Dental Caries
46	Vishal B.Vaghela	9-A	15	M	153.3	35	15	110/70	84	75	BMI: Underweight, Dental carries
47	Dharmendran D. Vaghela	9-B	16	M	151	36	15.8	110/70	80	50	BMI: Underweight
48	Suman S. Vaghela	9-B	15	M	150	36	16	90/50	74	55	BP: Hypotension, BMI: Underweight
49	Jigar A. Parmar	9-B	15	M	153.2	40	17.1	110/80	70	50	BMI: Underweight, Teeth decay
50	Nilamkumar R. Parmar	9-B	15	M	150.2	33	14.6	110/70	80	93	BMI: Underweight, Discolored teeth
51	Aakash P. Vaghela	9-B	15	M	160.2	41	16	120/80	72	93	
52	Rajesh I. Chavda	9-B	15	M	148.2	40	18.3	100/60	72	45	BMI: Underweight, Dental carries

53	Hitesh R. Gohel	9-B	16	M	147.3	40	18.5	110/80	74	50	BMI: Normal, Dental carries
54	Bhavesh A. Parmar	9-B	16	M	150	33	14.7	100/60	82	50	
55	Aman A. Vohra	9-B	14	M	153.2	43	18.3	100/80	80	64	BMI: Underweight, Dental carries
56	Mahaj S. Vohra	9-B	14	M	149.5	30	13.4	120/80	84	58	BMI: Underweight, Dental carries
57	Sahil I. Vohra	9-B	14	M	156	48	19.7	110/70	82	74	
58	Pankaj V. Vaghela	9-B	14	M	151.2	42	18.4	120/70	74	60	BMI: Underweight
59	Yogendra S. Vaghela	9-B	18	M	157.3	46	18.6	110/70	72	50	BMI: Normal, Dental carries
60	Yogesh M. Vaghela	9-B	14	M	161	60	23.1	120/70	80	80	
61	Bhavesh A. Vaghela	9-B	14	M	141	30	15.1	110/60	82	95	BMI: Underweight
62	Kamlesh R. Vaghela	9-B	14	M	132.2	25	14.3	120/80	80	72	BMI: Underweight
63	Minesh M. Vaghela	9-B	15	M	152	48	20.8	90/60	72	78	
64	Mehul S. Solanki	9-B	15	M	154	42	17.7	120/80	72	82	BMI: Underweight
65	Yogesh K. Solanki	9-B	15	M	144.3	46	22.1	120/70	74	86	BMI: Normal, Dental carries
66	Amit D. Vaghela	9-B	14	M	146	30	14.1	120/80	82	62.27	BMI: Underweight
67	Santoshkumar J. Patel	9-B	15	M	162	50	19,1	113/90	72	63	BMI: Normal, Dental carries
68	Ajay V. Rabari	9-B	14	M	169.2	48	16.8	120/80	80	80	BMI: Underweight, Fever
69	Kartik M. Rajput	9-B	15	M	162.1	63	24	120/70	72	60	
70	Mukesh K. Raval	9-B	14	M	156	36	14.8	100/60	84	66	BMI: Underweight
71	Chintan J. Sadhu	9-B	14	M	151.2	35	15.3	100/60	72	88	BMI: Underweight
72	Harshat R. Solanki	9-B	15	M	160	50	21.1	110/70	80	80	BMI: Underweight
73	Gaurang P. Parmar	9-B	15	M	143.3	46	22.4	110/70	70	93	
74	Hitesh P. Parmar	9-B	15	M	155.4	42	17.4	120/80	84	79	BMI: Underweight, Coughing, Skin discoloration
75	Yashraj M. Parmar	9-B	15	M	141.1	40	20.1	110/70	82	89	

76	Yuvraj V. Parmar	9-B	15	M	155	36	15	110/70	84	82	BMI: Underweight
77	Dhruv M. Patel	9-B	14	M	156.1	42	17.2	120/80	86	75	BMI: Underweight, Dental carries
78	Harshilkumar N. Patel	9-B	15	M	160.1	40	15.6	110/70	74	72	BMI: Underweight, Dental carries
79	Sonal K. Vaghela	9-B	15	F	142.2	33	16.9	120/80	72	83	BMI: Underweight, Dental carries
80	Sarmila I. Vahora	9-B	14	F	137.3	41	21.7	120/80	74	85	BMI: Normal, Coughing, Dental carries
81	Hiral R. Vaghela	9-B	15	F	145.3	33	15.6	120/80	80	87	BMI: Underweight, Coughing, Dental Caries
82	Jalpa A. Vaghela	9-B	15	F	149	44	19.8	130/90	74	57	
83	Shilpa S. Vaghela	9-B	15	F	157	44	17.9	110/70	74	88	BMI: Underweight, Coughing
84	Dharmishtha M, Gohel	9-B	14	F	144.2	39	18.8	120/80	82	88	
85	Dipti M. Gohel	9-B	14	F	151.2	43	18.8	120/80	78	93	BMI: Normal ,dental carries
86	Arti P. Parmar	9-B	14	F	150	35	15.6	120/80	76	86	BMI:Underweight,dental carries
87	Dinesh M. Gohel	9-B	16	M	161	40	15.4	120/80	74	58	BMI:Underweight,dental carries
88	DipakH.Gohel	9-B	14	M	147.2	30	13.8	120/80	76	82	BMI:Underweight
89	Nirav M. Gohel	9-B	14	M	163.2	47	17.6	120/80	84	75	BMI:Underweight,dental carries
90	Mahesh V. Bhoi	9-B	15	M	158	56	22.4	110/70	72	65	BMI:Normal,dental carries
91	Dhaval K. Dhobi	9-B	15	M	148	45	20.5	110/70	74	63	BMI:Normal,dental carries
92	AmitC.Gohel	9-B	13	M	145	31	14.7	100/60	76	63	BMI:Under weight
93	Rahul M.Gohel	9-B	15	M	155.3	38	15.8	100/60	72	83	BMI:Underweight,dental carries
94	VivekG.Gohel	9-B	14	M	146.1	30	14.1	110/70	86	96	BMI:Underweight,dental carries

95	HarshadK.Prajapati	9-B	15	M	159.4	60	23.6	120/80	86	66	BMI:Normal,dental carries
96	HetalR.Parmar	9-B	14	F	151	38	16.7	120/81	72	88	BMI:Under weight
97	RimpalD.Parmar	9-B	14	F	144.2	33	15.9	120/82	78	85	BMI:Under weight
98	TejalK.Parmar	9-B	14	F	150	37	16.4	120/83	70	75	BMI:Under weight
99	Bhumika K. Vaghela	9-B	15	F	152.2	33	14.2	110/70	74	70	BMI:Underweight,dental carries
100	Damiya M. Vohra	9-B	15	F	149	35	15.8	110/70	76	85	,BMI:Underweight,dental carries
101	Pushpa R. Vaghela	9-B	15	F	153	35	15	120/80	78	98	BMI:Underweight,dental carries
102	DishaD.Chasatiya	9-B	14	F	148.3	34	15.5	120/80	82	66	BMI:Under weight
103	Dixita B. Chasatiya	9-B	14	F	146	28	13.1	120/80	80	66	BMI:Under weight
104	Anjna J. Gohel	9-B	15	F	152.2	43	18.6	110/70	72	87	BMI:Under weight
105	Kinjal J. Chauhan	11 Com	17	F	148.2	40	18.2	110/60	80	50	BMI:Under weight
106	Sapna B. Patel	11 Arts	17	F	150	45	20	120/70	72	39	BMI:Under weight
107	Shivani S. Patel	11 Arts	17	F	155	41	17.1	120/70	74	42	
108	MuskanG.Vohra	11 com	17	F	155.2	46	19.1	100/80	72	50	
109	Ritu P. Voghela	11 Arts	17	F	169	45	15.8	100/60	80	50	BMI:Under weight
110	Nilesh K. Gohel	11 Com	17	M	165.3	44	16.1	130/90	82	80	BMI:Underweight,dental carries
111	Ankit S. Khristy	11 Arts	17	M	174	50	16.5	120/60	74	47	BMI:Under weight
112	Sagar K. Khristy	11 Com	17	M	171.3	50	17	120/80	72	49	BMI:Underweight,dental carries
113	Jyoti A. Vaghela	11 Com	16	F	153.3	43	18.3	110/70	72	63	BMI:Under weight
114	Damini V. Solanki	11 Com	16	F	148.2	35	15.9	130/90	81	49	BMI:Underweight,dental carries
115	Parul K. Parmar	11 Com	16	F	152.3	44	19	110/70	74	60	BMI:Normal, Dental Carries
116	Dhruval M. Patel	11 Com	19	M	165	62	22.8	120/80	84	70	

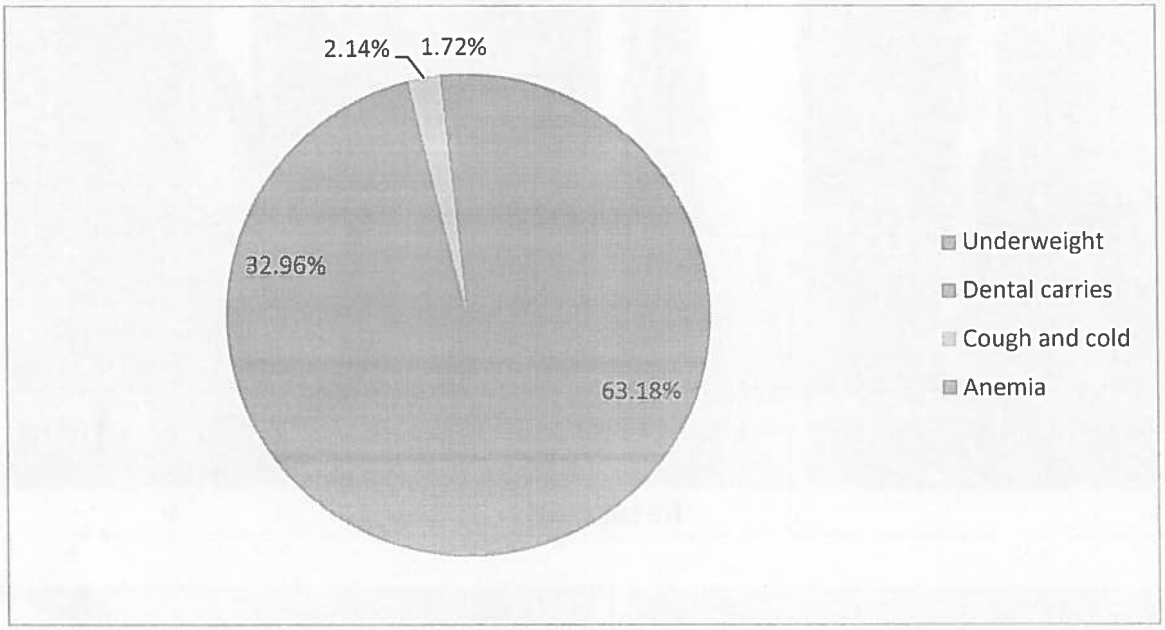
117	Subhum S. Vohra	11 Arts	17	M	160	36	14.1	120/80	74	65	BMI:Underweight,dental carries
118	AmanI.Vohra	11 Com	17	M	170	59	20.4	130/90	74	58	
119	Alfaz U. Vohra	11 Com	17	M	168	60	21.3	120/80	80	54	
120	Aniket A. Parmar	11 Com	16	M	149	35	15.8	120/70	72	57	BMI:Underweight,dental carries
121	Hitesh M. Solanki	11 Com	17	M	160.3	53	20.6	130/90	72	48	BMI:Normal,dental carries
122	Bharat H. Vaghela	11 Arts	17	M	170.3	45	15.5	110/70	74	48	BMI:Underweight,dental carries
123	Nikul N. Patel	11 Com	16	M	167	45	16.1	110/80	74	50	BMI:Under weight
124	Kamlesh S. Solanki	11 Arts	16	M	164	43	16	120/80	74	46	BMI:Under weight
125	jayesh B. Solanki	11 Arts	16	M	143	41	20	120/70	74	50	
126	Chirag V. Chauhan	11 Arts	18	M	175	54	17.6	130/70	78	50	BMI:Underweight,dental carries
127	Darshan H. Rabari	11 Arts	16	M	160	45	17.6	120/70	82	41	BMI:Underweight,dental carries
128	Mehul P. Parmar	11 Arts	17	M	155	39	16.2	110/70	80	41	BMI:Under weight
129	Mehul K. Vaghela	11 Arts	16	M	159	44	17.3	120/80	72	42	BMI:Under weight
130	Ajay M. Vaghela	11 Arts	16	M	155	34	14.2	120/80	72	54	
131	Sanjay J. Vaghela	11 Arts	17	M	164	40	14.8	110/70	72	46	BMI:Under weight
132	Mahesh H. Vaghela	11 Arts	16	M	163	45	16.7	120/80	78	53	BMI:Under weight
133	Bhavik J. Gohel	11 Arts	17	M	162	50	19.1	110/80	72	48	BMI:Normal,dental carries
134	Ravindra N. Solanki	11 Arts	17	M	165	52	19	130/90	82	45	
135	Vinu K. Bariya	11 Arts	17	M	163	45	16.9	130/90	74	51	BMI:Underweight,Dental carries
136	Mayur R. Bhoi	11 Arts	17	M	167	48	17.2	110/80	72	65	BP:Normal,BMI:Under weight
137	Kuldip R. Chatasiya	11 Com	17	M	163	40	15.1	110/70	80	51	BMI:Under weight
138	Ghanshyam M. Gohel	11 Arts	17	M	159	41	16.1	110/70	84	59	BMI:Under weight

139	Bhavisha F. Chauhan	11 Arts	17	F	152	39	16.8	100/80	72	49	
140	Bhavna M. Solanki	11 Arts	17	F	157	44	17.9	110/70	74	45	BMI:Under weight
141	Gayatri V. Solanki	11 Arts	17	F	154	40	16.8	110/80	80	55.5	BMI:Under weight
142	Urvashi A. Bhoi	11 Arts	16	F	158	67	26.8	110/70	80	43	BMI:Overweight,Dental carries
143	Sanjana D. Bhoi	11 Arts	16	F	149	39	17.6	110/80	82	50	BMI:Under weight
144	Mansi R. Prajapati	11 Com	16	F	147	44	20.4	110/90	70	63	BMI:Under weight
145	Jigisha P. Parmar	11 Arts	17	F	155	45	18.7	110/70	72	52	
146	kinjal B. Parmar	11 Arts	17	F	154	37	15.6	100/80	74	46	BMI:Under weight
147	Sumitra F. Gohel	11 Arts	17	F	149	44	19.7	100/80	74	39	
148	Urmila S. Gohel	11 Arts	16	F	144	38	18.3	110/70	80	43	BMI:Underweight,Dental carries
149	KinjalD.Gohel	11 Arts	16	F	153	40	17	110/70	82	53	BP:Normal,BMI:Underweight,Dental carries
150	Naina G. Parmar	11 Arts	17	F	150	42	18.6	110/70	74	43	BMI:Normal, Dental Carries
151	Rashmika S. Parmar	11 Arts	16	F	`52	42	18.1	110/70	72	50	BP:Normal,BMI:Under weight
152	Dipti R. Parmar	11 Arts	16	F	152	40	17.3	110/70	74	47	BMI:Under weight
153	Janki K. Patel	11 Arts	16	F	157	52	24.1	110/70	78	45	

SarvodayVinayVidhyamandirHighschoolAjarpura

9th and 11th standard

Sr. no.	Conditions	Frequency	Percentage
1.	Underweight	115	63.18%
2.	Dental carries	60	32.96%
3.	Cough and cold	05	2.14%
4.	Anemia	02	1.72%

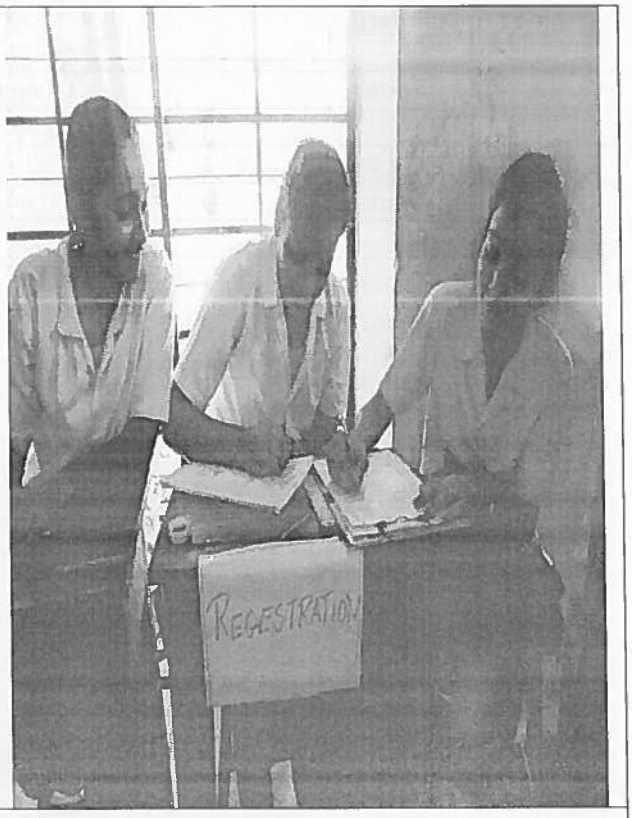


Conclusion:

The major health problems identified among SarvodayVinayVidhyamandirHighschool Children's are Underweight 63.18%, Dental caries 32.96% ,cough and cold 2.14% and Anemia 1.72%. Bananas are distributed to all the students to bring awareness about healthy practices. We express our heartfelt gratitude to Principal MTIN,and CHARUSAT university for their unconditional Support.

Photogallary

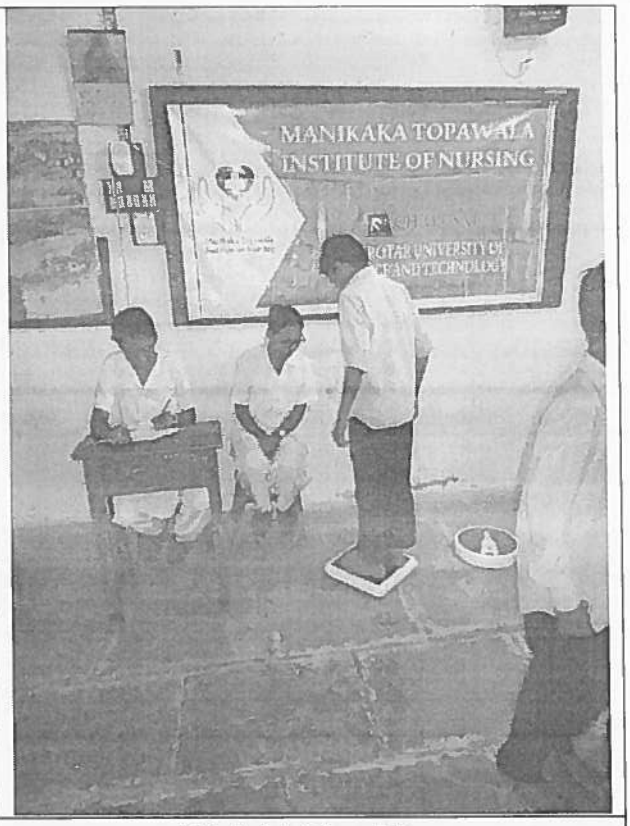




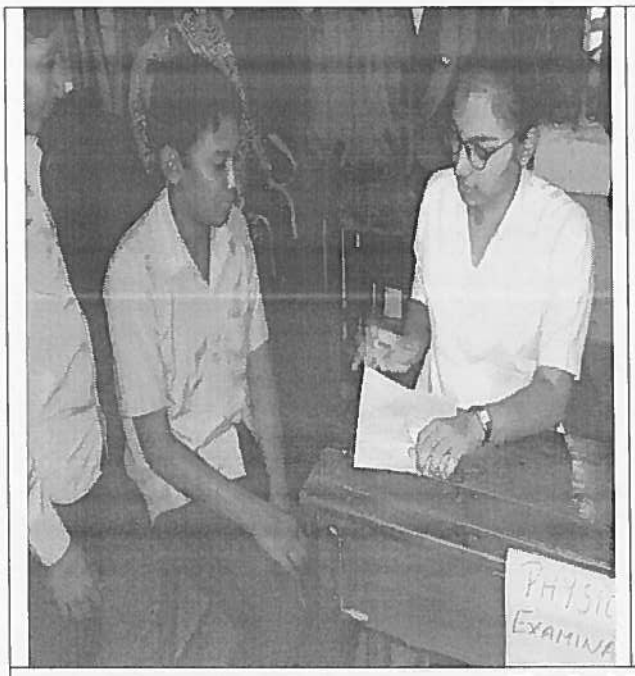
Reception

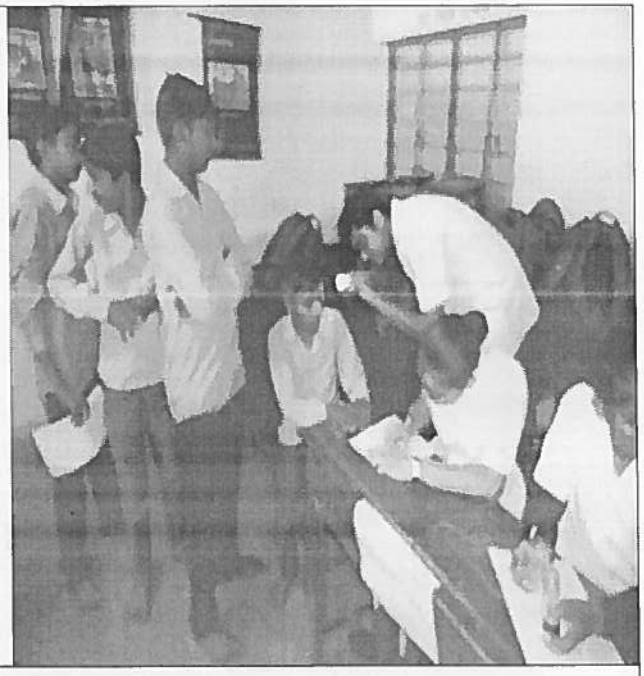


Height Measurement



Weight Checking





Physical Assessment



Blood Pressure



Students enjoying Banana



Report of Exhibition on Tuberculosis

TB Statistics in India:

The theme of this year's World TB Day is "Unite to End TB"

India is the country with the highest burden of TB. The World Health Organisation (WHO) TB statistics for India for 2015 give an estimated incidence figure of 2.2 million cases of TB for India out of a global incidence of 9.6 million. The TB incidence for India is the number of new cases of active TB disease in India during a certain time period (usually a year).

The estimated TB prevalence figure for 2015 is given as 2.5 million.[1] The TB prevalence is the number of people in India who are living with active TB, Prevalence is usually, but not always given as a percentage of the population.

It is estimated that about 40% of the Indian population is infected with TB bacteria, the vast majority of whom have latent TB rather than TB disease.

Most of the national TB statistics for India are collected by the government Revised National Tuberculosis Control Programme (RNTCP) which was started in 1997, and which was then expanded across the country.

Key facts

- Tuberculosis (TB) is one of the top 10 causes of death worldwide.
- In 2015, 10.4 million people fell ill with TB and 1.8 million died from the disease (including 0.4 million among people with HIV). Over 95% of TB deaths occur in low- and middle-income countries.
- Six countries account for 60% of the total, with India leading the count, followed by Indonesia, China, Nigeria, Pakistan and South Africa.
- In 2015, an estimated 1 million children became ill with TB and 170 000 children died of TB (excluding children with HIV).
- TB is a leading killer of HIV-positive people: in 2015, 35% of HIV deaths were due to TB.
- Globally in 2015, an estimated 480 000 people developed multidrug-resistant TB (MDR-TB).
- TB incidence has fallen by an average of 1.5% per year since 2000. This needs to accelerate to a 4–5% annual decline to reach the 2020 milestones of the *"End TB Strategy"*.
- An estimated 49 million lives were saved through TB diagnosis and treatment between 2000 and 2015.

- Ending the TB epidemic by 2030 is among the health targets of the newly adopted Sustainable Development Goals.

Exhibition on Tuberculosis:

To create the awareness on world TB Day students and faculties had organised exhibition on tuberculosis on 24th march 2017 and the theme "Unite to End TB"they covered the topics like causes, types and control of TB with following objectives

Objective of Exhibition:

At end of the exhibition participants will able to gain knowledge about tuberculosis andprevention and control measures of tuberculosis, will have positive attitude towards preventing the tuberculosis andparticipant will be skilful in the management of tuberculosis.

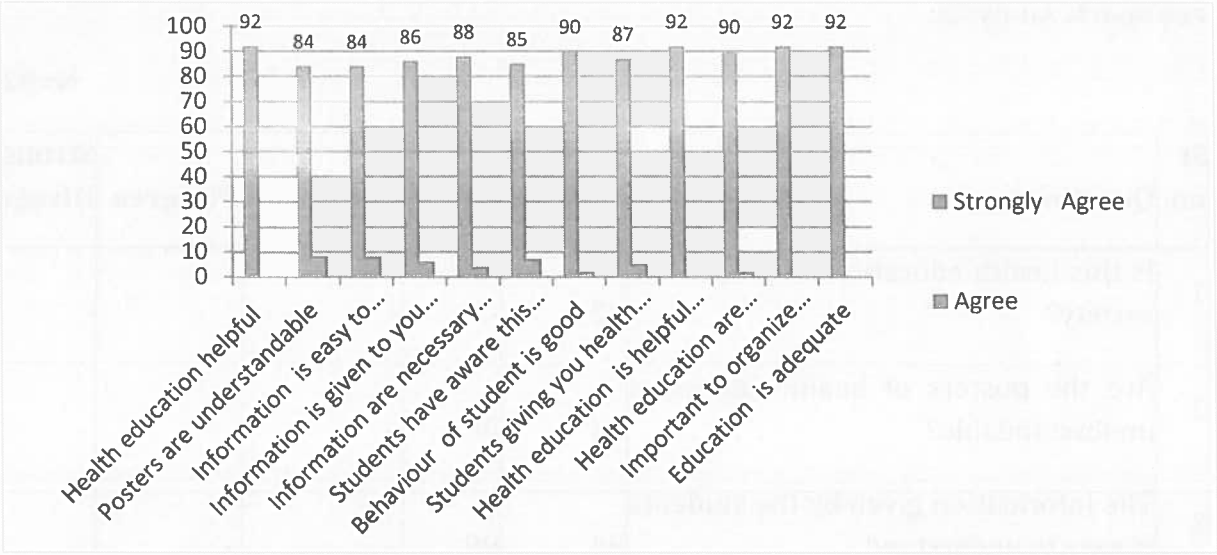
Exhibition was inaugurated byMs.VimalbenPatel ,Honorary Nursing Director and Dr.Anil Sharma Principal MTIN and Shri.Jasbhai Patel at Charusat Hospital in the presence of Mr.GururajGuggariMr.AnilkumarPatidar and Mr.Divya Jain, Nursing Tutors and Nursing Supertendant ,Nursing staff of Charusat Hospital and students of MTIN and more than 120 patients were benefited by this exhibition.

Feedback Analysis:

N=92

Sr no.	Questions	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	Is this health education helpful to the society?	92	-	-	-	-
2	Are the posters of health education understandable?	84	08	-	-	-
3	The information given by the students is easy to understand	84	08	-	-	-
4	Is this information of particular topic is given to you prior?	86	06	-	-	-
5	Do you think the information given by the students are necessary to you?	88	04	-	-	-
6	Does students have aware you of this topics during their posting time?	85	07	-	-	-
7	Does the behaviour and interaction of	90	02	-	-	-

	student with you is good?					
8	During duty time are the students giving you health education?	87	05	-	-	-
9	Is the health education given to you peoples by the students during this exhibition is helpful to you?	92	-	-	-	-
10	Is this all things done by the students like health education are important?	90	02	-	-	-
11	Is it important to organize this kind of events/programmes regularly?	92	-	-	-	-
12	Education and training given to the students by the Nursing college to help the society is adequate?	92		-	-	-



Most of the participants have given positive feedback about the exhibition.

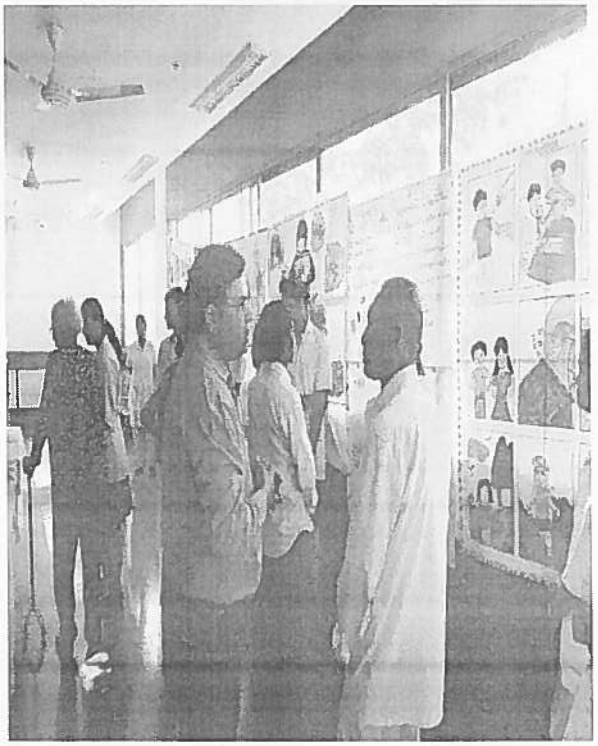
Conclusion:

Students have participated in exhibition actively and received positive feedback from participants and all have appreciated the students. We express our heartfelt gratitude to Principal, MTIN and CHARUSAT University for constant guidance and unconditional support.

Photogallary











Report of Rally onWorld Tuberculosis Day

TB Statistics in India:

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Most of the national TB statistics for India are collected by the government Revised National Tuberculosis Control Programme (RNTCP) which was started in 1997, and which was then expanded across the country.

Key facts

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- In 2015, 10.4 million people fell ill with TB and 1.8 million died from the disease (including 0.4 million among people with HIV). Over 95% of TB deaths occur in low- and middle-income countries.
- Six countries account for 60% of the total, with India leading the count, followed by Indonesia, China, Nigeria, Pakistan and South Africa.
- In 2015, an estimated 1 million children became ill with TB and 170 000 children died of TB (excluding children with HIV).
- TB is a leading killer of HIV-positive people: in 2015, 35% of HIV deaths were due to TB.
- Globally in 2015, an estimated 480 000 people developed multidrug-resistant TB (MDR-TB).
- TB incidence has fallen by an average of 1.5% per year since 2000. This needs to accelerate to a 4–5% annual decline to reach the 2020 milestones of the *"End TB Strategy"*.
- An estimated 49 million lives were saved through TB diagnosis and treatment between 2000 and 2015.

- Ending the TB epidemic by 2030 is among the health targets of the newly adopted Sustainable Development Goals.

Rally onWorld Tuberculosis Day:

To create the awareness to the public regarding tuberculosis MTIN and District TB unit collaboratively organised rally on tuberculosis on 24th march 2017 on the occasion celebration of world TB day with the theme "Unite to End TB"with following objectives

Objective of rally on world tuberculosis day:

At end of the rally public will able to gain knowledge about tuberculosis andprevention and control measures of tuberculosis, will have positive attitude towards preventing the tuberculosis andparticipant will be skilful in the management of tuberculosis.

The rally was inaugurated by the District Development officer Dr. Modiya & Dr. R B Patel CDHOthe District Tuberculosis officer Dr.Fulmali & Dr.Anil Sharma, principal of MTIN,Changa and in the presence of Mr.SiddaramSarate HOD of Community health Nursing and other faculties of MTIN ,staff members of DTO and students of MTIN .

Brief description about the rally:

The students of MTIN prepared various slogan related to the tuberculosis and exhibited their posters in rally .

The rally began from Sardarpatel Bhavan, circuit house Anand covered Amul Dairy ,Ganesh chokdi back to Sardarpatel Bhavan, circuit house Anand approximately 2.5 to 3.0KM .

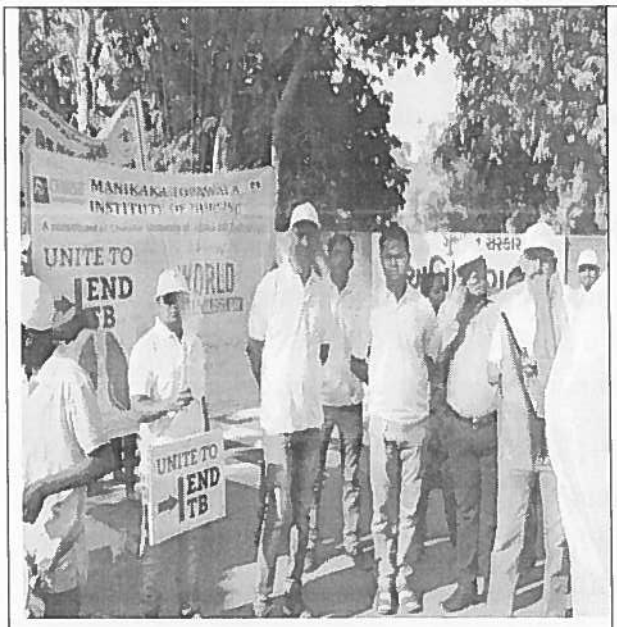
The students exhibiting slogans to "END TB" The students emphasized their rally especially on the various topics that included the concept of the TB, causes, source of spread of TB & preventive measure. The students spreading awareness to targeted people about the source of transmission of TB, preventive measures of TB, and diagnostic tests to identify the TB.

The student'sactive participation in rally is appreciated by the District TB Officer, The Chief District Health Officer and the District development officer.

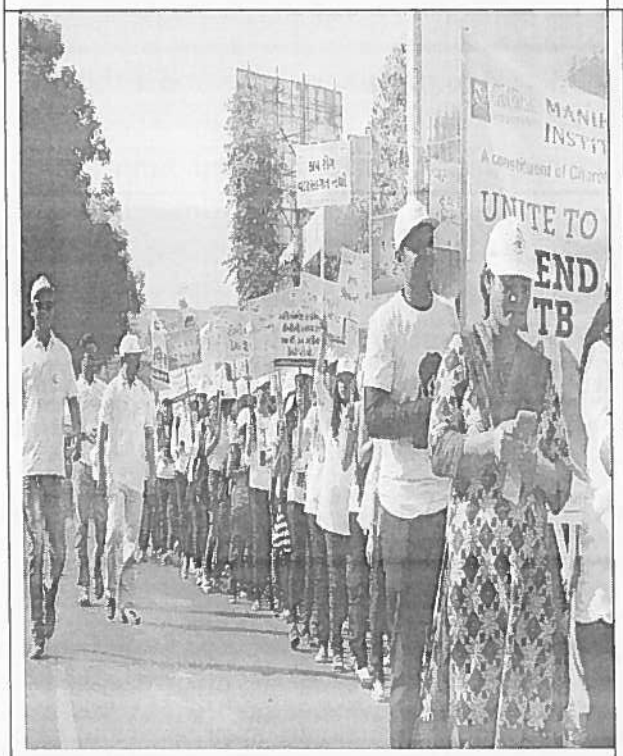
Conclusion:

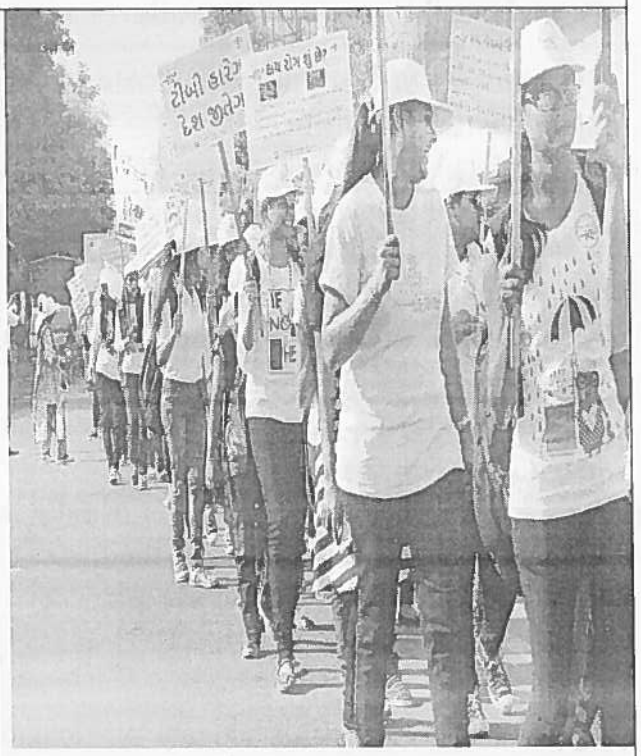
Students of MTIN have actively participated in rally and received appreciation from DTO and public. We express our heartfelt gratitude to Principal, MTIN and CHARUSAT University and DTO Unit, Anand for constant guidance and unconditional support.

Photogallary



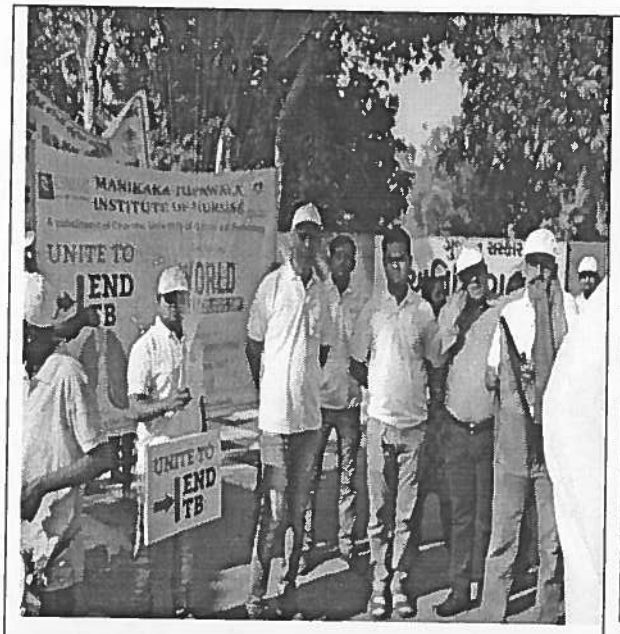




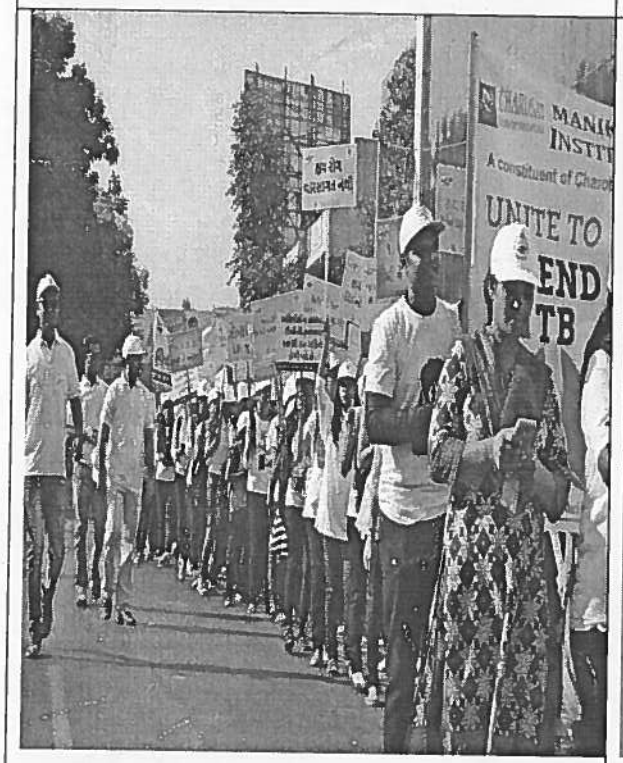


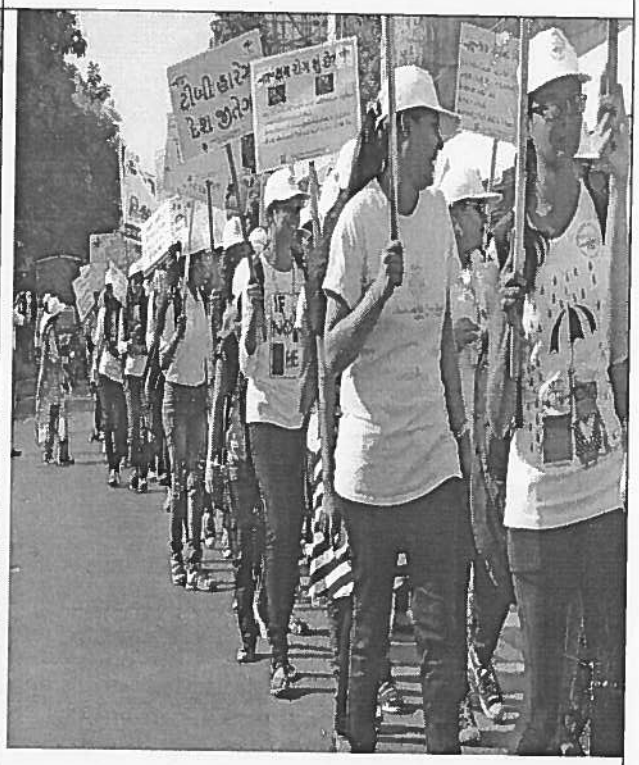
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Rally on Wold TB Day



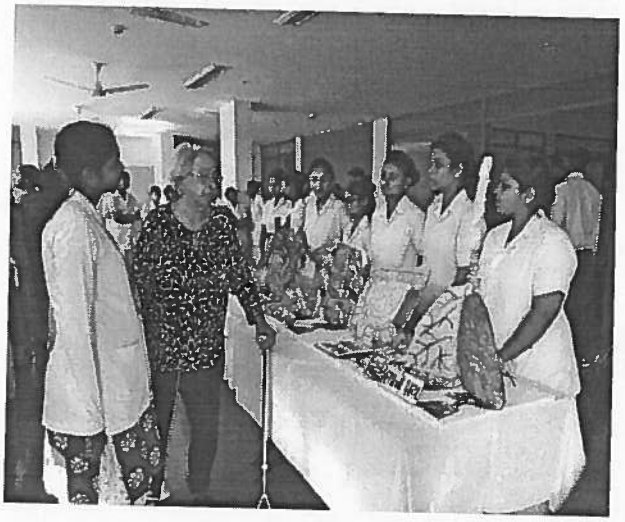




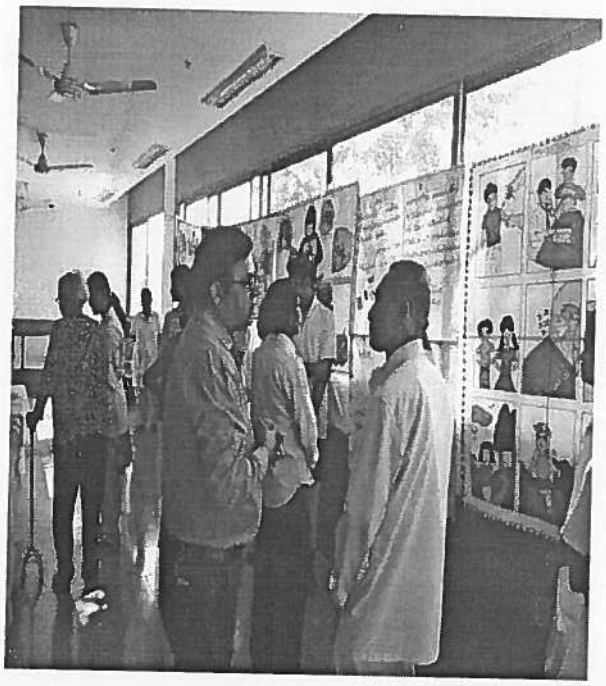


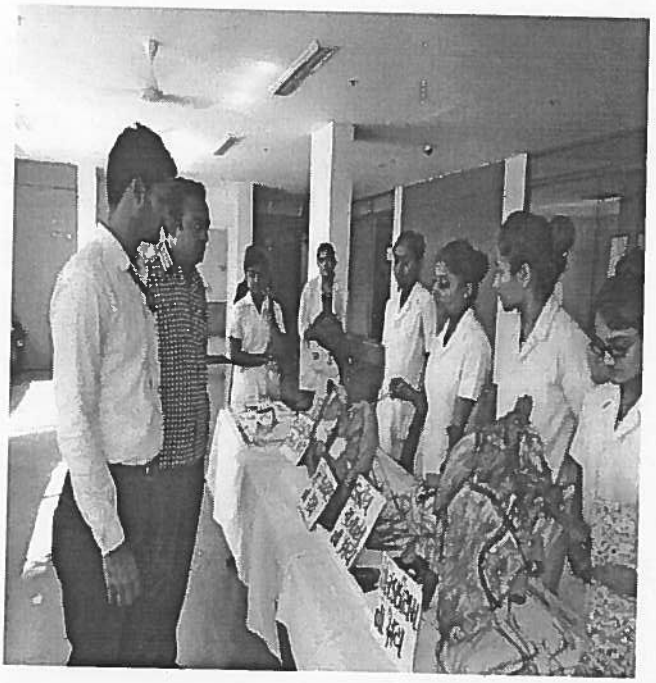
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Exhibition inauguration by Ms.VimalbenPatel





Exhibition on Tuberculosis.

Survey Report

Introduction:

As a part of their curriculum students of 4th semester / 2nd year B. Sc Nursing and 3rd year GNM students have carried out health survey of Nar village from 20.03.2017 to 15.04.2017, with following objectives and learning outcomes,

Objectives:

At the end of the posting students will be able to

- Build and maintain rapport with individual, family & Community
- Identify demographic characteristics, health determinants & community health resources
- Diagnose health needs of individual , families and community
- Provide primary health care in health centre
- Conduct & Participate in school health program, antenatal clinic etc
- Counsel & educate individual, family and community regarding care of sick, promotion & maintenance of health
- Maintain records and reports

Learning Outcomes:

- Students will be able to maintain therapeutic relationship with individual, family & Community
- Students will be able to collect all the information and put into numerical form (Frequency, Percentage, Incidence and prevalence).
- Students will be able to identify causative and risk factor regarding prevailing diseases in the community
- Students will be able to organize various health camps with active participation such as school health camp, Free Medical Checkup, Mamta Day etc.
- Students will be able submit all the details of health status and events of the community.

The village is situated to the west of the tehsil headquarters Petlad at about 9 kilometers away. It is about 32kilometers North-west from the district headquarters Anand. There were total 1178 houses were numbered by the student. Complete health survey was done under the guidance and supervision of Mr. Siddaram Sarate, HOD, Community Health Nursing, Mr. Anilkumar Jarali, Assistant professor, Mr. Jamin Chauhan, Nursing Tutor and Mrs. Alpna Patel ,Clinical Instructor

BRIEF INTRODUCTION OF NAR VILLAGE:

- The village of NAR is situated to the west of the tehsil headquarters Petlad at about 9 kilometers away. It is about 32kilometers North-west from the district headquarters Anand.
- The village is situated on Bandhni-tarapur road and is 9kilometers interior from parol .
- The village is connected by road with main centers such as Anand, Petlad, Nadiad, Ahmedabad, etc. The village has very good transportation system and public electrical infrastructure. This village has a beautiful pond besides a school, lush green bushes, huge trees, schools, library, Post office, health Centre, Panchayatghar, Dharmshala, Grassland.

AGRICULTURE

- The village is known for its farming and milk production. Mainly Wheat, Rice, Bajra, Tobacco and vegetables are cultivated.

TRANSPORT

- Nar is a Village in Petlad Taluka in Anand District of Gujarat State, India. It is located 32KM towards west from District head quarters Anand. 20 KM from. 98 KM from State capital Gandhinagar.
- Nar Pin code is 388150 and postal head office is Nar.
- Manej (3 KM) , Sansej (3 KM) , Runaj (3 KM) , Khansol (4 KM) , Kothavi (4 KM) are the nearby Villages to Nar. Nar is surrounded by Petlad Taluka towards East, Khambhat Taluka towards South, Tarapur Taluka towards west, Matar Taluka towards North.
- Petlad, Khambhat, Cambay , Anand are the nearby Cities to Nar.

BASIC STATISTICS

- Area – 1485 hectares approx.
- Agricultural Area – 1256 hectares approx.
- Residential Area – 19 hectares approx.
- Non- Agricultural Area – 229 hectares approx.
- PINCODE – 388150
- STD Area Code - 02697
- Taluka – Petlad
- DISTRICT – Anand
- Population - 4500 approx.
- No. of Voters – 3092
- Male Voters – 1202
- Female Voters –1199
- Pensioners – 843 approx.

BASIC MEANS OF EMPLOYMENT

- Agriculture
- Services
- Small business
- Labor

Social Environment:

LEGISLATIVE SET UP

- Chief Minister of Gujarat: Honorable Vijay Rupani
- Deputy Chief Minister of Gujarat: Nitinbhai Patel
- Health and Family Welfare, Medical Education and Environment Minister: Shankar Chaudhary
- Panchayats, Rural Development and Rural Housing Minister : JayantibhaiKavadiya
- Women and Child Welfare minister :Atmaram Parmar and Nirmala Wadhwani (Independent charge)

NAR VILLAGE PANCHYAT & ORGANIZATION

1. Sarpanch -**Mrs. Jayshreeben.r.patel.**
2. Deputy sarpanch - Mrsvantuben Patel
3. Talati Cum Mantri - Mr. RajubhaiKacchiya
4. Chairman of milk Dairy - Mr.Jayeshbhai Patel
5. Chairman of SevaSahkariMandali -Mr.Nileshbhai.R Patel
6. Chairman of Kelvanimandal -MrDaxeshbhai K Patel
7. Secretary of Kelvanimandal -Mr. kiritbhai.G.Patel

PANCHAYAT MEMBERS

1. Mr.chandrakantbhai A Patel
2. Mr.Nileshbhai.R. Patel
3. Mrs. Bhavikaben K Patel
4. MrKrishnakantbhai B Patel
5. Mr.Kiranbhai R Patel
6. Mr.Amitbhai S Chauhan

LANDMARKS

- Temple
- Bus stop
- School
- Khadaki
- Hospital
- Post office
- Club house
- Anganwadi
- Pond
- Swamps
- Dairy
- Bank
- Library

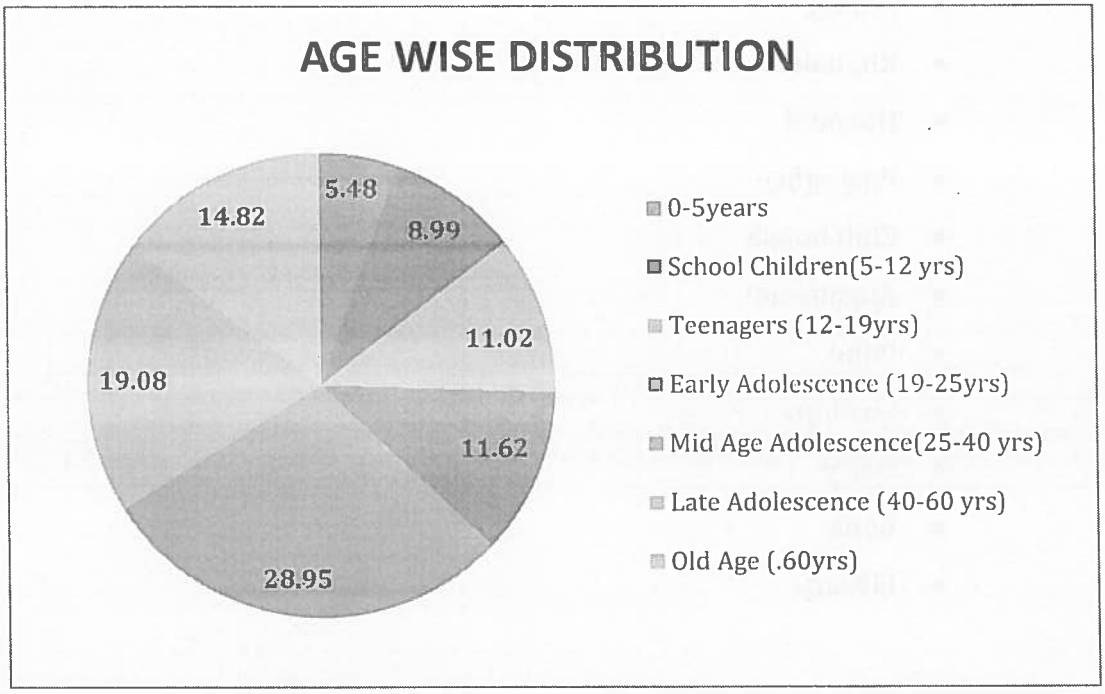
DEMOGRAPHIC CHARACTERISTICS:

Total population: 3992

- **Table 1 Age wise Distribution:** **N = 3992**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
0-5years	219	5.48
School Children(5-12 yrs)	359	8.99
Teenagers (12-19yrs)	440	11.02
Early Adolescence (19-25yrs)	464	11.62
Mid Age Adolescence(25-40 yrs)	1156	28.95
Late Adolescence (40-60 yrs)	762	19.08
Old Age (.60yrs)	592	14.82

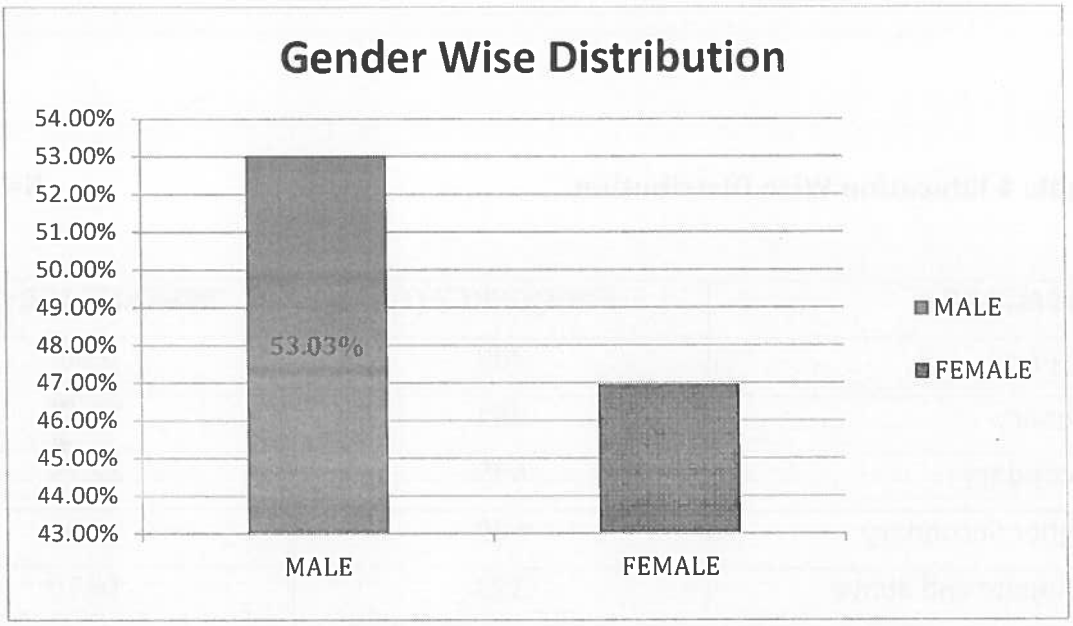
Table 1 shows that Maximum Number of people falls in **Mid Age Adolescence (25-40 yrs)** their percentage is **28.95%** and Minimum number of people falls in **Under five** , their percentage is **5.48%.**



⊣ Table 2 Gender Wise Distribution: N= 3992

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Male	2117	53.03%
Female	1875	46.96%

Table 2 shows that Maximum numbers of people are **Male** their percentage is **53.03** & Minimum number of people are **Female** their percentage is **46.96%.**



⊣ Table 3 Religion Wise Distribution:

N=992

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Hindu	968	97.53%
Muslim	14	1.44%
Christian	10	1.02%

Table 3 shows that Maximum numbers of people are **Hindu** their percentage is **97.53%Muslim**there percentage is **1.44%**& Minimum number of people are **Christian** their percentage is **1.02%.**

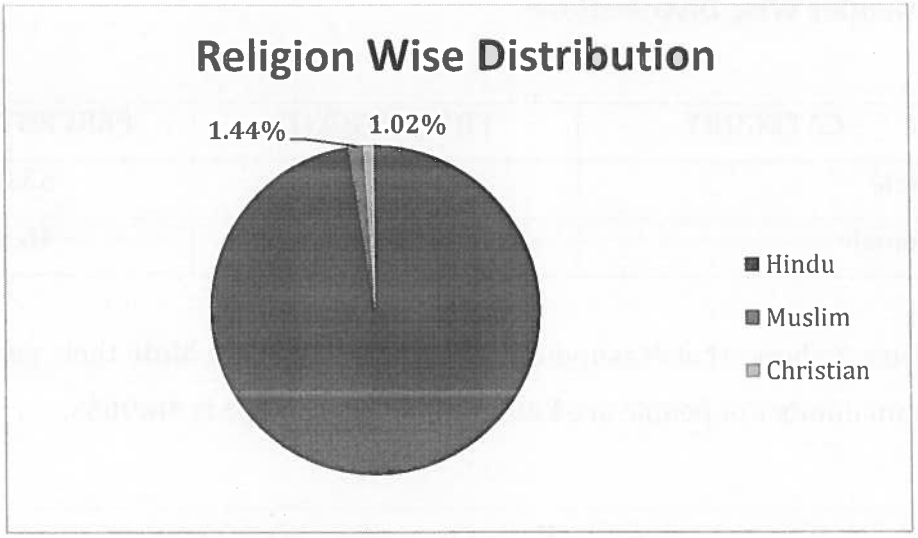


Table 4 Education Wise Distribution **N= 3131**

CATEGORY	FREQUENCY (f)	PERCENTAGE (%)
Illiterate	309	9.86
Primary	984	31.42
Secondary	695	22.19
Higher Secondary	620	19.80
Graduate and above	523	16.70

Table 4 shows that Maximum number of people have **primary education** their percentage are **31.42%** and Minimum number of people are **Illiterate** their percentage are **9.86%**.

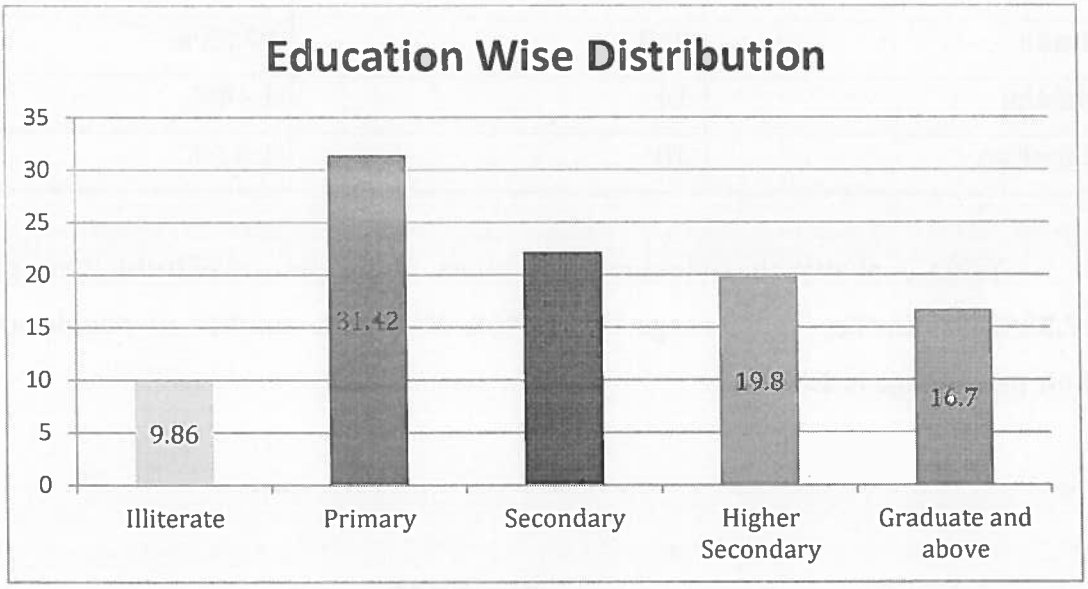


Table 5 Type of Family Wise Distribution: **N= 992**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Nuclear	459	46.75
Joint	428	43.50
Single	105	9.74

Table 5 shows that Maximum number of Family are **Nuclear** their percentage are **46.75%** and Minimum number of Family are **Single** their percentage are **9.74%**.

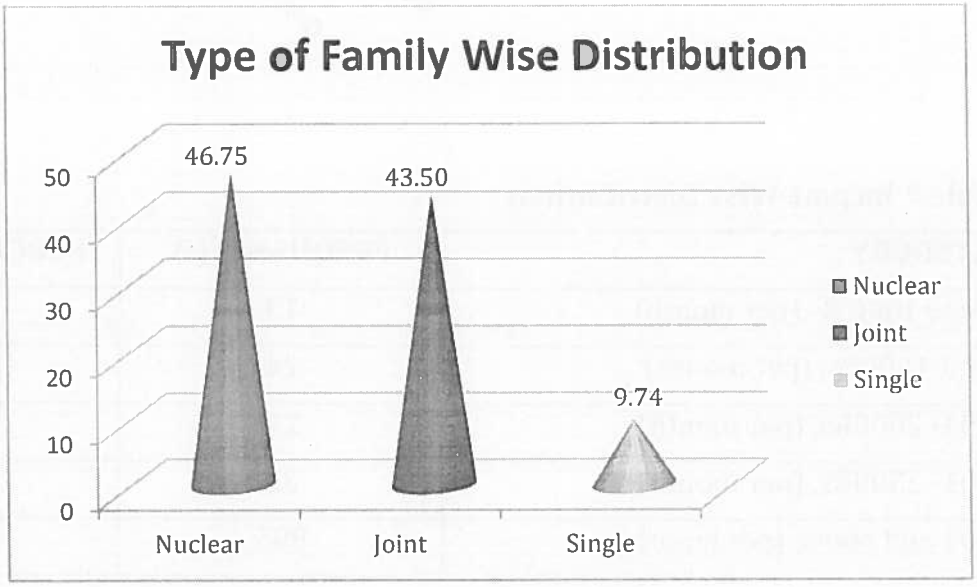


Table 6 Occupation Wise Distribution: **N= 1428**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Daily Wages	410	28.71
Farmer	435	30.46
Business	143	10.01
Self Employed	300	21.00
Government Job	140	9.80

Table 6 shows that Maximum number of people are **farmers** their percentage are **30.46%** and minimum people are doing **Government job** their percentage are **9.80%**.

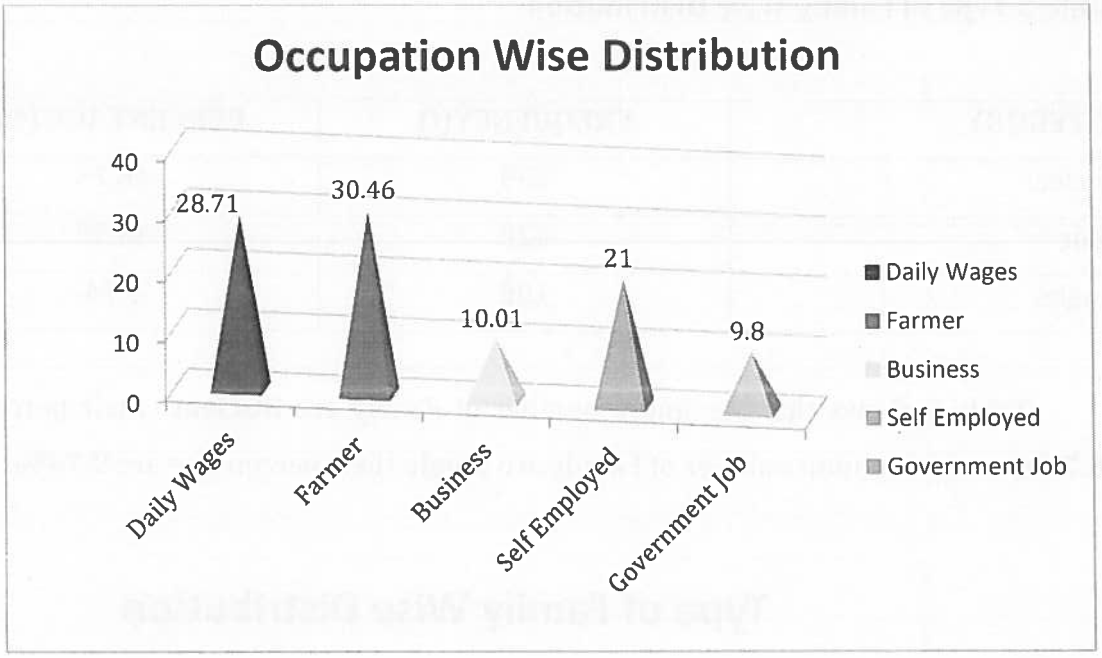
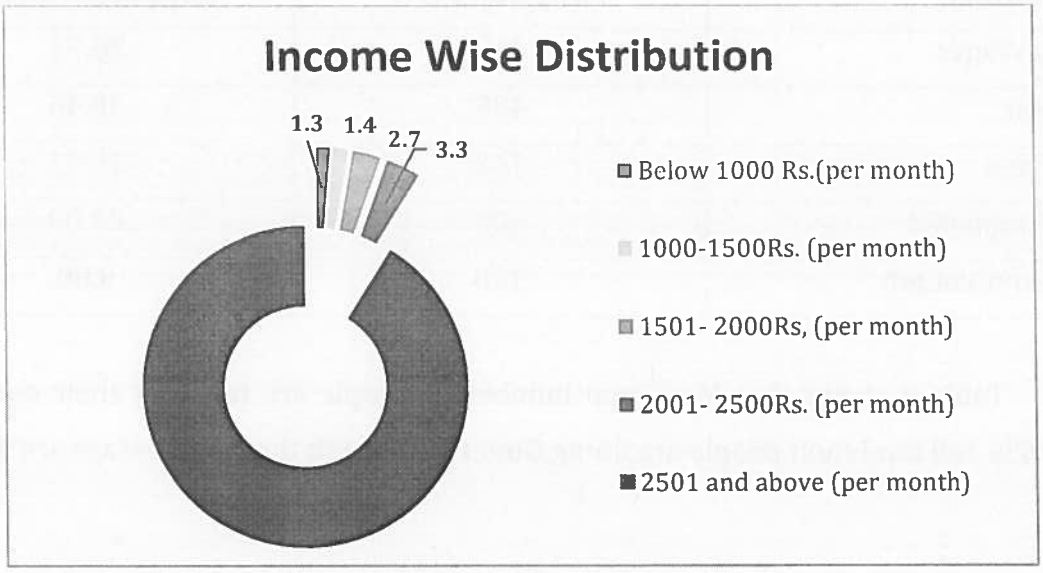


Table 7 Income Wise Distribution: **N=992**

CATEGORY	FREQUANCY(f)	PERCENTAGE (%)
Below 1000 Rs.(per month)	13	1.32
1000-1500Rs. (per month)	24	1.42
1501- 2000Rs, (per month)	27	2.74
2001- 2500Rs. (per month)	33	3.36
2501 and above (per month)	895	91.14

Table 7 shows that Maximum number of Family are having **2501 and above Rs. Per month** their percentage is **91.14%** and Minimum number of Family are having **Below 1000Rs. Per month** their percentage is **1.32%**.



❖ **Environmental characteristics:**

Table 1 House Wise Distribution **N= 992**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Pucca	547	55.14
Semi Pucca	389	39.21
Kutcha	56	5.64

Table 1 show that Maximum number of Family is Living in **Pucca House** their percentage is **55.14%** and Minimum number of family is living in **Kutcha House** their percentage is **5.64%**.

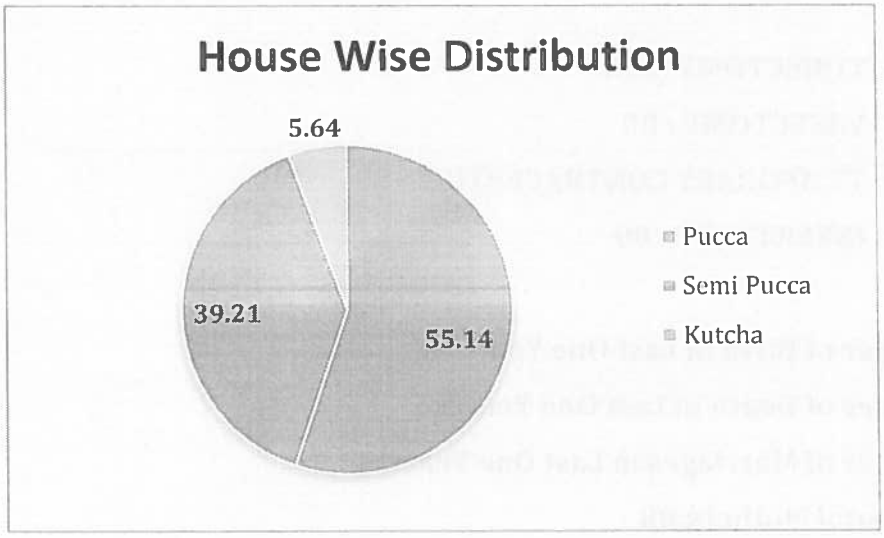
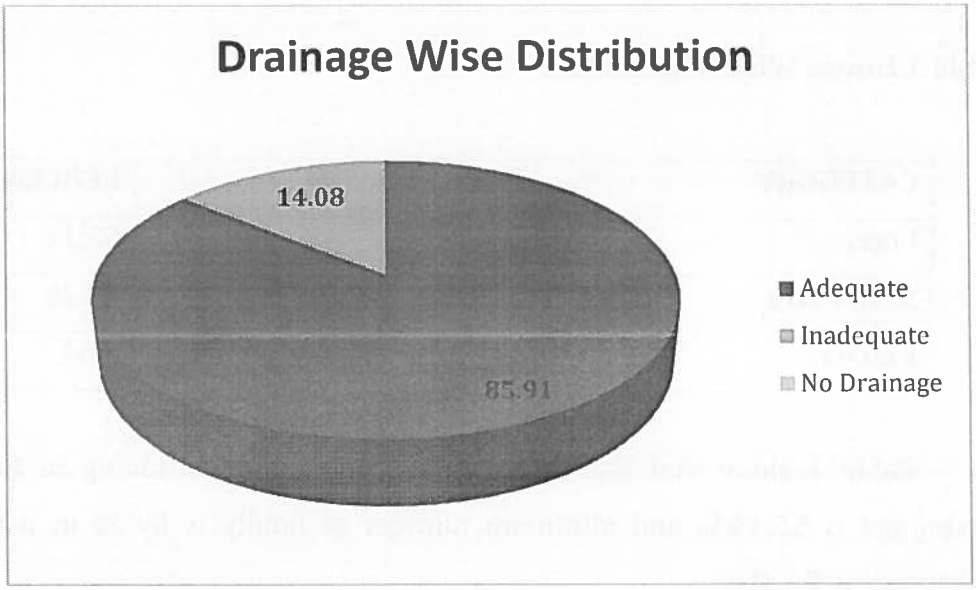


Table 2 Drainage Wise Distribution :- **N= 992**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Adequate	850	85.91
Inadequate	142	14.08
No Drainage	0	0

Table 2 shows that Maximum number of Families having **Adequate Drainage** their percentage is **85.91%** and minimum number of families having **inadequate Drainage** their percentage is **14.08%**.



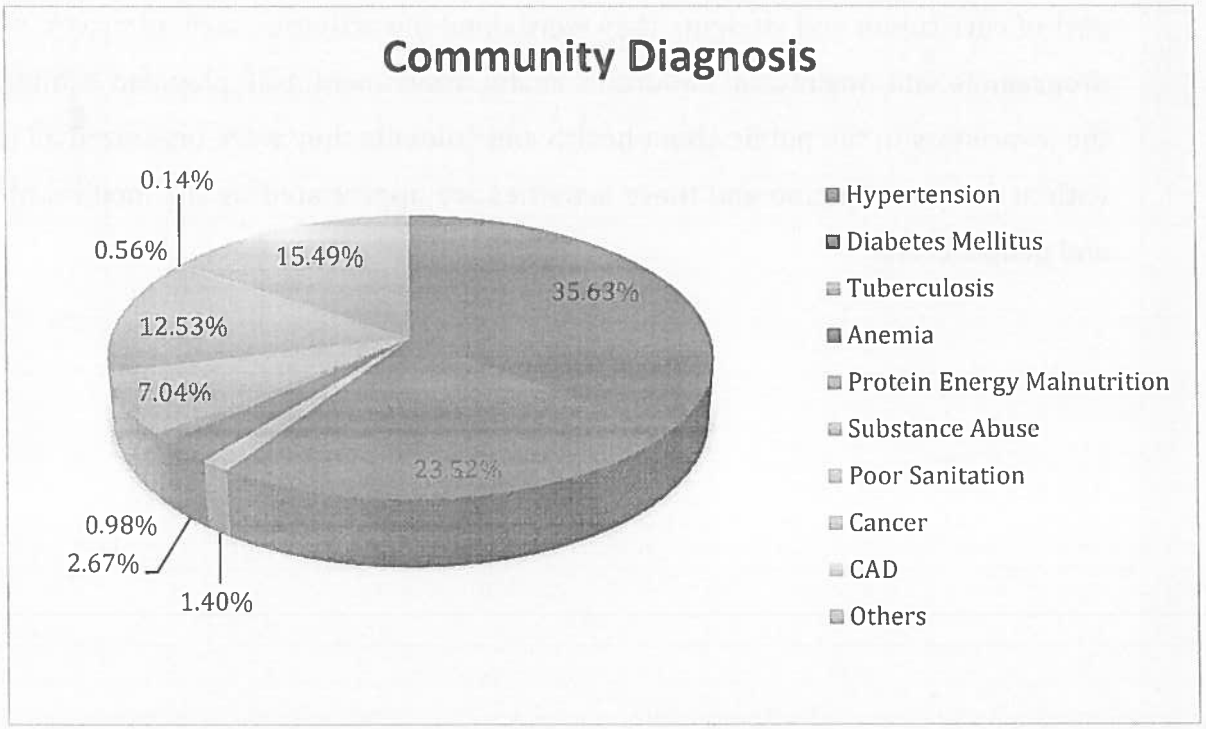
- **TUBECTOMY :245**
- **VASECTOMY : 00**
- **TEMPORARY CONTRACEPTIVE : 85**
- **INFERTILITY : 09**

- **Number of Birth in Last One Year: 23**
- **Number of Death in Last One Year:12**
- **Number of Marriages in Last One Year:14**
- **Antenatal Mothers:08**
- **Postnatal Mothers:04**
- **Eligible Couples:385**

❖ **COMMUNITY DIAGNOSIS:**

N-712

SR. NO	DISEASE CONDITION	FREQUENCY(f)	PERCENTAGE (%)
1	Hypertension	253	35.63%
2	Diabetes Mellitus	167	23.52%
3	Tuberculosis	10	1.40%
4	Anaemia	19	2.67%
5	Protein Energy Malnutrition	07	0.98%
6	Substance Abuse	50	7.04%
7	Poor Sanitation	89	12.53%
8	Cancer	04	0.56%
9	CAD	1	0.14%
10	Others	111	15.53%



In the village major diseases are **hypertension 35.63%.** and **diabetes mellitus 23.52%.**

❖ **Health Knowledge , Beliefs And Practices:**

★ **About Health and Disease:**

People were having partial knowledge regarding disease condition. They Belief in traditional practices for curation of disease and some were following Health Services also.

★ **Outlook:**

Disease caused by mainly improper hygiene care, improper environmental sanitation, improper concern of health, etc.

★ **Existing Health Practices:**

Traditional Method related to Health

★ **Attitude towards Health Agencies :**

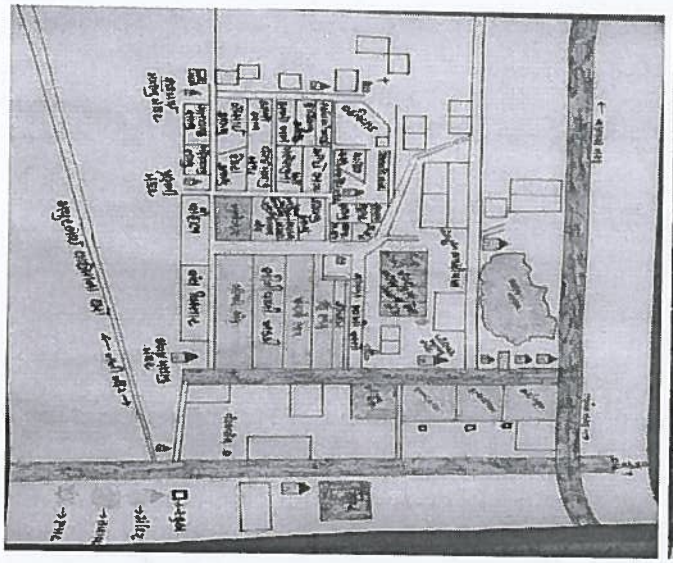
Satisfactorily aware about services provided.

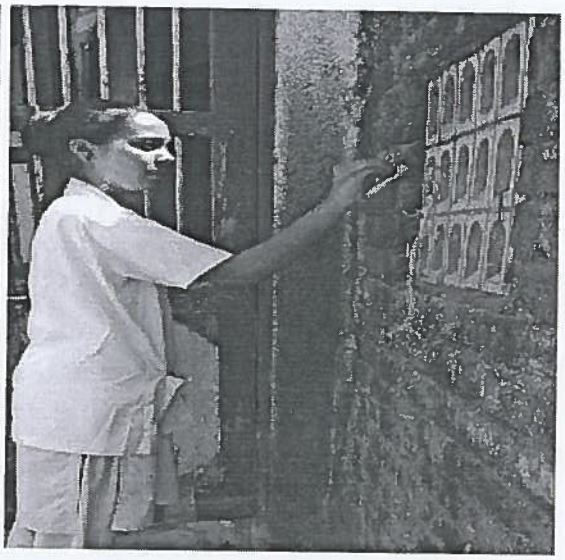
CONCLUSION:

Students of MTIN posted at Nar PHC for their community health nursing posting as a part of curriculum and students they were done the activities such as survey, school health programme and Anganwadi children's health assessment, role play and exhibitions to give the awareness to the public about health and students they were organized all the activities with active participation and these activities are appreciated by the medical officer of PHC and people of Nar.

Photogallary

Health survey of Ajarpura village









Health survey of Ajarpura village



Survey Report

Introduction:

As a part of their curriculum students of 4th semester / 2nd year B.Sc Nursing and 3rd year GNM students have carried out health survey of Ajarpura village from 20.03.2017 to 15.04.2017, with following objectives and learning outcomes,

Objectives:

At the end of the posting students will be able to

- Build and maintain rapport with individual, family & Community
- Identify demographic characteristics, health determinants & community health resources
- Diagnose health needs of individual , families and community
- Provide primary health care in health centre
- Conduct & Participate in school health program, antenatal clinic etc
- Counsel & educate individual, family and community regarding care of sick, promotion & maintenance of health
- Maintain records and reports

Learning Outcomes:

- Students will be able to maintain therapeutic relationship with individual, family & Community
- Students will be able to collect all the information and put into numerical form (Frequency, Percentage, Incidence and prevalence).
- Students will be able to identify causative and risk factor regarding prevailing diseases in the community
- Students will be able to organize various health camps with active participation such as school health camp, Free Medical Checkup, Mamta Day etc.
- Students will be able submit all the details of health status and events of the community.

The village is situated on Anand –Nadiad road and is 4 kilometres interior from Samarkha, there were total 750 houses were numbered by the student. Complete health survey was done under the guidance and supervision of Mr.SiddaramSarate, HOD, Community Health Nursing, Mr.GururajGuggari, Nursing Tutor, Mr.JayeshPatidar ,Assistant professor and Mrs.ShilpaDalawadi ,Clinical Instructor

BRIEF INTRODUCTION OF AJARPURA VILLAGE:

- The village Ajarpura is situated at Anand tehsil of headquarterAnand at about 13 kilometers away. It is about 13 kilometers North-west from the district headquarters Anand.
- The village is situated on Anand –Nadiad road and is 4 kilometres interior from Samarkha.
- The village is connected by road with main centers such as Anand ,Nadiad, Ahmedabad,etc. The village has very good transportation system and public electrical infrastructure.
- This village has a beautiful pond and schools, lush green bushes, huge trees, schools, Post office, Primary Health Centre, Panchayat and community hall .

AGRICULTURE

- The village is known for its forming and milk production. Mainly Wheat, Rice, Bajra and Tobacco are sowed.

TRANSPORT

- Dowa Railway Station ,Kasor Railway Station are the very nearby village stations to Ajarpura.. Anand railway station is about 13 km away from Ajarpura and Ahmedabad Railway Station is major railway station 57 km near to Ajarpura, Bombay Ahmedabad road highway 10 km from Ajarpura, GSRTC bus facilities also there for nearby area.

BASIC STATISTICS

- Area – 735.05 hectares approx.
- Agricultural Area – 535 hectares approx.
- Residential Area – 50 hectares approx.
- Non- Agricultural Area – 150 hectares approx.
- Pincode – 388310
- STD Area Code - 02692
- Taluka – Anand
- District – Anand
- Population - 4498 approx.
- No. of Voters – 4000 approx
- Male Voters – 2200 approx
- Female Voters – 1800 approx
- Pensioners – 36 approx.

BASIC MEANS OF EMPLOYMENT

- Agriculture
- Services
- Small business
- Labor

Social Environment:

LEGISLATIVE SET UP

- Chief Minister of Gujarat: Honorable Vijay Rupani
- Deputy Chief Minister of Gujarat:Nitinbhai Patel
- Health and Family Welfare, Medical Education and Environment Minister:Shankar Chaudhary
- Panchayats, Rural Development and Rural Housing Minister : JayantibhaiKavadiya
- Women and Child Welfare minister :AtmaramParmar and NirmalaWadhwani (Independent charge)
- Member of parliament (Anand constituency):DilipbhaiManibhai Patel
- Member of legislative assembly (Anand constituency) : Rohitbhai Patel

AJARPURA VILLAGE PANCHYAT & ORGANIZATION

1. Sarpanch - Mrs. Sejalben Patel
2. Deputy sarpanch - Mr.kiranbhaiParmar
3. Talati Cum Mantri - Mrs.Rashmiben Patel
4. Chairman of milk Dairy - Mr.Jigneshbhai Patel
5. Chairman of SevaSahkariMandali -Mr.Navneetbhai Patel
6. Chairman of Kelvanimandal -Mrs.Bhartiben Patel
7. Secretary of Kelvanimandal -Mr.Bhavdeepbhai Patel

PANCHAYAT MEMBERS

1. Mr.Kaushikbhai Patel
2. Mr.Bhaveshbhai Patel
3. Mrs.pallaviben Patel
4. Mr.Subhasbhai Patel
5. Mr.Harishbhai Patel
6. Mr.Ashokbhai Patel

LANDMARKS

1. Schools
2. PHC
3. Pond
4. Ramji temple
5. Anganwadi
6. Mahadevmandir
7. Water Tank
8. Bus stand
9. Panchyat and post office
10. Community hall
11. Masjid
12. Church

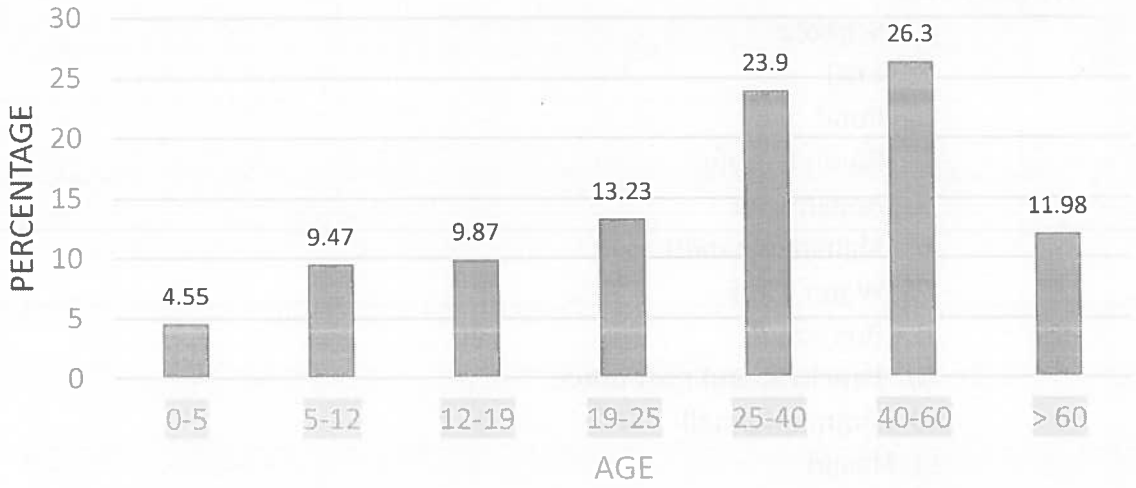
1. DEMOGRAPHIC CHARACTERISTICS:

Total population: 3023

Table 1 Age wise Distribution: **N = 3023**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Under 5 age	138	4.55
School Children(5-12 yrs)	287	9.47
Teenagers (12-19yrs)	299	9.87
Early Adolescence (19-25yrs)	401	13.23
Mid Age Adolescence(25-40 yrs)	724	23.90
Late Adolescence (40-60 yrs)	811	26.30
Old Age (above 60yrs)	363	11.98

Table 1 shows that Maximum Number of people falls in late adolescence (40-60 years) their percentage is 26.30% and Minimum number of people falls in Under five age , their percentage is 4.55%.



- **Table 2 Gender Wise Distribution:** **N= 3023**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
MALE	1543	51.05
FEMALE	1480	48.25

Table 2 shows that Maximum numbers of people are Male their percentage is 51.05% & Minimum number of people are Female their percentage is 48.25%.



Table 3 Religion Wise Distribution **N=700**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Hindu	604	86.29
Muslim	53	7.57
Christian	43	6.14

Table 3 shows that Maximum numbers of people are Hindu their percentage is 86.29% & Minimum number of people are Christian their percentage is 6.14%.

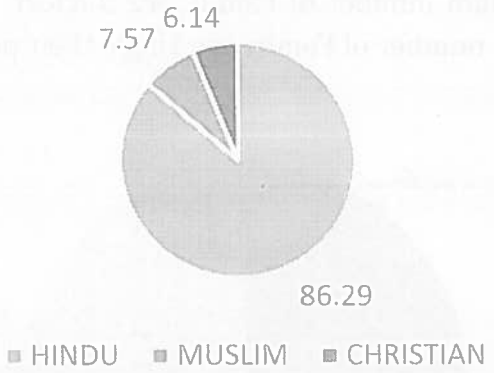


Table 4 Education Wise Distribution **N= 2732**

CATEGORY	FREQUENCY (f)	PERCENTAGE (%)
Illiterate	334	12.24
Primary	758	27.74
Secondary	714	26.13
Higher Secondary	519	18.99
Graduate and above	407	14.90

Table 4 shows that Maximum number of people are Primary Standard their percentage are 27.74% and Minimum number of people are Illiterate their percentage are 12.24%.

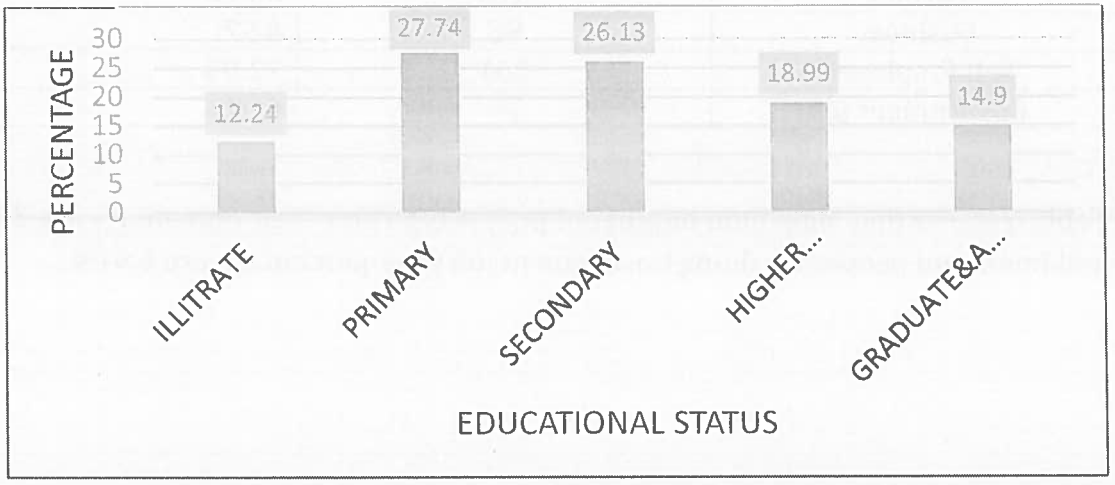


Table 5 Type of Family Wise Distribution: **N= 700**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Nuclear	284	41.16
Joint	257	37.25
Single	149	21.60

Table 5 shows that Maximum number of Family are Nuclear Family their percentage are 41.16% and Minimum number of Family are Single their percentage are 21.60%.

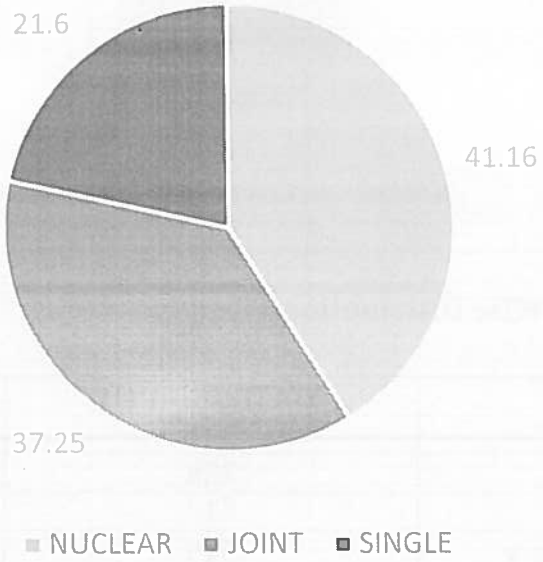


Table 6 Occupation Wise Distribution **N= 1143**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Daily Wages	326	28.52
Farmer	379	33.16
Business	98	8.57
Self Employed	261	22.83
Government Job	79	6.91

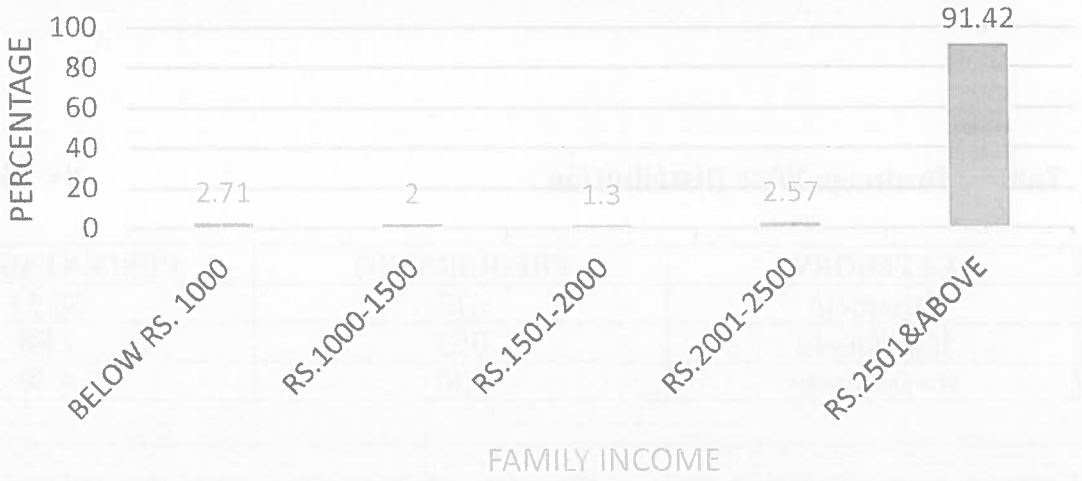
Table 6 shows that Maximum number of people is farmer their percentage are 33.16% and minimum people are doing Government job their percentage are 6.91%.



Table 7 Income Wise Distribution: **N=700**

CATEGORY	FREQUANCY(f)	PERCENTAGE (%)
Below 1000 Rs.(per month)	19	2.71
1000-1500Rs. (per month)	14	2
1501- 2000Rs, (per month)	09	1.3
2001- 2500Rs. (per month)	18	2.57
2501 and above (per month)	640	91.42

Table 7 shows that Maximum number of Family are having 2501 and above Rs. Per month their percentage is 91.42% and Minimum number of Family are having 1501-2000Rs. Per month their percentage is 1.30%.



2. ENVIRONMENTAL CHARACTERISTICS:

Table 1 House Wise Distribution **N= 700**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Pucca	460	65.72
Semi Pucca	219	31.28
Kutcha	021	03

Table 1 show that Maximum number of Family is Living in Pucca House their percentage is 65.72% and Minimum number of family is living in Kutcha House their percentage is 3%.

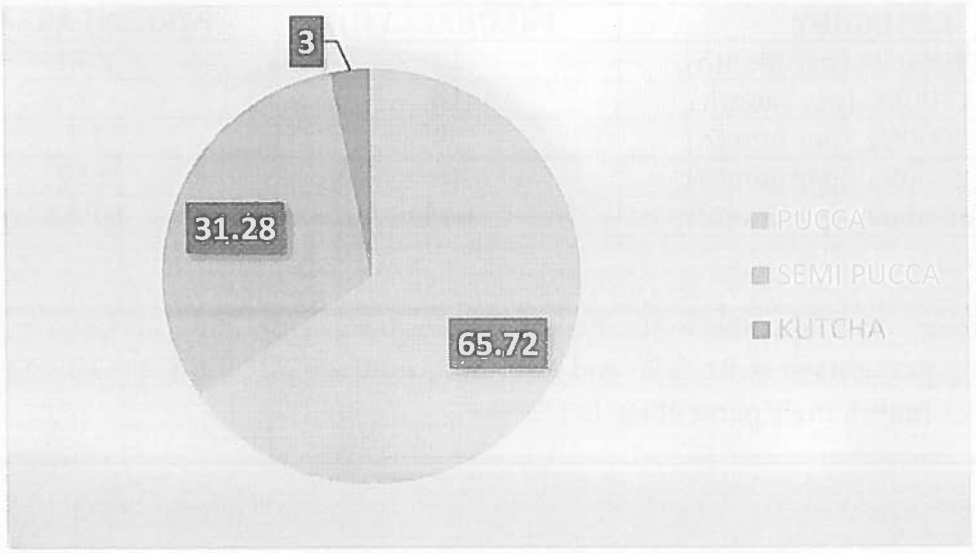
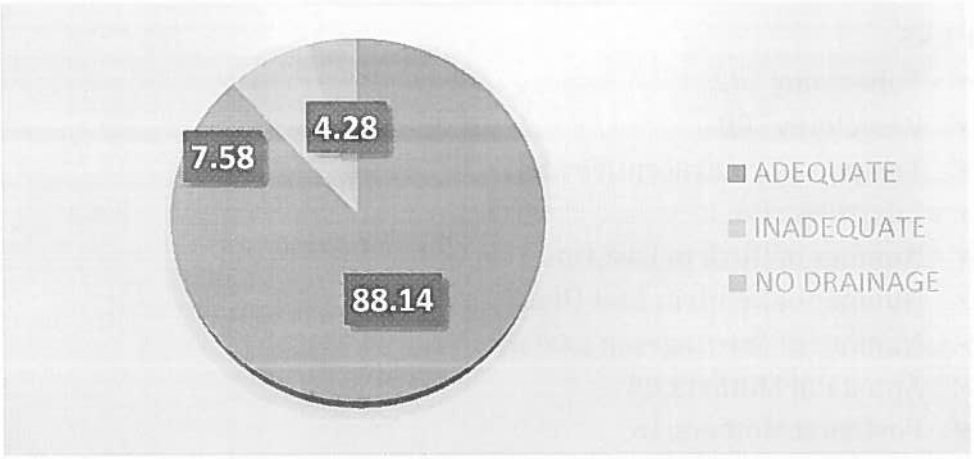


Table 2 Drainage Wise Distribution : **N= 700**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Adequate	617	88.14
Inadequate	053	7.58
No Drainage	030	4.28

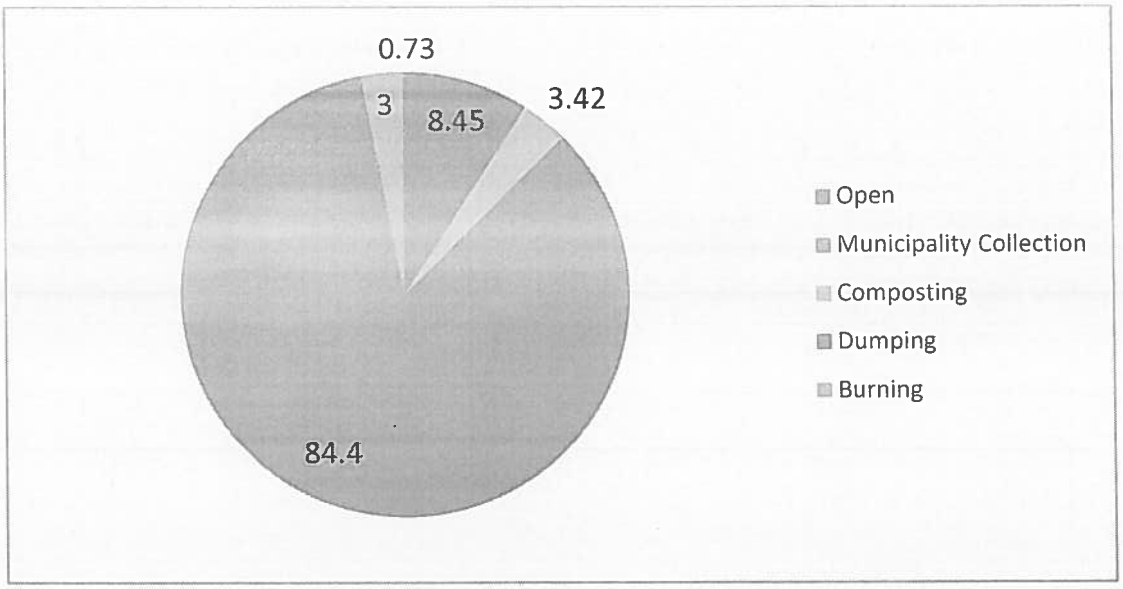
Table 2 shows that Maximum number of Families are having Adequate Drainage their percentage is 88.14% and minimum number of families are having No Drainage their percentage is 4.28%.



- **Table 3 Disposal of Waste:** **N= 686**

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Open	05	0.73
Municipality Collection	058	8.45
Composting	23	3.42
Dumping	579	84.40
Burning	021	3.00

Table 3 shows that Maximum number of family are having dumping their percentage is 84.40 % and minimum number of family is having Open waste disposal their percentage is 0.73%

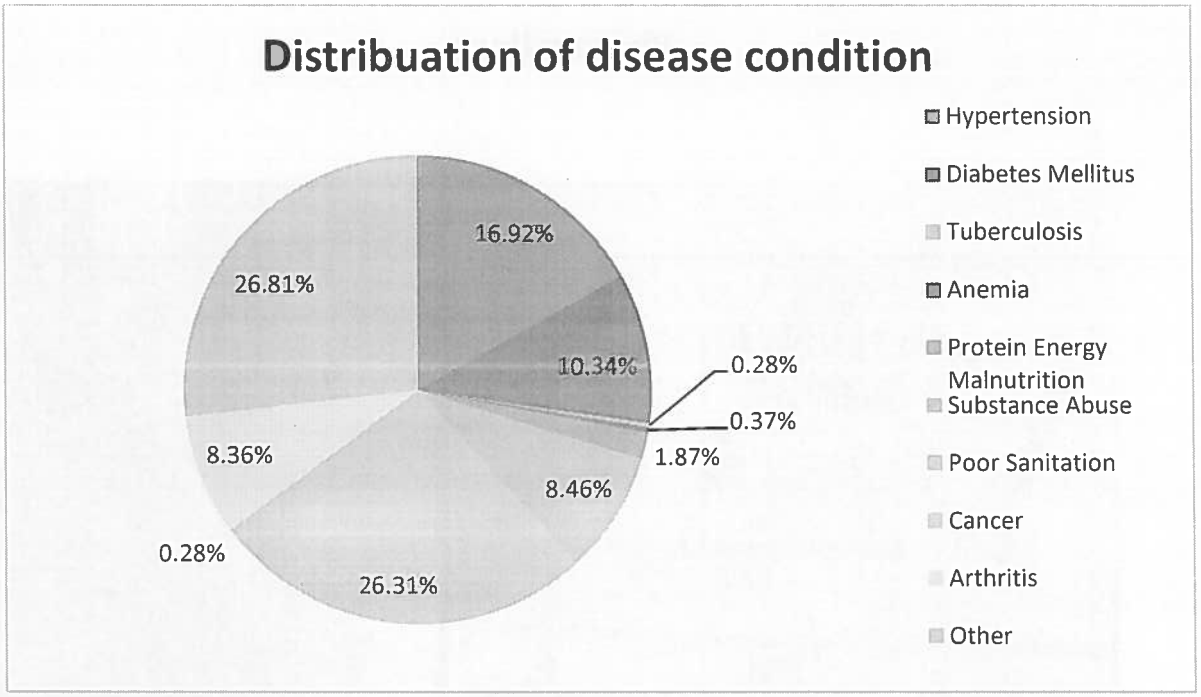


3. **OTHERS**

- ✓ Tubectomy : 42
- ✓ Vasectomy : 00
- ✓ Temporary contraceptive : 58
- ✓ Infertility : 06
- ✓ Number of Birth in Last One Year: 28
- ✓ Number of Death in Last One Year:09
- ✓ Number of Marriages in Last One Year:04
- ✓ Antenatal Mothers:09
- ✓ Postnatal Mothers:15
- ✓ Eligible Couples:385

4. **COMMUNITY DIAGNOSIS:**

SR.NO	DISEASE CONDITION	FREQUENCY(f)	PERCENTAGE (%)
1	Hypertension	180	16.92
2	Diabetes Mellitus	110	10.34
3	Tuberculosis	3	0.28
4	Anemia	4	0.37
5	ProteinEnergy Malnutrition	20	1.87
6	Substance Abuse	90	8.46
7	Poor Sanitation	280	26.31
8	Cancer	3	0.28
9	Arthritis	89	8.36
10	Other	258	26.81



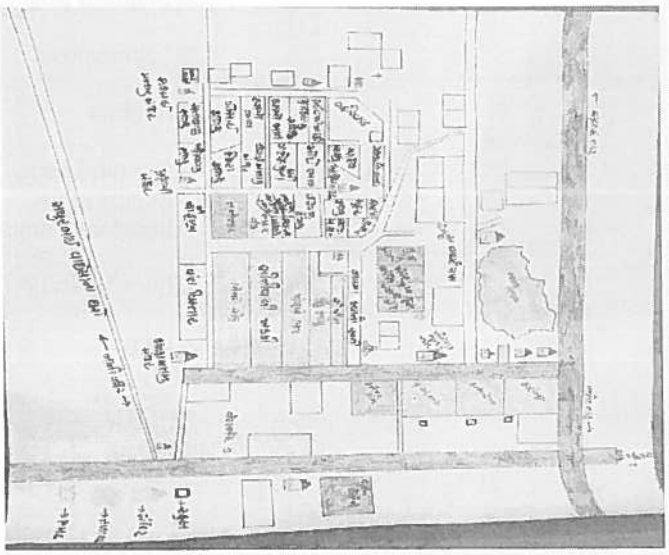
Health Knowledge, Beliefs And Practices:

- ★ **About Health and Disease:**
  People were having inadequate knowledge regarding disease condition. They Belief in traditional practices for curation of disease and some were following health services also.
- ★ **Outlook:**
  Disease caused by mainly improper hygiene care, improper environmental sanitation, Improper concern of health, etc.
- ★ **Existing Health Practices:**
  Traditional Method related to Health
- ★ **Attitude towards Health Agencies :**
  Not merely aware about services provided.

CONCLUSION:

Students of MTIN posted at Ajarpur PHC for their community health nursing posting as a part of curriculum and students they were done the activities such as surey ,school health programme and Anganawadichildrens health assessment ,role play and exhibitions to give the awareness to the public about health .and students they were organized all the activities with active participation and these activities are appreciated by the medical officer of PHC and people of Ajarapura

Photogallary











I.Introduction:

Health is defined as complete physical, mental, social & emotional wellbeing and not merely absence of disease. A healthy diet is one that helps maintain or improve health. It is important for the prevention of many chronic health risks such as: obesity, heart disease, diabetes, and cancer. A healthy diet involves consuming appropriate amounts of all nutrients, and an adequate amount of water.

Nutrients can be obtained from many different foods, so there are a wide variety of diets that may be considered healthy diets. A healthy diet needs to have a balance of macronutrients / energy (fats, proteins, and carbohydrates) and micronutrients to meet the needs for human nutrition without inducing toxicity from excessive amounts.

Junk food is an informal term applied to some foods that are perceived to have little or no nutritional value (i.e. containing "empty calories"), or to products with nutritional value but which also have ingredients considered unhealthy when regularly eaten, or to those considered unhealthy to consume at all. Junk foods are typically ready-to-eat convenience foods containing high levels of saturated fats, salt, or sugar, and little or no fruit, vegetables, or dietary fibre; junk foods thus have little or no health benefits.

The objectives of this programme are:

- To understand the concept of health and healthy diet
- To understand the ill effects of junk food
- To sensitize the students on BMI, body weight, exercise and healthy habits
- To prevent and reduce the incidence of obesity in young students

Participants/Beneficiaries:

All undergraduate students of 1st year from all the departments of university

Agenda

Time	Activities
1 hour lecture	Discussion, orientation and awareness

Detailed report of the programme:

The ministry of Human Resource Development has desired to issue against availability and sale of junk food in higher education institutions. According to the ministry banning junk food in colleges would set new standards for healthy food and make the students live batter, learn better and also reduce the obesity levels in young learners, thus preventing life style diseases which have a direct link with excessive weight.

An orientation programme was initiated by MTIN faculties – Mr Ravi Barot and Mr Divya Jain under the guidance of our respected principal sir Dr Anil Sharma with the aim of educating all 1st year students of entire Charusat university.

For conducting session on ill effects of junk food we asked each department of university to give time slot for 1 hour for all 1st year students. We approached departments through mail and telephone for 3 times for giving their slots. According to their convenience and schedule we got time slots for all different departments (CSPIT, CIVIL, IT, electrical, mechanical, EC, ARIP, RPCP) except PDPIAS and MBA departments.

The session includes ill effects of junk food which covered meaning of health, healthy diet, junk food, contents of junk food, obesity, BMI, incidence in India, some important facts and research evidence related to ill effects of junk food.

Conclusion:

Myself Mr. Divya Jain and Mr. Ravi Barot faculty of Manikaka Topawala Institute of Nursing, we found all the sessions were very fruitful and interactive among students. We are grateful to institutional heads as well as to university for providing such an opportunity to explore and interact with a varied knowledge hub and encouraged for self-development.

Photos of workshop:





Photos of workshop:



CSPIT Students group – ill effect of Junk food



ARIP students-- ill effect of Junk food

Date: 25/01/2017 **Time: 2:00 to 3:00 pm**

1. Introduction:

I have arranged one psycho-socio drama on 15th February, 2017 by M.Sc. Nursing students on role of nurse in counseling. After that student has conducted implementation of laughter therapy on patient and patients' relatives

2. Agenda:

15th February, 2017

Time	Event
8:30 am to 9:00am	Psycho socio drama on role of nurse in counseling
9:00 am to 9:30 am	implementation of laughter therapy on patient and patients' relatives

3. Objectives:

1. To explain the role of nurse in counseling to the patient and patients relatives through psycho-socio drama
2. To get interaction of the students with patient and patients relatives
3. To implementation of laughter therapy with involvement of patient and patients relatives

4. Participants/Beneficiaries: patient and their family members

5. Description of the event:

Psycho socio drama

Characters of psycho socio drama

Thakor rutvi: as a nurse

Boresa seema: a girl who is living apart from family and having stress and smoking habits

Patel meet: a college going boy- with the habits of alcoholism and other substance abuse history

Environmental set up: in family ward, therapy room

Scene: 1

Fresh morning after completion of morning work nurse went to meet patients (seema and meet) for general daily data collection and counseling.

Nurse: hello. Good morning. How are you both?

Patients (meet & seema): very good morning. We are fine.

Nurse: had your finished exercise session?

Patients (meet & seema): yes

Nurse: good

Scene: 2

Nurse: tell me about yourself. Now how you both are feeling here?

Patients (meet & seema): we are feeling better than before.

Nurse: you can tell about your feelings. We are here to help you.

Seema: yes, actually I was feeling bad about my behavior and habits. I know that I have given too much trouble to my parents, because of my smoking habit which I got from my friends. I have started as only for enjoyment then whenever I was getting stress I used to smoke and then it became habit for me. My nature also has changed. I used to fight everyday with my parents, friends and with other family members. All are worried for me. My health is also not good as I used to feel weakness and tiredness.

Nurse: ok. (Start to look at meet)

Meet: I am in last year of college. My father is businessman so in future I will also join the business. I was admitted because of drinking habit. Even I am doing smoking sometimes and I used to take other drugs also. My friends were also taking that. Now my [arents don't like that and I got failed in examination.

Nurse: ok. So I am concluding from your talk that you are aware for your problems. You are having problem of stress, peer pressure for bad habits, loneliness and lack of family support.

Scene: 3

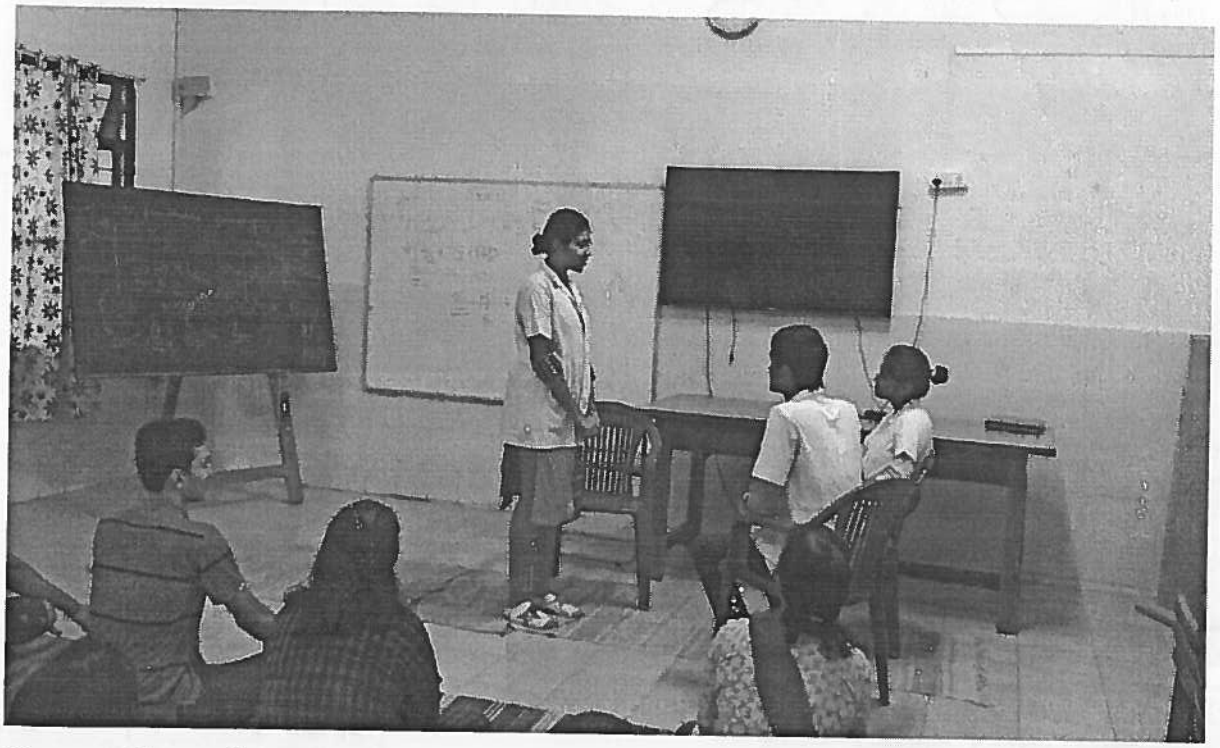
Nurse: she had given health education on stress and stress managements and myths about mental illness. And she explained about the importance of counseling, other treatment and treatments. Nurse told that we are here to help you but you should keep positive thinking and confidence on yourself.

Lastly laugher therapy implemented by our MSc nursing students on patients and patients relatives.

Report of Psychodrama on Role of Nurse in Counselling

15/02/2017

Photos of events:



Nurse as Counsellor : demonstration cum role play.





Laughter therapy session.







6. Feedback analysis report:

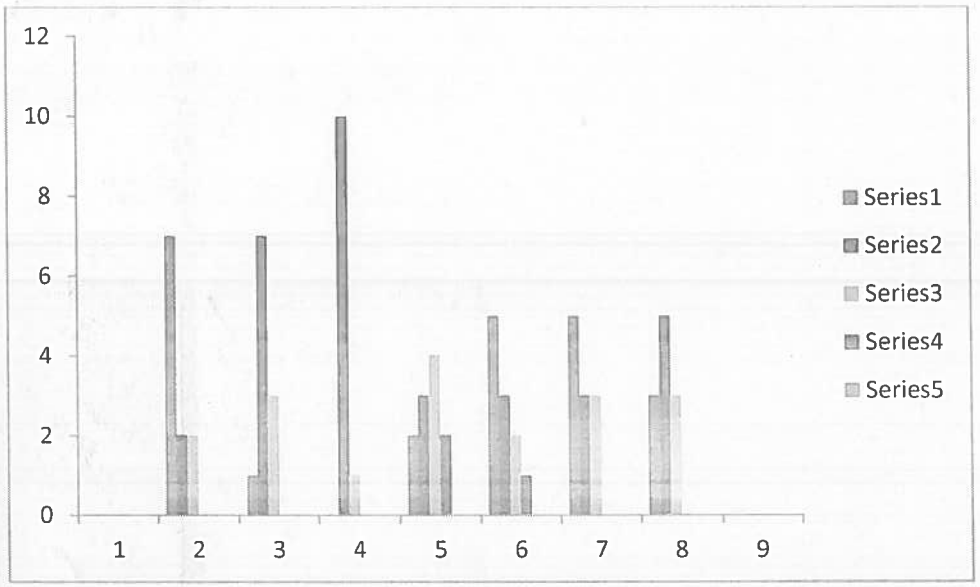
A. number of participants: patient and their family members (11 members)

B. Table form with the number of participants' response in each category.

Statements	excellent	Very good	good	satisfactory	poor
The Resource person made good use of the time allotted.	07	02	02	-	-
The Resource Person had conceptual clarity and knowledge about the topic.	01	07	03	-	-
The Resource Person' presentation style was effective in helping to learn.	-	10	01	-	-
The teaching/training methods used were appropriate for the audience.	02	03	04	02	-

I understood the concepts as presented in the talk.	**05**	**03**	**02**	**01**	**-**
The talk improved my understanding of the topic.	**05**	**03**	**03**	**-**	**-**
The learning derived for the talk will be useful to me in future.	**03**	**05**	**03**	**-**	**-**

C. Analysis depicted through graphs.



In graph series 1- excellent, series 2 – very good, series 3- good, series 4- satisfactory series 5- poor

7. Conclusion:

Myself arranged the psycho socio drama on 'role of nurse in counseling' and implementation of laughter therapy on patient and patients relatives. Patient and their parents' response were nice and their involvement was good. They asked question related to causes of mental illness, how to cope with problems of daily life, about treatment of mental illness and they will recover or not and parents role in mental illness.

I. Introduction:

Our students of M.Sc. Pediatric Nursing 2nd year third semester had clinical posting at Bapuji Child Health Institution and Research Centre Davangere, Karnataka.In this Posting we had planned that we will organize Demonstration play on "Essential new born care" at Bapuji Child Health Institution and Research Centre . Under the Guidence of Dr. Anil Sharma our Principal, I Miss Prachi Soni Nursing Tutor requested Dr. Guruprasad Sir the senior Pediatrician for pemitting us to show our skills for certain new technologies and policies ruled for "Essential new born care"at Bapuji Child Health Institution and Research Centre . Then I informed all the Dignitaries staffs & students of M.Sc & B.Sc. students about the event Date, Venue and Time.

II. Objectives of the Expert Lecture: At the end of the expert lecture students will be able :

- To understand the concept of New born Assessment.
- To know different aspects of New born Assessment.
- To know that what are different steps (10 steps) .
- To know various managements like Apgar score New born Assessment.
- To understand the management and role of nurse in Essential new born care.

III. In detail explanation of the Expert Lecture:

Date & day: 3rd February, 2017

Time: 10:00 am to 12:30 am

Topic: (Demonstration play on New born Assessment.s)

Faculties Participants: Miss Prachi A Soni

Beneficiaries: B.Sc. nursing students, M. Sc. Nursing students(muradabad) (2015-17 batch), all the staffs, Degnitaries.

Venue: Auditorium Bapuji Child Health Institution and Research Centre, Davangere, Karnataka

The program began with the warm welcome and brief introduction of Degnetaries by Miss. Prachi A Soni Nursing Tutor initiated with students Pretest. Then the importance to know the New born Assessment. It was a live set up of ICU created with all the necessary requisites.



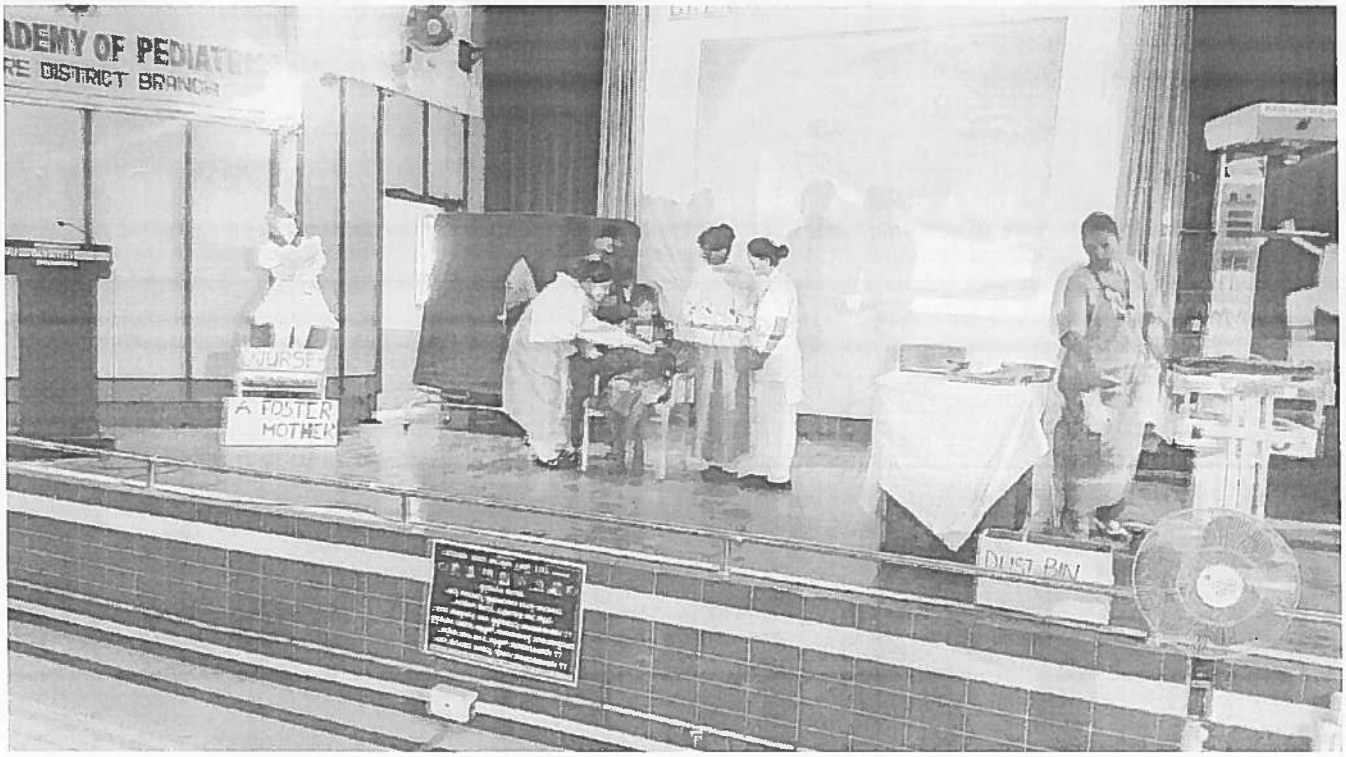
SR. No.	TIMINGS	TOPICS COVERED
1	10:00AM	Newborn Assessment
2	10:15AM	• Vital Signs
3	10:35AM	• Skin
4	10:50AM	• Head
5	11:10AM	• Nose
6	11:20AM	• Chest
7	11:28AM	• Genitalia
8	11:30AM	• Back and Rectum
9	11:35AM	• Extremities
10	11:45AM	• Neuromuscular
11	11:50AM	Reflexes, APGAR SCORE.
12	12:00PM	Closing session

Normal Newborn: General Appearance

Well-flexed, full range of motion, spontaneous movement

Common variations:
Legs extended with frank breech

Signs of potential distress or deviations from expected findings:
Posture limp
Asymmetry of movement
Persistent tremor, twitching



At the end of the session Mrs Ratnamala Mam Supritendent of BCHI gave a very impressive speech she was happy with the demonstration she saw and she said when she entered there was the live enviorment of NICU was been perceived. Even she mentioned for the chechlist.

Like this we ended the session very beautifully and was appreciated by every one.


A FOSTER
MOTHER

Date: 01/02/2017 to 02/02/2017 **Day: Wednesday and Thursday**
Timings: 9 a.m. to 3 p.m.

I. Introduction:

Health awareness programme on Antenatal care, Immunization ,Breast feeding and family Planning methods was conducted at Obstetric and gynecological department of V S Hospital, Ahmedabad. Antenatal mothers, postnatal mothers, women with gynecological problems and their relatives visits the Out patient Department.it was a good opportunity to educate them. Antenatal care /Prenatal care includes regular medical and nursing care recommended for women during pregnancy. Family planning is important for the health of a mother and her children, as well as the family's economic situation. Immunization protects children from serious illness and complications of vaccine-preventable diseases which can include amputation of an arm or leg, paralysis of limbs, hearing loss, convulsions, brain damage, and death. Scientific research has shown us the critical importance of breastfeeding. It is irreplaceable as the way to feed children. Its intricate composition to both protects and nourish; its capacity to perfectly match growth and development needs make it an irreplaceable way to feed babies. Breastfeeding is vital for child survival and also important for mothers' health. Breastfeeding contributes positively to the nation's economy, to employers, families and communities.

II. Agenda: Health Awareness programme on "Antenatal Care, Breast Feeding, Immunization and Methods of Family Planning

III. Objectives of the event:

- To make aware about Antenatal care: Registration, Health assessment, Diet, Exercises, Immunization etc.
- To educate about Immunization: Importance, National immunization schedule, Vaccines, additional vaccines, centers for vaccination etc.
- To make aware about breast feeding; Importance, methods, latching, advantages, exclusive Breast feeding etc.
- To deliver knowledge related to methods of family planning to the relatives accompany the antenatal and postnatal mothers at OPD of obstetrics and gynecological department.

IV. Beneficiaries:

The antenatal mothers, postnatal mothers, women with problems related to gynecology and their relatives

V. Event

The event was planned for two days at Outpatient department of obstetrics and gynecological Department of V S Hospital at Ahmedabad.

On the first day on 01/02/2017

The theme was

1. Antenatal care
2. Family Planning

We have started event at 9 am in the morning. We have distributed group of students in two groups. Other two groups have started to invite the beneficiaries. Almost 300 groups of antenatal, postnatal mothers and their relatives were invited to attend the sessions in groups. The beneficiaries are well explained by our students and also satisfactory answers given by us on their raised doubts.

Under the theme of Antenatal care our students educated them about health checkups, diet, exercises, risk factors and warning signs and Registration in detail. Under the theme of methods of family planning our students educated them about family planning, importance, temporary methods and permanent methods in detail. At the end of session feedback was taken.

On the second day on 02/02/2017

The theme was

1. Immunization
2. Breast feeding

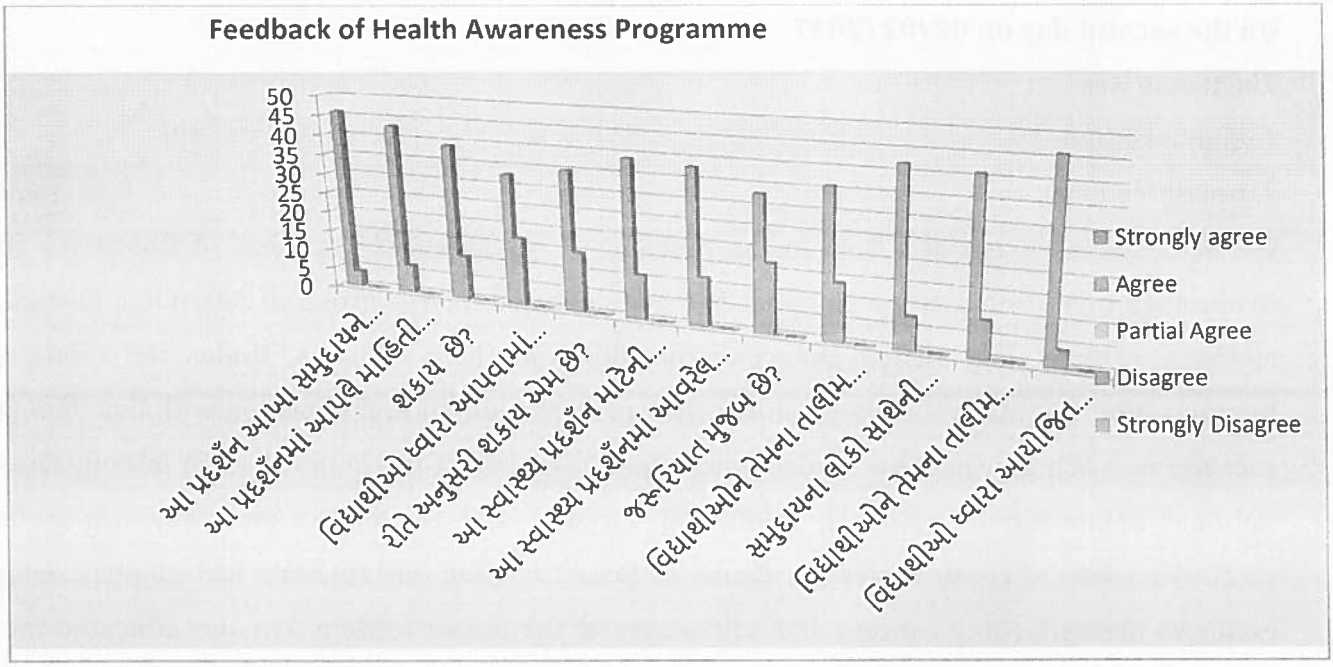
We have started event at 9 a.m. in the morning at outpatient department of Obstetrics and Gynecology Department at V S Hospital. We had educated a large group of Antenatal, Postnatal mothers, women who visited gynecological OPD and their relatives. Under the theme of Immunization Our students had given effective presentation on immunization with live demo of vaccines and Mamta card. Our students explained them about the importance of immunization, National immunization schedule, Additional vaccines and the places that they can go for vaccination free of coast. Under the theme of Breast feeding our students had emphasized on exclusive breast feeding concept and advantages of the breast feeding. We also educated them how to breast care and how to feed baby in different positions. We made aware them about adequate latching of baby to breast. At the end of session we had taken feedbacks.

Feedback Analysis report:

અભિપ્રાય ફોર્મ

અનુ-ક્રમણિકા	માપદંડ	સંપૂર્ણ સંમત	સંમત	આંશિક સંમત	અસંમત	સંપૂર્ણ અસંમત
૧	આ પ્રદશઁન આખા સમુદાયને મદદરૂપ છે?	46	4	0	0	0
૨	આ પ્રદશઁનમાં આપલે માહિતી સંપૂર્ણરીતે સમજી શકાય છે?	43	7	0	0	0
૩	વિદ્યાર્થીઓ ધ્વારા આપવામાં આવેલ માહિતી સરળ રીતે અનુસરી શકાય એમ છે?	39	11	1	0	0
૪	આ સ્વાસ્થ્ય પ્રદશઁન માટેની માહિતી આગળથી આપેલ છે?	33	17	0	0	0
૫	આ સ્વાસ્થ્ય પ્રદશઁનમાં આવરેલ વિષયવસ્તુ સમુદાયની જરૂરિયાત મુજબ છે?	35	15	0	0	0
૬	વિદ્યાર્થીઓને તેમના તાલીમ તબ્બકા દરમ્યાન આખા સમુદાયને જરૂરિયાત સંપૂર્ણ માહિતી આપેલ છે?	39	11	0	0	0
૭	સમુદાયના લોકો સાથેની વિદ્યાર્થીઓની વર્તણુક પ્રશંસનીય છે?	38	12	0	0	0
૮	વિદ્યાર્થીઓને તેમના તાલીમ તબ્બકા દરમ્યાન લોકોને સ્વાસ્થ્યપ્રદ જીવન માટે યોગ્યરીતે માર્ગદર્શન આપેલ છે?	33	17	0	0	0
૯	વિદ્યાર્થીઓ ધ્વારા આયોજિત પ્રદશઁનનો લાભ સરળતાથી લઇ શકાય એમ છે?	36	14	0	0	0
૧૦	વિદ્યાર્થીઓ ધ્વારા કરવામાં આવેલ પ્રવૃતિઓ સમુદાયના લોકો માટે મહત્વપૂર્ણ છે.?	42	8	0	0	0
૧૧	આ પ્રકારની પ્રવૃતિઓ વારંવાર આયોજિત કરવાની જરૂર છે?	41	9	1	0	0
૧૨	નર્સિંગ વિદ્યાર્થીઓને સંસ્થા ધ્વારા સમુદાયની સેવા કરવા માટે આપવામાં આવતી તાલીમ યોગ્ય છે.?	46	4	0	0	0

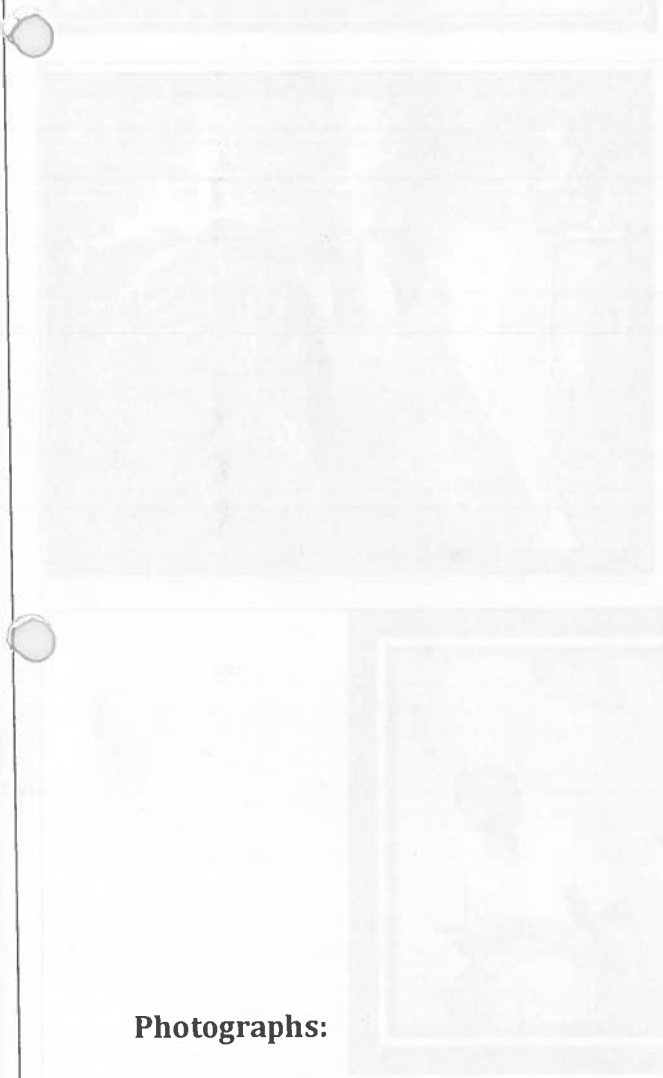
Analysis depicted through graphs



VI. Conclusion

The health awareness programme on Antenatal care , Family planning, Breast feeding and Immunization was successful. We had the opportunity to educate needed beneficiaries at V S

Hospital, Ahmedabad. We are very much thankful to our Respected Principal, Anil Sir, Anjali Madam for giving great guidance and support. we are also thankful to Mira Madam(Nursing Superintendent) of V S Hospital for giving us permission to conduct the programme.



Photographs:

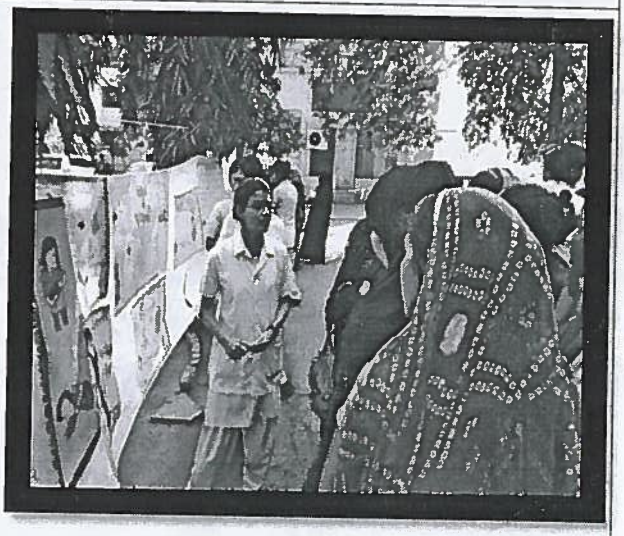
07/02 To 08/02/2012
Mass Health Awareness
Programme

Photographs:



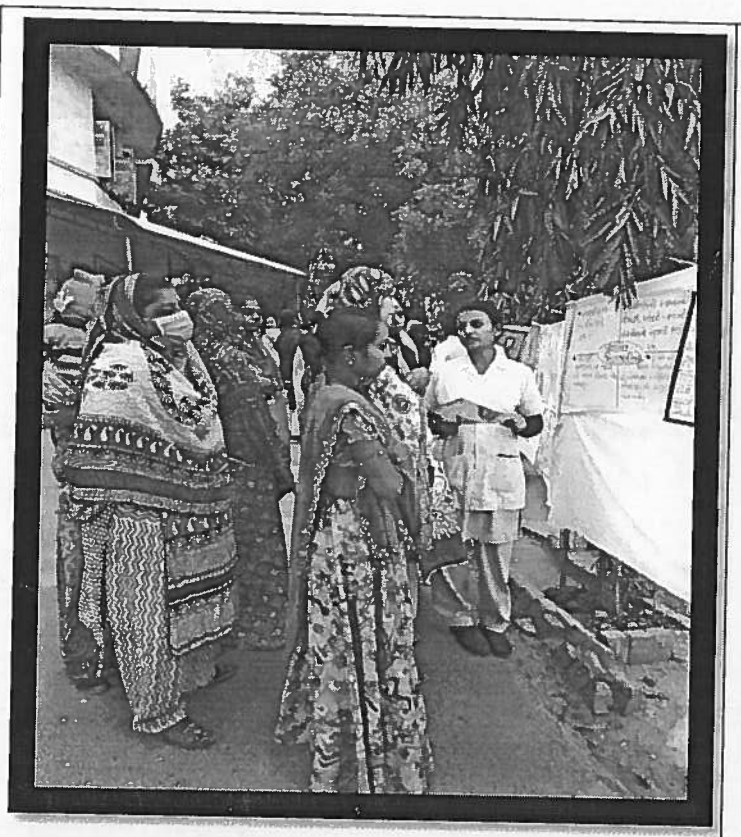


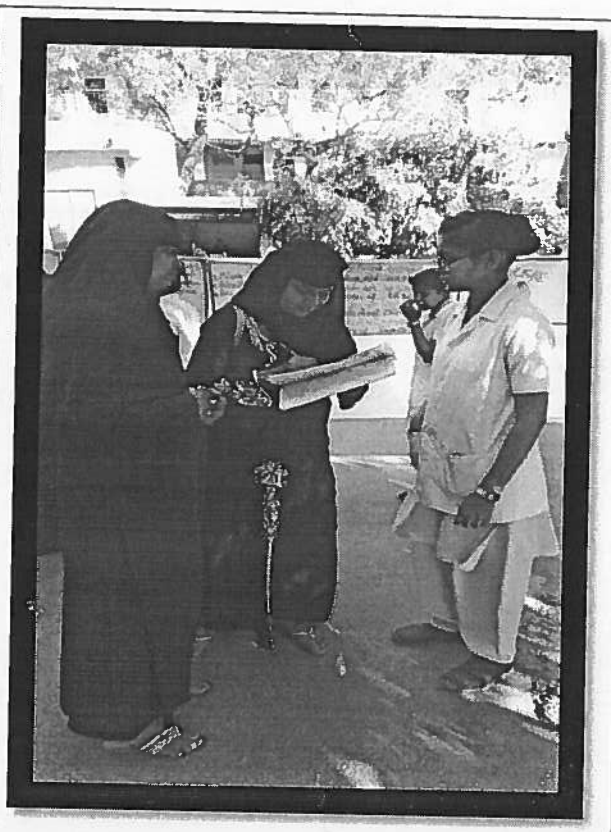




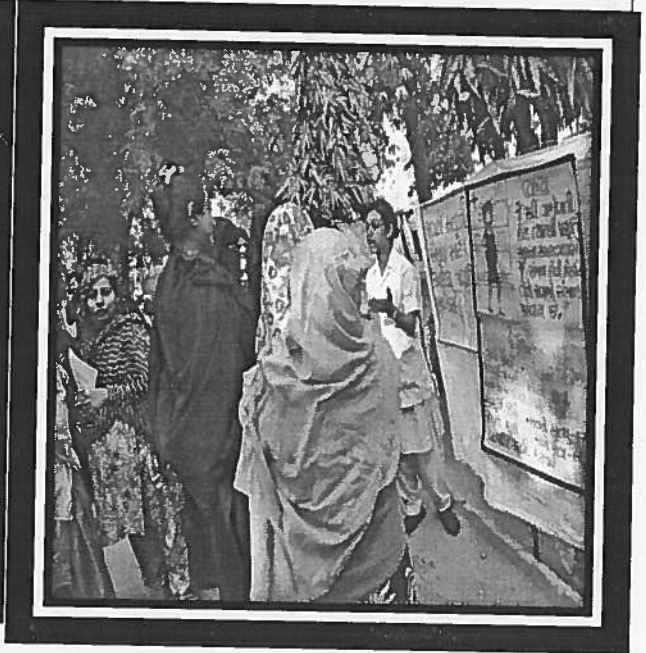
Health Awareness programme on "Antenatal Care, Breast Feeding, Immunization and Methods of Fami

Planning.









Health education on Antenatal Care, Breast Feeding, Immunization

Date: 16/11/2016 Day: Wednesday Timings: 9:00am to 2:00 pm

I.Introduction:

Children's day (also known as Bal Divas) in India is celebrated every year on 14th of November to increase the awareness of people towards the rights, care and education of children. Children are the key of success and development of the country as they would lead their country in different and new technological way. They are adorable and shine same like the precious pearls. Children are the God gifts to their parents by the almighty. They are innocent, admirable, pure and loved by everyone.

on 16th of November 2016, 3rd semester MSc nursing students organised children's day celebration at K G P C H Baroda, the main event of the celebration was creating awareness regarding universal child rights.

The objectives of this programme are:

- To teach the publics about importance of child and respecting child rights.
- To impart knowledge among people through exhibiting a model on universal child rights.
- To create awareness about universal child rights

II. Participants/Beneficiaries:

Children's, parents, publics, nursing students

III. In detail explanation of the event:

The 3rd semester MSc nursing students of ManikakaTopawala Institute Of Nursing,Changa,organised children's day celebration at K G P C H Baroda, on 16th of November 2016.The core concept of the celebration was creating awareness on universal child rights. For that we took permission from Dr.JayantDoshi medical superintendent of K G P C H, and on requisition he allowed us to organise this programme in OPD department. We included children, parents, publics, nursing students of various colleges who have been posted there and nursing faculties forthis programme. We arranged for exhibiting a model on child rights.

Students reached at kashiben hospital at 8 am and started preparation for arrangements. The students exhibited the model at 9:00 am and invited the hospital members, faculties of various nursing colleges and publics for the inauguration. A brief introduction about the children's day and about the model prepared for creating awareness on child rights was given by Mr.Vijayakumar M B, nursing tutor, MTIN. Then the participants were allowed to have looked on the model and students explained about the child rights and its importance.

A huge number of publics and students were participated and appreciated the effort. Participants were also allowed to raise questions if they have any doubts and our students managed to clear their doubts. Participants are given the feedback form at the end of the programme. Even the hospital members and students also given a good response and appreciated, finally the programme was successfully completed by 2:00 pm. It was an altogetherwonderful experience for arranging this programme

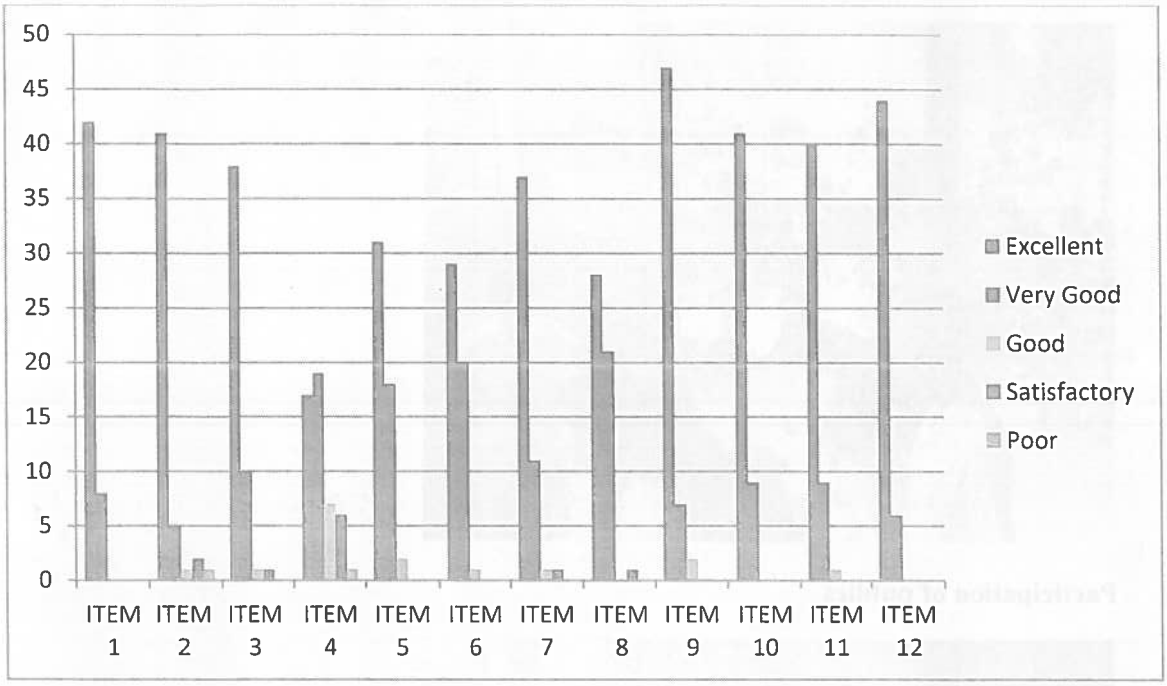
IV. Analysis

a. Number of participants : 50

b. Table of feedback form with number of participants' response in each category

અનુ-ક્રમ ણિકા	માપદંડ	સંપૂર્ણ સંમત	સંમત	આંશિક સંમત	અસંમત	સંપૂર્ણ અસંમત
૧	આપ્રદશઁનઆખાસમુદાયનેમદદરૂપછે?	42	08	-	-	-
૨	આપ્રદશઁનમાંઆપલેમાહિતીસંપૂર્ણરીતેસમજીશકાયછે?	41	05	1	2	1
૩	વિદ્યાથીઓધ્વારાઆપવામાંઆવેલમાહિતીસરળરીતેઅનુસરીશકાયએમછે?	38	10	1	1	-
૪	આસ્વાસ્થ્યપ્રદશઁનમાટેનીમાહિતીઆગળથીઆપેલછે?	17	19	7	6	1
૫	આસ્વાસ્થ્યપ્રદશઁનમાંઆવરેલવિષયવસ્તુસમુદાયનીજરૂરિયાતમુજબછે?	31	18	02	-	-
૬	વિદ્યાથીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનઆખાસમુદાયને જરૂરિયાતસંપૂર્ણમાહિતીઆપેલછે?	29	20	01	-	-
૭	સમુદાયનાલોકોસાથેનીવિદ્યાથીઓનીવર્તણુકપ્રશંસનીયછે?	37	11	01	01	-
૮	વિદ્યાથીઓનેતેમનાતાલીમતબ્બકાદરમ્યાનલોકોનેસ્વાસ્થ્યપ્રદજીવનમાટેયોગ્યરીતેમાર્ગદર્શનઆપેલછે?	28	21	-	01	-
૯	વિદ્યાથીઓધ્વારાઆયોજિતપ્રદશઁનનોલાભસરળતાથીલઇશકાયએમછે?	47	07	02	-	-
૧૦	વિદ્યાથીઓધ્વારાકરવામાંઆવેલપ્રવૃતિઓસમુદાયનાલોકોમાટેમહત્વપૂર્ણછે.?	41	09	-	-	-
૧૧	આપ્રકારનીપ્રવૃતિઓવારંવારઆયોજિતકરવાનીજરૂરછે?	40	09	01	-	-
૧૨	નર્સિંગવિદ્યાથીઓનેસંસ્થાધ્વારાસમુદાયનીસેવાકરવામાટેઆપવામાંઆવતીતાલીમયોગ્યછે.?	44	06	-	-	-

c. Graphical representation of feedback



Photographs:

Model on universal child rights



Participation of children and their parents



Students of various nursing colleges



Taking feedback from the participants







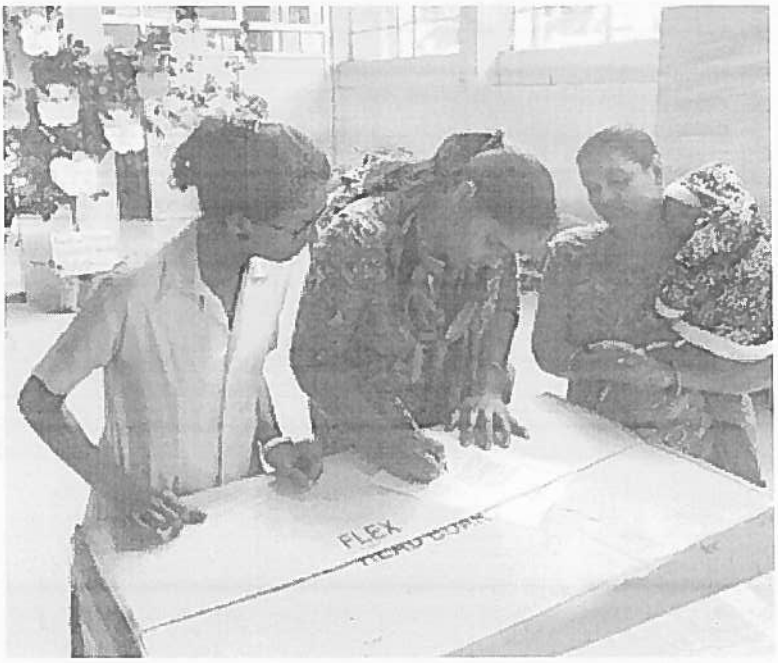
Participation of publics



Students of various nursing colleges



Taking feedback from the participants



Conclusion :

Overall it was a nice experience organising this programme, as many of the people do not know about the child rights it was very informative to all the participants. we would like to convey our thanks to Dr.JayantDoshi sir medical superintendent, KGPCH, Baroda for his support and also we extend our thanks to Dr. Anil sharma sir, Principal, Mr.Vipinvageria, HOD of child health nursing department and Ms. Anjali madam for their guidance and support.

Report of Role play on prevention of hypertension

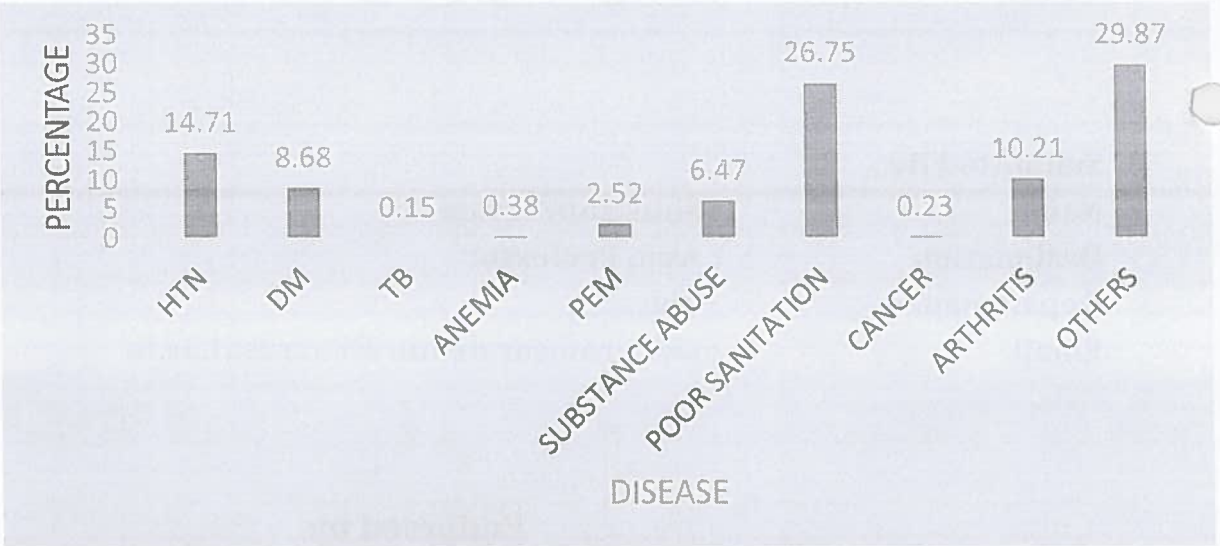
Introduction:

As a part of their curriculum students of 7th semester / 4th year B.Sc Nursing have carried out health survey of Changa village from 26.09.2016 to 27.10.2016, and survey report was analysed and community diagnosis was made, detail is as follows

Community Diagnosis:

SR.NO	DISEASE CONDITION	FREQUENCY(f)	PERCENTAGE (%)
1	Hypertension	192	14.71%
2	Diabetes Mellitus	114	8.68%
3	Tuberculosis	02	0.15%
4	Anemia	05	0.38%
5	Protein Energy Malnutrition	33	2.52%
6	Substance Abuse	85	6.74%
7	Poor Sanitation	351	26.75%
8	Cancer	03	0.23%
9	Arthritis	134	10.21%
10	Others	392	29.87%

Community Diagnosis shows that 26.75% of people were having poor sanitation. 14.71% people were suffering with hypertension and least 0.15% cases were TB.



Village Leaders Meeting:

Village leader meeting was held at Gram Panchayat office, changa on 17/10/2016 and discussed about prevailing health problems of village. Village leader have supported unconditionally and permitted to conduct Role Play on Prevention of Hyoertension at Raval Vas, Changa.

Role Play on Prevention of Hypertension:

Students of 7th Semester/4th Year B.Sc Nursing have conducted role play on prevention of hypertension with support of village leaders and PHC staff with following objective

Objective of Role Play:

At end of the exhibition participants will able to gain knowledge about Hypertension, Prevention of Hypertension and important measures to prevent the hypertension, will have positive attitude towards prevention of hypertension and participant will be skilful in the management and prevention of hypertension.

Role play was attended by Dr. Hitesh Tadpada, AYUSH ,PHC, Changa in the presence of Mr. Siddaram Sarate, HOD, Community Health Nursing, Mr. Anil Jarali, Asst. Professor, Mr. Gururaj Guggari, Nursing Tutor,Mrs.Sapna.Patel Nursing Tutor and PHC staff and students.

Students have performed various roles such as Role of family members, Doctor, Nurse, Teenager, in preventing hypertension. More than 100 villagers were attended the Role Play and staff of PHC were also witnessed the Role Play.

Feedback Analysis:

N=23

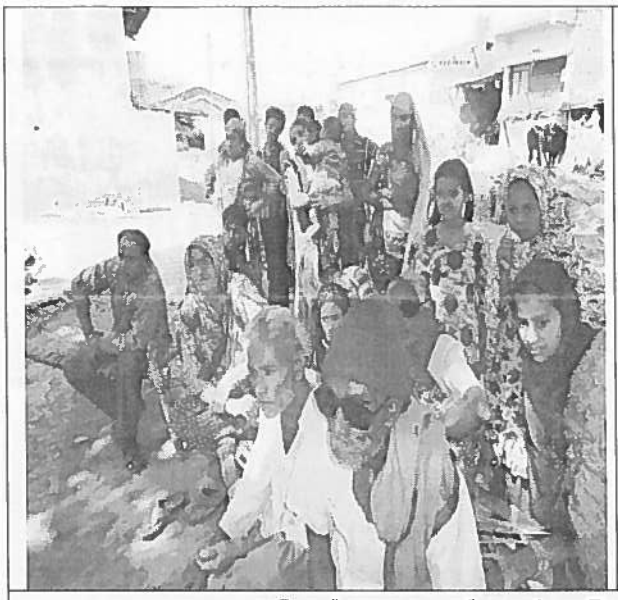
Sr. No.	Questions	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	Was the topic of role play as per the needs and condition of the people?	22	1			
2	Was the performance of the characters interesting?	20	3			
3	Was the things used during role play was adequate?	20	3			
4	The moral of performing the role play was understandable?	22	1			
5	The dialogues spoken by the students during role play was proper?	18	5			
6	Voice of the students who were performing the role play was audible?	23	-			
7	Was the language spoken during role play was proper/understandable?	23	-			

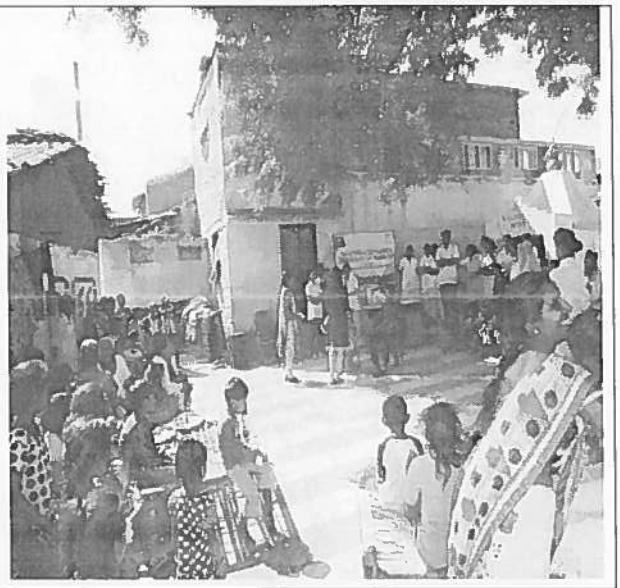
Most of the participants have given positive feedback about the role play.

Conclusion:

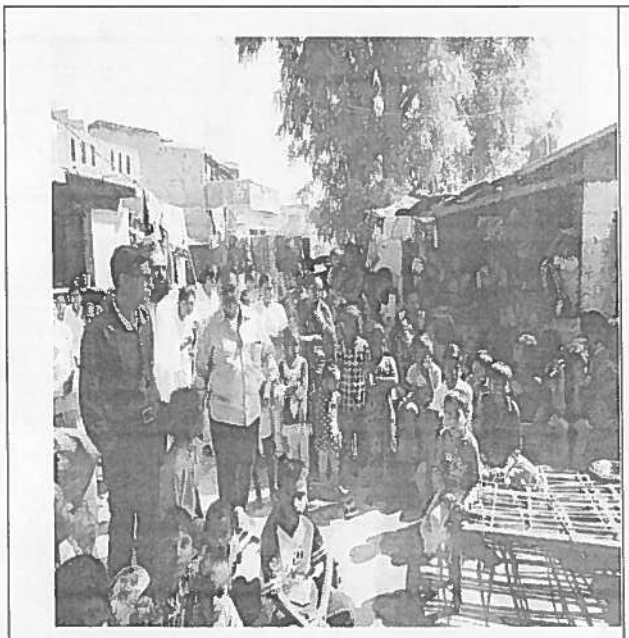
Students have participated in role play actively and received positive feedback from participants and all have appreciated the students. We express our heartfelt gratitude to Principal, MTIN and CHARUSAT University for constant guidance and unconditional support.

Photogallary



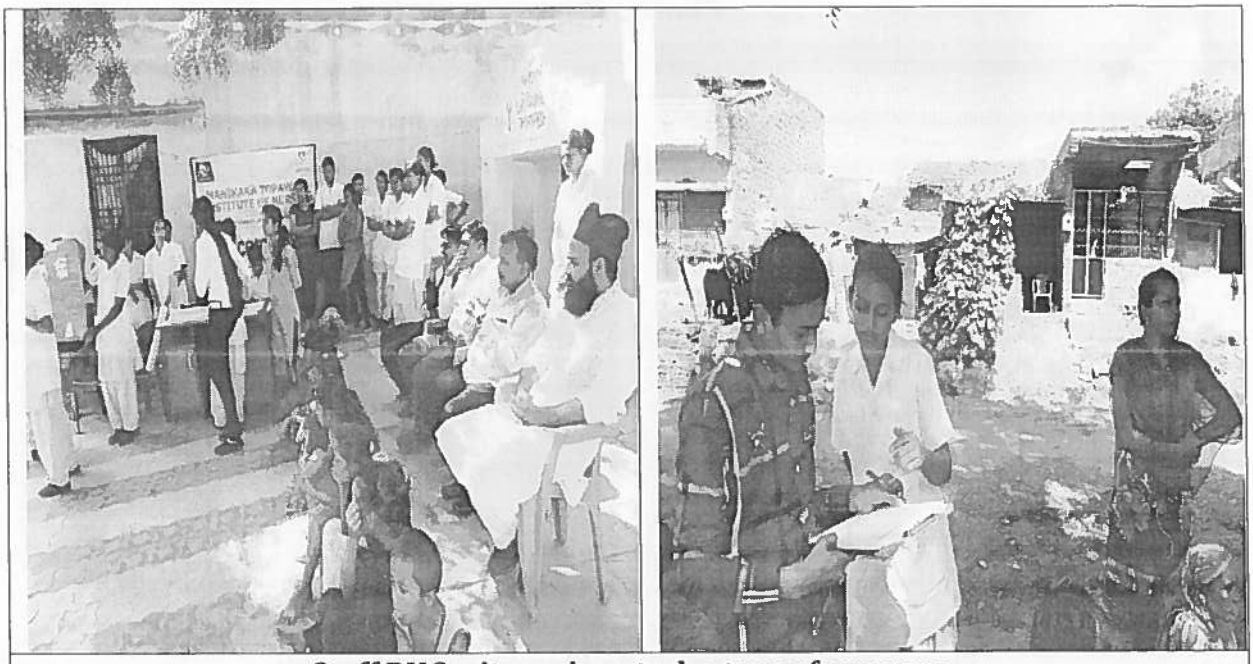


Students performing Role Play on Hypertension





Audience attending the Role Playing



Staff PHC witnessing students performance



Students are appreciated by MO, PHC and Public

School Health Program Report

Introduction:

As a part of their curriculum students of 7th semester / 4th year B.Sc Nursing have carried out health assessment of School Children at Kanyasala Govt. School, Changa on 21st October, 2016 with following objectives

Objectives:

At the end of the visit the students will be able to

- Assess the health status of the School children.
- Assess Nutritional status of the school children.
- Identify common health problem of school children.
- Provide care and follow up the identified cases.

Kanyasala Govt. School is situated in Changa village, there were total 83 student were studying which includes Standard 1 to 7. Students of 7th semester/4th year B.Sc Nursing were divided into various groups such as Reception group, Height and weight measuring group, Physical Examination group, Vision and hearing assessment group and Analysis group under supervision of Mr. Siddaram Sarate, HOD, Community Health Nursing, Mr. Gururaj Guggare, Nursing Tutor and Mr. Anil Jarali, Asst. Professor

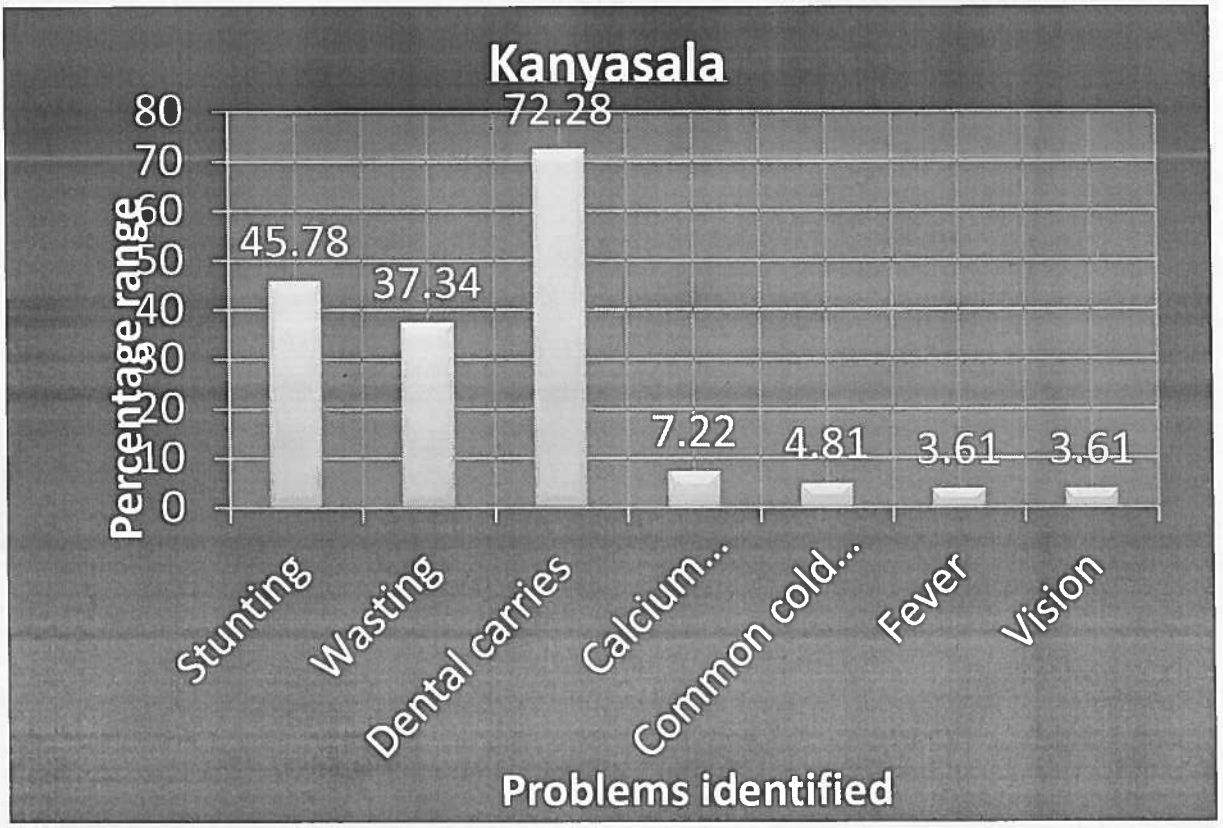
Health Assessment of School children is as follows

SR. NO	NAME	CLASS	AGE	SEX	HEIGHT(cms)	WEIGHT(kg)	BMI	STUNTING	WASTING	VISION	REMARKS
1	Diya Alibhai Bharvad	1st	6	female	106	15	13.34	NORMAL	NORMAL		Dental carries,pale eyes,cold
2	Kajalben Harshadbhai parmar	1st	6	female	99	9	9.17	STUNTING	WASTING		Dental carries,pale eyes
3	Saniyaben Rahimbhai Malik	1st	6	female	109	15	12.62	NORMAL	NORMAL		Dental carries,pale eyes,calcium defeciency
4	Seemsben Rahimbhai Malik	1st	6	female	111	16	12.98	NORMAL	WASTING		Dental carries,pale eyes,fever,cough,calcium defeciency
5	Aayshaben Asrafbhai Vohra	1st	6	female	115	20	15.12	NORMAL	NORMAL		Dental carries,pale eyes
6	Riddhiben Vahlabhai Bharvad	2nd	7	female	115	18	13.61	NORMAL	NORMAL		Dental carries,pale eyes
7	Asiyaben Irfanbhai Vohra	3rd	8	female	112	16	12.75	STUNTING	WASTING		Dental carries
8	kaushalbanu Nasirbhai Malik	3rd	8	female	121	20	14.18	NORMAL	NORMAL		Dental carries
9	Firdosabanu Farizbhai Malik	3rd	8	female	111	14	11.3	NORMAL	WASTING		Dental carries
10	Jasmin Nabirbhai Malik	3rd	8	female	97	16	12.09	NORMAL	WASTING		Dental carries
11	Shettalben Jitubhai	3rd	8	female	108	15	12.86	NORMAL	NORMAL		Dental carries
12	Ikraben Riyazbhai Vohra	4th	9	female	126	22	13.85	NORMAL	NORMAL	NORMAL	Dental carries
13	Afsana Imtiyazbhai Vohra	4th	9	female	124	20	13	NORMAL	WASTING	NORMAL	Dental carries
14	Heenaben Sikendarbhai Vohra	4th	9	female	122	22	14.78	NORMAL	NORMAL	NORMAL	pale eyes
15	Muskanben Sabirbhai malik	4th	9	female	124	21	13.65	NORMAL	WASTING	NORMAL	Dental carries,pale eyes
16	Bhartiben Pratapbhai Kaskiwala	4th	9	female	100	20	13.43	NORMAL	NORMAL	NORMAL	Dental carries,pale eyes
17	Komalben Shovabhai Parmar	5th	10	female	118	16	11.49	NORMAL	WASTING	NORMAL	Dental carries,pale eyes
18	Mittalben Vinodbhai Thakor	5th	10	female	124	20	13	NORMAL	WASTING	NORMAL	pale eyes,Dental carries
19	Parulben Navganbhai Bharvad	5th	10	female	134	29	16.15	NORMAL	NORMAL	NORMAL	pale eyes,Dental carries
20	Nishaben Haribhai Bharvad	6th	11	female	126	21	13.22	STUNTING	WASTING	NORMAL	cough,fever
21	Gauriben Laljibhai Jaraiya	6th	11	female	119	17	12	STUNTING	WASTING	NORMAL	headache
22	Nishaben Rajeshbhai Bariya	6th	11	female	138	21	11.62	NORMAL	WASTING	NORMAL	pale eyes,Dental carries,ca+ deficiency
23	Nainaben Dhanabhai Bariya	6th	11	female	124	20	12.35	STUNTING	WASTING	NORMAL	Dental carries
24	Ramilaben Kalubhai Bariya	6th	11	female	145	27	12.89	NORMAL	WASTING	NORMAL	Dental carries

25	Kinjalben Mahendrabhai Kaskiwala	6th	11	female	138	24	14.2	NORMAL	NORMAL	NORMAL	pale eyes
26	Rinkuben Arvinbhai Gohel	6th	11	female	126	23	14.48	STUNTING	NORMAL	NORMAL	discoloration of teeth
27	Chetna Kanubhai Parmar	6th	11	female	135	24	13.16	NORMAL	NORMAL	NORMAL	Dental carries,pale eyes
28	Azbaben Ariffbhai Vohra	6th	11	female	86	24	14.42	STUNTING	NORMAL	NORMAL	Dental carries,headache
29	Mishaben Sajidbhai Vohra	6th	11	female	136	26	14.05	NORMAL	NORMAL	NORMAL	pale eyes
30	Rusanben Vahibhai Vohra	6th	11	female	131	27	15.73	STUNTING	NORMAL	NORMAL	pale eyes
31	Komalben Chandreshbhai Gohel	6th	11	female	137	30	15.98	NORMAL	WASTING	NORMAL	Dental carries,pale eyes
32	Sapnaben Poonambhai Bariya	7th	13	female	132	22	12.69	STUNTING	NORMAL	NORMAL	pale eyes
33	Arzooben Firozbhai Vohra	7th	12	female	143	31	15.15	NORMAL	NORMAL	NORMAL	Dental carries
34	Saniyaben Abaazbhai Vohra	7th	12	female	140	30	15.3	STUNTING	WASTING	NORMAL	Dental carries
35	Tasmin Mehmudbhai Vohra	7th	12	female	134	24	13.36	NORMAL	NORMAL	NORMAL	pale eyes
36	Sefaliben Dineshbhai Thakar	7th	12	female	138	26	14.05	STUNTING	NORMAL	NORMAL	Dental carries
37	Atikaben Irfanbhai Vohra	7th	12	female	139	30	15.52	STUNTING	WASTING	NORMAL	Dental carries
38	Humaben Husainbhai Vohra	7th	12	female	127	30	15.98	STUNTING	WASTING	NORMAL	pale eyes
39	Sonalben Chimanbhai Solanki	7th	12	female	145	34	16.17	NORMAL	NORMAL	NORMAL	Dental carries
40	Komal Vanabhai Bharvad	7th	12	female	133	26	14.69	STUNTING	NORMAL	NORMAL	pale eyes
41	Husnaben Sikandarbhai Vohra	7th	12	female	138	24	12.6	STUNTING	NORMAL	NORMAL	Dental carries
42	Natijaben Juberbhai Mohsinsuthar	7th	12	female	140	31	15.81	STUNTING	NORMAL	NORMAL	Dental carries,pale eyes
43	Radhaben Ravalbhai Bharvad	7th	12	female	139	31	16.04	STUNTING	NORMAL	NORMAL	Dental carries
44	Aumanben Anazbhai Vohra	7th	12	female	95	34	17.1	NORMAL	NORMAL	NORMAL	Dental carries
45	Saimabanu Salimbhai Malek	7th	12	female	132	22	12.62	STUNTING	NORMAL	NORMAL	Dental carries
46	Hanshaben Bhailbhai Parmar	7th	12	female	137	30	15.98	STUNTING	NORMAL	NORMAL	Dental carries
47	Kinjalben Jagdishbhai Bariya	7th	12	female	124	18	11.7	STUNTING	WASTING	NORMAL	Dental carries,pale eyes
48	Komalben Ravjibhai Parmar	7th	12	female	136	24	12.97	STUNTING	NORMAL	NORMAL	Dental carries
49	Azbaben altafbhai Vohra	7th	12	female	148	34	15.52	NORMAL	WASTING	IMPAIRED	Dental carries,abdominal pain
50	Asiyaben Nafizbhai Vohra	7th	12	female	155	31	12.9	NORMAL	WASTING	NORMAL	Dental carries,fever,headache,cold,cough
51	Sababen Altafbhai Vohra	8th	12	female	144	34	16.39	STUNTING	NORMAL	NORMAL	Dental carries,headache
52	Humaben Rizwanbhai Vohra	8th	12	female	156	40	16.43	NORMAL	WASTING	NORMAL	headache

53	Sanilaben Imtiyazbhai Vohra	8th	12	female	145	30	14.26	STUNTING	WASTING	IMPAIRED	headache,Dental carries
54	Ilmaben Abazbhai Moinsuthar	8th	13	female	144	34	16.39	STUNTING	NORMAL	NORMAL	Dental carries
55	Haniben Mosinbhai Vohra	8th	`13	female	142	27	13.39	STUNTING	WASTING	NORMAL	Dental carries,cold,pale eyes,abdominal &chest pain
56	Seemaben Saidbhai Vohra	8th	13	female	148	54	24.65	STUNTING	NORMAL	IMPAIRED	Dental carries
57	Anjanaben Vahidbhai Vohra	8th	`13	female	145	34	16.17	STUNTING	NORMAL	NORMAL	Dental carries
58	Nahidaben Jayedali Saiyad	8th	13	female	132	26	14.92	STUNTING	NORMAL	NORMAL	Dental carries
59	Krishnaben Ratilalbhai Talpada	8th	13	female	137	25	13.31	STUNTING	NORMAL	NORMAL	Dental carries,ca+ defeciency
60	Kajalben Dasarthbhai Parmar	8th	13	female	139	25	12.93	STUNTING	NORMAL	NORMAL	Dental carries,pale eyes
61	Meghnaben Rameshbhai bariya	8th	13	female	130	24	14.3	STUNTING	NORMAL	NORMAL	Dental carries
62	Kinjal Ashokbhai bariya	8th	13	female	142	37	18.34	STUNTING	NORMAL	NORMAL	Dental carries,pale eyes,calcium defeciency
63	Hetalben Navganbhai Bharvad	8th	13	female	146	35	16.41	STUNTING	NORMAL	NORMAL	Dental carries,ca+ defeciency
64	Tasmirabanu Sirajmiya Malek	8th	13	female	154	37	15.6	NORMAL	WASTING	NORMAL	yellowish teeth
65	Muskanbanu Abhibmiya Malek	8th	13	female	155	46	19.14	NORMAL	NORMAL	NORMAL	yellowish teeth
66	Shilpaben Rameshbhai Raval	8th	13	female	139	29	15	STUNTING	WASTING	NORMAL	yellowish teeth
67	Ramilaben Kanubhai Bariya	8th	13	female	141	37	18.61	STUNTING	NORMAL	NORMAL	cavities
68	Chetnaben Ramanbhai Solanki	8th	13	female	138	29	15.22	STUNTING	NORMAL	NORMAL	Dental carries
69	Jagnatiben Dineshbhau Bariya	8th	13	female	137	31	16.51	STUNTING	NORMAL	NORMAL	Dental carries
70	Shilpaben Sanambhai Bariya	8th	13	female	139	27	13.97	STUNTING	WASTING	NORMAL	Dental carries,vitiligo
71	Bhavnaben Kanjibhai Bariya	8th	13	female	144	35	16.87	NORMAL	NORMAL	NORMAL	Dental carries
72	Kiranbhai Jayantibhai Bariya	5th	10	male	128	20	12.2	NORMAL	WASTING	NORMAL	Dental carries,yellowish teeth
73	Sujalkumar Raijibhai Thakor	5th	10	male	130	21	12.45	NORMAL	WASTING	NORMAL	Dental carries
74	Tejaskumar Babubhai Makawana	7th	12	male	144	26	12.53	NORMAL	WASTING	NORMAL	Dental carries
75	Amirvasa Gukasan Diwan	7th	12	male	154	47	19.81	NORMAL	NORMAL	NORMAL	Dental carries,yellowish teeth
76	Bharatkumar Shivabhai Parmar	7th	12	male	130	20	11.83	NORMAL	WASTING	NORMAL	Dental carries

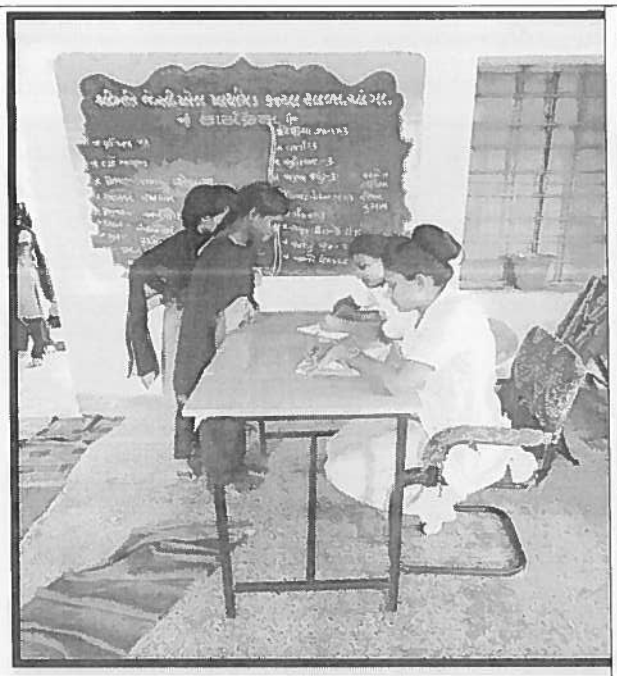
Graphical Presentation of Health status of School Children:



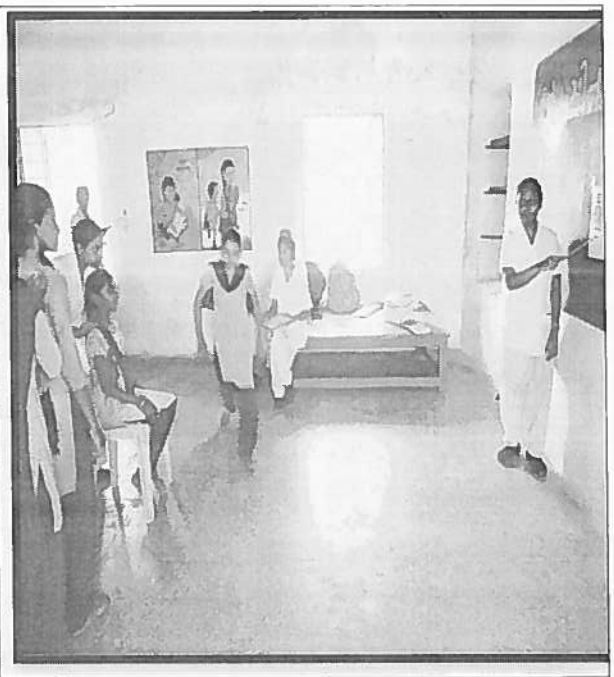
Conclusion:

The major health problems identified among Kanyasala Govt. School Children's are Stunting: 45.78, Wasting: 37.34 %, Dental carries: 72.28 %, Calcium Deficiency: 7.22 %, Vision: 3.61 % & Fever: 3.61 %. Bananas are distributed to all the students to bring awareness about healthy practices. We express our heartfelt gratitude to Principal, MTIN, Principal, VIA and CHARUSAT university for their unconditional Support.

Photogallary



Reception



Vision Assessment



Height Measurement



Wight Measurement

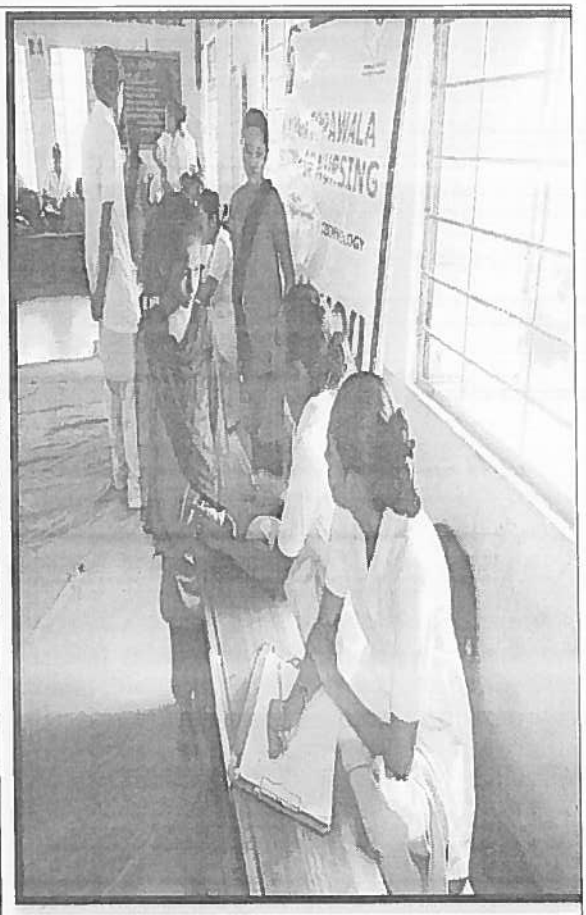




Physical Assessment



Hearing Test



Students interacting with Children

School Health Program Report

Introduction:

As a part of their curriculum students of 7th semester / 4th year B.Sc Nursing have carried out health assessment of School Children at Changa English Medium school, Changa on 20th October, 2016 with following objectives

Objectives:

At the end of the visit the students will be able to

- Assess the health status of the School children.
- Assess Nutritional status of the school children.
- Identify common health problem of school children.
- Provide care and follow up the identified cases.

Changa English Medium School is situated in Changa village, there were total 98 student were studying which includes Standard 1 to 7. Students of 7th semester/4th year B.Sc Nursing were divided into various groups such as Reception group, Height and weight measuring group, Physical Examination group, Vision and hearing assessment group and Analysis group under supervision of Mr. Siddaram Sarate, HOD, Community Health Nursing, Mr. Gururaj Guggare, Nursing Tutor and Mr. Anil Jarali, Asst. Professor

Health Assessment of School children is as follows

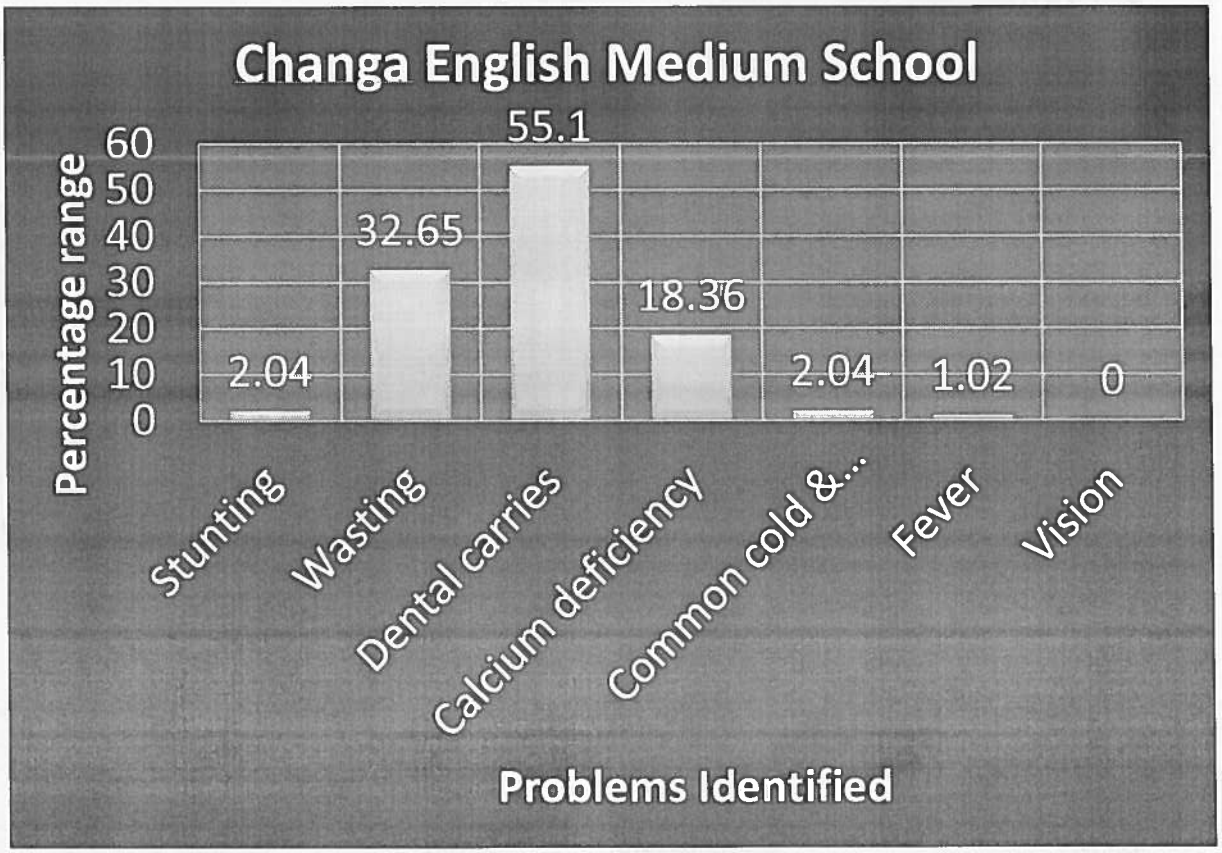
Sr. No	Name of student	Class	Age	Sex	Height	Weight	BMI	Stunting	Wasting	Problems
01	Patel Diya Diteshbhai	1	6	F	109	16	13.46	Normal	Wasting	
02	Patel Jiya Brijeshbhai	1	6	F	108	16	13.71	Normal	Wasting	Dental Caries
03	Makwana Devanshu Hitendra	1	6	M	115	18	13.61	Normal	Normal	Calicum Deficiency
04	Panchal Priyanshu Sunilkumar	1	6	M	116	16	11.89	Normal	Wasting	
05	Pandit Umang Vijaybhai	1	6	M	118	19	13.64	Normal	Normal	Eye Problems, Calicum deficiency, Dental Caries
06	Pandya Mohit Bhadrayabhai	1	6	M	120	21	14.58	Normal	Normal	
07	Parmar Deep Rajeshbhai	1	6	M	119	20	14.12	Normal	Normal	
08	Patanvadiya Het Rakeshbhai	1	6	M	116	16	11.89	Normal	Wasting	
09	Patel Het Manjitkumar	1	6	M	110	15	12.39	Normal	Wasting	Calicum deficiency, Dental Caries
10	Patel Manthan Ashwinbhai	1	6	M	114	19	14.61	Normal	Normal	Calicum Deficiency
11	Patel Prince Brijeshbhai	1	6	M	108	16	13.71	Normal	Normal	Eye Problems
12	Rajpurohit Abhijit Amritsingh	1	6	M	118	20	14.36	Normal	Normal	
13	Vohra Mahmod Nisara	1	6	M	108	16	13.71	Normal	Normal	
14	Patel Dev Nikulbhai	1	6	M	113	19	14.87	Normal	Normal	
15	Patel Vrund Vikeshbhai	1	6	M	111	17	13.79	Normal	Normal	
16	Patel Divya Priyankkumar	1	6	F	117	22	16.07	Normal	Normal	Calicum Deficiency
17	Solanki Meet Maheshbhai	1	6	M	126	20	12.59	Normal	Wasting	Dental Caries, Calicum deficiency
18	Vaghela Mehul Maheshbhai	1	6	M	103	15	14.13	Normal	Normal	Dental Caries

19	Vohra Mahumadmay R	1	6	M	109	15	12.62	Normal	Wasting	Dental Caries, Calicum deficiency
20	Patel Renee Uteshbhai	1	6	M	113	17	13.31	Normal	Normal	Calicum Deficiency
21	Prajapati Yani Mayankkumar	1	6	F	113	17	13.31	Normal	Normal	Dental Caries
22	Diwan Shahnavaz Shajidsha	1	6	M	115	19	14.36	Normal	Normal	Dental Caries
23	Barot Prisha Samirkumar	1	6	F	114	15	12.39	Normal	Wasting	
24	Barot Shreya Jigneshbhai	1	6	F	116	19	14.12	Normal	Normal	
25	Meditya Bhaktikuvar D	1	6	F	112	18	14.34	Normal	Normal	
26	Patel Dax Jayeshbhai	1	6	M	121	20	13.66	Normal	Normal	Calicum Deficiency, Dental Caries
27	Parmar Manish Naginbhai	1	6	M	105	16	15.08	Normal	Normal	Dental Caries
28	Patel Akshar Jatinbhai	1	6	M	107	15	13.1	Normal	Normal	Dental Caries
29	Patel Kesha Vishalbhai	2	8	F	120	25	17.36	Normal	Normal	Dental Caries
30	Vohra Ainaben Asambhai	2	7	F	122	20	13.43	Normal	Normal	Dental Caries
31	Vohra Mahammad Hamjas	2	6	M	122	21	14.1	Normal	Normal	Dental Caries, Yellowish teeth, Caicum deficiency
32	Parmar Chirag Girishbhai	2	7	M	111	16	12.98	Normal	Wasting	Dental Caries
33	Gujjar Maitri Dixitkumar	2	7	F	117	20	14.16	Normal	Normal	
34	Maheshwari Janhvi Omprakash	2	7	F	121	20	13.66	Normal	Normal	Abdominal Pain
35	Patel Shlok Mehullkumar	2	7	M	114	18	13.85	Normal	Normal	Dental cavities, Fever
36	Patel Veer Rashmikant	2	7	M	117	20	14.61	Normal	Normal	Dental caries
37	Gosai Yashkumar Dilipbhai	2	7	M	118	18	12.92	Normal	Normal	
38	Momin Noman Moshinbhai	2	7	M	119	19	13.41	Normal	Normal	Dental caries
39	Patel Ansh Chiragkumar	2	7	M	121	19	12.97	Normal	Normal	Dental caries
40	Patel Bhavya Mukeshbhai	2	7	F	123	23	15.2	Normal	Normal	Dental caries
41	Patel Het Rajendrakumar	2	7	M	112	15	11.95	Normal	Normal	
42	Patel Mit Vimalkumar	2	7	M	120	19	13.19	Normal	Normal	

43	Patel Aesha Nishitkumar	2	6	F	109	17	14.3	Normal	Normal	Dental caries
44	Patel Janvi Dipakkumar	2	7	F	124	20	13	Normal	Normal	Dental caries, Cough and cold
45	Patel Dhruvi Kanubhai	2	7	F	118	17	12.2	Normal	Normal	
46	Bharwad Amit Navaganbhai	2	7	M	129	24	14.42	Normal	Wasting	Dental caries
47	Bharwad Vrajbhai Haribhai	2	8	M	122	19	12.76	Normal	Wasting	Dental caries
48	Goswami Tirth Alkeshgiri	2	6	M	122	19	12.76	Normal	Wasting	
49	Patel Hetvi Diteshkumar	3	8	F	122	27	18.14	Normal	Normal	Dental caries
50	Patel Prachiben Nileshbhai	3	8	F	113	18	14.09	Normal	Normal	Dental caries, Cold
51	Patel Rutvi Umeshbhai	3	8	F	127	23	14.26	Normal	Normal	Dental caries, Calcium deficiency
52	Diwan Ikrabanu Yasinsha	3	8	F	131	17	9.9	Normal	Wasting	Dental caries
53	Diwan Jimabanu Yasinsha	3	8	F	119	21	14.34	Normal	Normal	Deantal caries
54	Diwan Ruhin Sajidsha	3	9	F	121	24	16.39	Normal	Normal	Dental caries
55	Patel Het Ashwinbhai	3	8	M	125	21	13.44	Normal	Wasting	Calcium deficiency
56	Patel Jaineel M.	3	7	M	119	20	14.12	Normal	Normal	Calcium deficiency
57	Rajpurohit Niraj A.	3	10	M	126	27	17	Normal	Normal	Calcium deficiency
58	Patel Swasti Jayeshkumar	3	8	F	119	21	14.82	Normal	Normal	Dental caries
59	Sheth Archi Yogeshkumar	3	8	F	111	19	15.42	Normal	Normal	Dental caries
60	Diwan Rehansha Sajidsha	3	9	M	130	25	14.79	Normal	Normal	
61	Suthar Panth Parihasbhai	3	7	M	118	20	14.36	Normal	Normal	Calcium deficiency
62	Diwan Renansha Salimsha	3	9	M	122	20	13.43	Normal	Normal	Dental caries
63	Medtiya Raj Mahendrasinh	3	8	M	120	19	13.19	Normal	Wasting	Dental caries
64	Kishori Karan A.	3	8	M	124	21	13.65	Normal	Wasting	Dental caries
65	Patel Krupaben	4	8	F	120	20	13.88	Normal	Normal	
66	Patel Yana Rakeshbhai	4	8	F	120	36	25	Normal	Normal	Dental caries
67	Suthar Drashti Nikunjbhai	4	9	F	126	24	15.11	Normal	Normal	Dental caries
68	Barot Dhruv Ragenbhai	4	9	M	127	24	14.88	Normal	Wasting	
69	Goswami Aumpuri D.	4	9	M	130	26	15.38	Normal	Wasting	Dental caries

70	Patel Harsh Vimalkumar	4	9	M	131	28	16.31	Normal	Wasting	
71	Solanki Vishal Mahendra	4	9	M	128	20	12.2	Normal	Wasting	Dental caries
72	Valand Meetkumar S.	4	9	M	119	19	13.41	Normal	Normal	Dental caries
73	Patel Pratham A.	5	10	M	137	26	13.85	Normal	Wasting	Dental caries
74	Rabari Prem Naresh	5	10	M	121	24	16.39	Normal	Normal	Deantal caries
75	Vohra Arkan Altafbhai	5	9	M	129	21	12.61	Normal	Wasting	
76	Medtiya Vrajsing Dalpatsinh	5	10	M	129	26	15.62	Normal	Wasting	Dental caries
77	Patel Aryan Shaileshbhai	5	10	M	139	30	15.52	Normal	Normal	Dental caries
78	Patel Hetkumar Sanjaybhai	5	10	M	128	21	12.81	Stunting	Wasting	Dental caries
79	Vohra Ftima I.	5	9	F	136	30	16.21	Normal	Normal	Dental caries
80	Barot Shlok A.	5	10	M	139	26	13.45	Normal	Wasting	Dental caries
81	Patel Parth A.	5	9	M	133	23	13	Normal	Wasting	
82	Patel Pushti Hetalkumar	5	10	F	153	33	14.09	Normal	Wasting	
83	Mahin Mayankbhai S.	5	9	M	136	27	14.59	Normal	Normal	
84	Suthar Harmi Preshbhai	5	9	F	121	19	12.97	Normal	Wasting	Dental caries
85	Patel Om Nileshkumar	6	10	M	142	30	14.87	Normal	Wasting	Dental caries, Calcium deficiency
86	Rabari Prince L.	6	10	M	138	30	14.87	Normal	Wasting	Dental caries, Calcium deficiency
87	Patel Isha Nikulkumar	6	11	F	137	32	17.4	Normal	Normal	Dental caries
88	Barot Vivek Ashishbhai	6	12	M	155	37	15.4	Normal	Normal	Dental caries, Right eye problem
89	Patel Arya D.	6	10	M	154	52	21.92	Normal	Normal	Right eye problem
90	Medtiya Abhi Gordhansing	7	12	M	147	34	15.73	Normal	Normal	Dental caries
91	Pandya Dhruv Bhargvbhai	7	11	M	151	35	15.35	Normal	Wasting	
92	Patel Zeel Sanjaybhai	7	12	M	142	41	20.33	Normal	Normal	Dental caries, Calcium deficiency

Graphical Presentation of Health status of School Children:

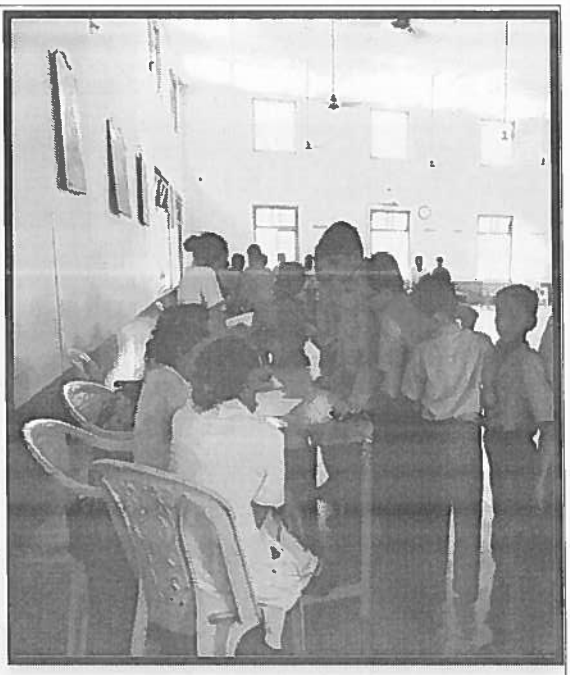


Conclusion:

The major health problems identified among Changa English Medium School Children's are Stunting: 2.04%, Wasting: 32.65%, Dental carries: 55.10 %, calcium Deficiency: 18.36%. Bananas are distributed to all the students to bring awareness about healthy practices. We express our heartfelt gratitude to Principal, MTIN, Principal, VIA and CHARUSAT university for their unconditional Support.

Photogallary

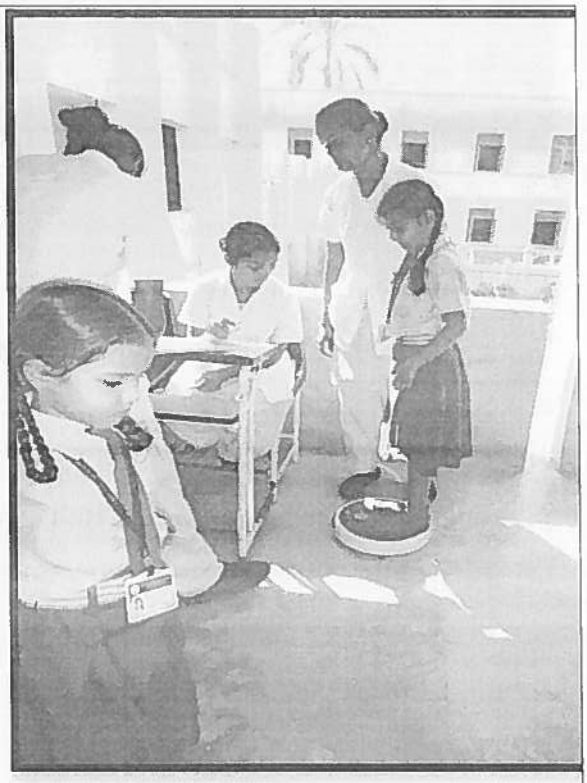




Reception



Height Measurement



Weight Measurement





Physical Assessment



Hearing Test



Students Distributing Banana

School Health Program Report

Introduction:

As a part of their curriculum students of 7th semester / 4th year B.Sc Nursing have carried out health assessment of School Children at B.A Patel High School, Changa on 20th October, 2016 with following objectives

Objectives:

At the end of the visit the students will be able to

- Assess the health status of the School children.
- Assess Nutritional status of the school children.
- Identify common health problem of school children.
- Provide care and follow up the identified cases.

B.A Patel High School is situated in Changa village, there were total 213 student were studying which includes Standard 1 to 7. Students of 7th semester/4th year B.Sc Nursing were divided into various groups such as Reception group, Height and weight measuring group, Physical Examination group, Vision and hearing assessment group and Analysis group under supervision of Mr. Siddaram Sarate, HOD, Community Health Nursing, Mr. Gururaj Guggare, Nursing Tutor and Mr. Anil Jarali, Asst. Professor

Health Assessment of School children is as follows

Sr. No	Name of student	Class	Age	Sex	Height	Weight	BMI	Stunting	Wasting	Vision	Remarks
CLASS-1											
1	Parth Vinodbhai. Thakor	1st	7 Y	M	113 cm	16 Kg	12.53	Normal	Wasting		White pathes on skin, cold
2	Hasant Vijayvant. Pathan	1st	7 Y	M	110 cm	16 Kg	13.2	Normal	Wasting		-
3	Mo. Ayush	1st	7 Y	M	111 cm	16 Kg	12.98	Normal	Wasting		-
4	Siddharth Naginbhai	1st	7 Y	M	112 cm	15 Kg	11.9	Normal	Wasting		Dental carries, cold * 10 days
5	Saheed Rasiq Malek	1st	7 Y	M	103 cm	14 Kg	13.19	Stunting	Normal		-
6	Umeed Ruqman Vohra	1st	7 Y	M	104 cm	15 Kg	13.86	Stunting	Normal		Dental carries
7	Dev Ganshyambhai	1st	7 Y	M	107 cm	15 Kg	12.62	Normal	Wasting		Dental carries, skin patches on hand, burn
8	Kevin Harshadbhai	1st	7 Y	M	104 cm	15 Kg	12.62	Stunting	Normal		Dental carries
9	Tanaya Dilipbhai Bariya	1st	5 Y	F	107 cm	13 Kg	11.35	Normal	Wasting		-
10	Aisha Lukmanbhai Vohra	1st	5 Y	F	97 cm	12 Kg	12.75	Stunting	Wasting		-
11	Krina Jiteshbhai Darji	1st	5 Y	F	105 cm	12 Kg	10.8	Normal	Wasting		-
12	Diyaben Shashikantbhai Solanki	1st	5 Y	F	99 cm	12 Kg	12.24	Normal	Wasting		-
13	Dhruvi Pinakinbhai Patel	1st	5 Y	F	110 cm	16 KG	13.2	Normal	Wasting		-

14	Momin Suthar Nadiya Vahidbhai	1st	5 Y	F	111 cm	16 Kg	12.9	Normal	Wasting		-
15	Mizan Aslambhai Vohra	1st	5 Y	F	109 cm	14 Kg	11.7	Normal	Wasting		-
16	Shreyabem Kiritbhai Prajapati	1st	5 Y	F	109 cm	14 Kg	11.7	Normal	Wasting		-
17	Atif Afzalbhai Vohra	1st	7 Y	M	112 cm	17 Kg	13.5	Normal	Normal		Dental carries
18	Devanshi Arunbhai Solanki	1st	5 Y	F	100 cm	15 Kg	12.62	Normal	Normal		Cough * 2days
19	Tulsi Narendra Rami	1st	5 Y	F	112 cm	19 Kg	15.15	Normal	Normal		Dental carries, skin lesions
20	Bhargavi Vijaybhai	1st	5 Y	F	110 cm	15 Kg	12.39	Normal	Normal		Dental carries
CLASS-2											
21	Vishakha Sureshbhai Vasava	2nd	8 Y	F	124 cm	20 Kg	13	Normal	Wasting		-
22	Aarma Juned Vohra	2nd	7 Y	F	125 cm	20 Kg	12.8	Normal	Wasting		Burns on hand, dental carries, fever
23	Fatima Imran Vohra	2nd	7 Y	F	116 cm	15 Kg	11.1	Normal	Wasting		Burn patches on left side of nose, dental carries
24	Alan Sangada	2nd	7 Y	M	116 cm	17 Kg	12.6	Normal	Wasting		-
25	Virali Dharmendra Pariekh	2nd	7 Y	F	111 cm	16 Kg	14.24	Normal	Wasting		Dental carries
26	Priyanshi Rajubhai Valand	2nd	7 Y	F	111 cm	16 Kg	12.98	Stunting	Wasting		Dental carries
27	Mushra Samir Vohra	2nd	7 Y	F	104 cm	14 Kg	12.9	Stunting	Normal		-

28	Hiral Kamlesh	2nd	7 Y	F	106 cm	13 Kg	11.5	Stunting	Normal		-
29	Hushna Mohmmad Vohra	2nd	7 Y	F	113 cm	16 Kg	12.5	Normal	Wasting		Dental carries
30	Heda Yasim Vohra	2nd	7 Y	F	115 cm	16 Kg	12.9	Normal	Wasting		Dental carries, ear pain, fever * 2 days
31	Mommatah Imyan Vohra	2nd	8 Y	M	114 cm	15 Kg	11.54	Normal	Wasting		Dental carries
32	Urvesh Naginbhai Bariya	2nd	7 Y	M	115 cm	16 Kg	12	Normal	Wasting		Dental carries
33	Ravi Nareshbhai Darbar	2nd	7 Y	M	116 cm	16 Kg	11.8	Normal	Wasting		Dental carries
34	Himesh Nareshbhai	2nd	7 Y	M	117 cm	16 Kg	11.6	Normal	Wasting		-
35	Kusum Yasim Malek	2nd	7 Y	F	111 cm	20 Kg	16.2	Normal	Normal		Dental carries
36	Museba Mutaj Vohra	2nd	8 Y	F	119 cm	18 Kg	12.7	Normal	Normal		Cough * 15 days
37	Bhakti Manish Parekh	2nd	7 Y	F	110 cm	16 Kg	13.22	Normal	Normal		Dental carries
38	Uda Altaf Vohra	2nd	7 Y	F	108 cm	16Kg	13.7	Normal	Normal		Dental carries
39	Aadir Sohil Vohra	2nd	7 Y	M	111 cm	15 kg	12.17	Normal	Normal		Dental carries
40	Atish	2nd	7 Y	M	119 cm	20 Kg	14.12	Normal	Normal		Dumb
41	Afiya Imtiaz Vohra	2nd	7 Y	M	117 cm	18 Kg	13.1	Normal	Normal		Cavities
42	Jitendra Rjaeshbhai Bariya	2nd	7 Y	M	115 cm	17 Kg	12.8	Normal	Normal		Dental carries
43	Nadim Shabbir Suthar	2nd	7 Y	M	120 cm	18 Kg	12.5	Normal	Normal		Cavities
CLASS-3											
44	Sandeep Mukeshbhai Thakor	3rd	10 Y	M	131 cm	23 Kg	13.4	Normal	Wasting		-

45	Gaurang Hareshbhai	3rd	8 Y	M	127 cm	19 Kg	11.78	Normal	Wasting		Dental carries
46	Sachin Girishbhai Solanki	3rd	8 Y	M	126 cm	20 Kg	12.59	Normal	Wasting		Dental carries, cold * 2 days
47	Macwan Khushi	3rd	9 Y	F	113 cm	19 Kg	14.87	Stunting	Normal		-
48	Patel Yug Ketanbhai	3rd	8 Y	M	128 cm	21 Kg	12.81	Normal	Wasting		-
49	Vohra Sadiya Afzalbhai	3rd	8 Y	F	115 cm	16 Kg	12.09	Normal	Wasting		-
50	Vohra Yasar Iliyasbhai	3rd	8 Y	M	117 cm	17 Kg	12.4	Normal	Wasting		-
51	Vohra Sayad Soyabhai	3rd	8 Y	M	113 cm	15 Kg	11.7	Stunting	Wasting		-
52	Busra Lukmanbhai Vohra	3rd	8 Y	F	112 cm	17 Kg	13.5	Stunting	Wasting		-
53	Ikraben Lukmanbhai Vohra	3rd	8 Y	F	116 cm	14 Kg	10.4	Normal	Wasting		-
54	Sardha Preshkumar Valand	3rd	9 Y	F	115 cm	15 Kg	11.34	Stunting	Wasting		-
55	Nidhi Hasmukhbhai Darbar	3rd	9 Y	F	102 cm	19 Kg	18.26	Stunting	Wasting		-
56	Kaushik Rameshbhai Bamaniya	3rd	9 Y	M	131 cm	26 Kg	15.59	Normal	Wasting		Dental carries
57	Valand Kalindiben Yogeshkumar	3rd	8 Y	F	122 cm	21 Kg	14.1	Normal	Normal		Dental carries
58	Mo. Sarfaraz Vohra	3rd	9 Y	M	121 cm	27 Kg	18.4	Normal	Normal		Cough * 4 days, cold * 4 days
59	Jiten Arvindbhai Baraiya	3rd	8 Y	M	122 cm	19 Kg	12.76	Normal	Normal		Dental carries

CLASS-4											
60	Ayan Sjid Qureshi	4th	9 Y	M	128 cm	20 Kg	12.2	Normal	Wasting	Normal	Dental carries, Skin patches
61	Deepak Sanjaybhai Parmar	4th	9 Y	M	123 cm	18 Kg	11.8	Normal	Wasting	Normal	Dental carries
62	Rehan Altaf Vohra	4th	9 Y	M	133 cm	20 kg	11.3	Normal	Wasting	Normal	Dental carries
63	Prachi Kiritbhai Patel	4th	9 Y	F	127 cm	21 Kg	11.78	Normal	Wasting	Normal	-
64	Priyanshi Vishalbhai Parmar	4th	9 Y	F	116 cm	16 Kg	11.94	Normal	Wasting	Normal	Cold Cough, dental carries
65	Nikunj Dineshbhai Thakor	4th	9 Y	M	130 cm	20kg	11.83	Normal	Wasting	Normal	Dental carries,Palness
66	Fatima Sajedbhai Vohra	4th	9 Y	F	119 cm	17 kg	12	Normal	Wasting	Normal	Cold & Cough *2 days
67	Saizan Iqubal Vohra	4th	9 Y	M	121 cm	20 kg	13.6	Normal	Wasting	Normal	Dental Carries
68	Naim Shabbirbhai MominSuthar	4th	9 Y	M	123 cm	19kg	12.5	Normal	Wasting	Normal	Cold & Cough * 2 days
69	Saquib Ileshbhai Matadar	4th	9 Y	M	126 cm	20 kg	12.5	Normal	Wasting	Normal	Cold *3 days
70	Ilma imranbhai Vohra	4th	9 Y	F	132 cm	21 kg	12.05	Normal	Wasting	Impaired	Dental Carries, Cold & cough*2 days
71	Mo. AarSh Imran Vohra	4th	9 Y M	M	137 cm	23 kg	12.2	Normal	Wasting	Normal	Dental carries, cold &cough*10 days,Fever*2days
72	Nisar Imran Vohra	4th	9 Y	M	125 cm	19kg	12.1	Normal	Wasting	Impaired	Dantal carries, Minor b urns in Rt.palm,cold*5days

73	Jaimin Rameshbhai Bhamaniya	4th	9 Y	M	133 cm	20 kg	11.3	Normal	Wasting	Normal	Cough*2days
74	Krina Naginbhai Bhrambhat	4th	9 Y	F	132 cm	22 kg	12.6	Normal	Normal	Normal	Dantal carries
75	Dhruvaben Nileshbhai Patvadiya	4th	9 Y	F	125 cm	19 kg	12.16	Normal	Normal	Normal	Dantal carries
76	Happy Dharmeshbhai Patel	4th	9 Y	F	132 cm	25 kg	14.34	Normal	Normal	Impaired	Dental carries, cold& cough
77	Vidhiben Shaileshbhai Pariekh	4th	9 Y	F	122 cm	21 kg	14.18	Normal	Normal	Normal	Cold & cough,Dntal carries
78	Yashmit Hareshbhai Gumradya	4th	9 Y	F	119 cm	19kg	13.41	Normal	Normal	Normal	Dental carries
79	Vraj Shaileshbhai Pariekh	4th	9 Y	M	136 cm	27 kg	14.59	Normal	Normal	Normal	Cold,cough*3days
80	Sahana Sirajbhai Vohra	4th	9 Y	F	133 cm	28 kg	15.82	Normal	Normal	Normal	Cold82days
81	Valand Meet Rohitbhai	4th	9 Y	M	131 cm	22 Kg	12.8	Normal	Normal	Normal	Palnes.dental carries
82	Fatima Faiyaz Vohra	4th	9 Y	F	132 cm	25 kg	14.36	Normal	Normal	Normal	Dental carries,Skin patches,Dry skin, Palness
83	Ikra Yasinbhai Vohra	4th	9 Y	F	121 cm	21 kg	14.34	Normal	Normal	Normal	Dental carries , cold
84	Fujil Masinbhai Vohra	4th	9 Y	M	126 cm	22 kg	13.86	Normal	Normal	Normal	Cold * 2days
CLASS-5	-	-	-	-	-	-	-	-	-	-	-
85	Vohra Asiya Altafbhai	5th	10Y	F	128 cm	21 kg	12,81	Normal	Wasting	Normal	Dental carries
86	Nidhi Manishbhai Patel	5th	10Y	F	116 cm	16 kg	11.8	Normal	Wasting	Normal	-

87	Diya Gordhanbhai Medtiya	5th	10Y	F	132 cm	24 kg	13.77	Normal	Wasting	Normal	-
88	Riddhi Dipakbhai Dhobi	5th	10Y	F	126 cm	23 kg	14.48	Stunting	Wasting	Normal	-
89	Fizaben Firozbhai Vohra	5th	10Y	F	132 cm	21 kg	12.05	Normal	Wasting	Impaired	-
90	Simibanu Sahilbhai Monim suthar	5th	10Y	F	114 cm	16 kg	12.31	Normal	Wasting	Normal	Dental carries
91	Jasmin Irfanbhai Monim Suthar	5th	10Y	F	132 cm	25 kg	14.35	Normal	Wasting	Normal	Dental carries
92	Faizan Sahidbhai Monim	5th	10Y	F	128 cm	21 kg	12.8	Normal	Wasting	Normal	Dental carries
93	Nikunj Nareshbhai Dodiya	5th	10Y	M	131 cm	24 kg	13.9	Normal	Wasting	Normal	-
94	Aatik Altafbhai Vohra	5th	10Y	M	124 cm	24 kg	12.5	Normal	Wasting	Normal	-
95	Vishal Lalubhai Kushvah	5th	10Y	M	12cm	20 kg	12.5	Normal	Wasting	Normal	-
96	UjwaL Pujabhai Solanki	5th	10Y	M	138 cm	24 kg	12.6	Normal	Wasting	Normal	Dental carries
97	Mahir Yanushbhai Monim Suthar	5th	10Y	M	125 cm	20 kg	12.8	Normal	Wasting	Normal	Fever *2 days, cough *2 days
98	Sad mehulbhai Mohmaad	5th	10Y	M	129 cm	21 kg	12.61	Normal	Wasting	Normal	Fever *2 days, Cold & cough * 2 days
99	Akif Sohelbhai Mohmmad	5th	10Y	M	124 cm	20 kg	13	Normal	Wasting	Normal	Dental carries
100	Arkan Idriahbhai Mohmamad	5th	10Y	M	116 cm	15 kg	11.14	Stunting	Wasting	Normal	-
101	Aksha Salimbhai Vohra	5th	10Y	F	124 cm	23 kg	14.95	Normal	Normal	Normal	Dental carries

102	Ayushi Nileshbhai Patel	5th	10Y	F	120 cm	18 kg	12.5	Normal	Normal	Normal	Cold *1 week
103	Krupa Parehbhai Valand	5th	10Y	F	135 cm	26 kg	14.26	Normal	Normal	Normal	Yellow pus accumulation in ear *5years, fever*2 days in morning, dental cavities
104	Ikraben Arifbhai Vohra	5th	10Y	F	127 cm	28 kg	14.26	Normal	Normal	Normal	Fever *2days
105	Niraliben Mahendrabhai Prajapati	5th	10Y	F	136 cm	22 kg	11.5	Normal	Normal	Normal	Calcium deficiency, coughing*2days
106	Nazeba Sakilbhai Monim Suthar	5th	10Y	M	125 cm	20 kg	12.01	Normal	Normal	Normal	Dental carries, headache & fever *2 days
107	Taslimben Vahidbhai Monim Suthar	5th	10Y	F	125 cm	24 kg	15.36	Normal	Normal	Normal	Dental carries
108	Amin Abbazbhai Mohmmad	5th	10Y	M	121 cm	19 kg	12.97	Normal	Normal	Normal	Dental carries
CLASS-6	-	-	-	-	-	-	-	-	-	-	-
109	Umesh Samir Vohra	6th	10Y	M	139 cm	27kg	13.9	Stunting	Wasting	Normal	Dental carries
110	Aaksha Sajidbhai Vohra	6th	12Y	F	129 cm	23 kg	13.8	Stunting	Normal	Normal	White patches on face,dental carries
111	Suryia Harunbhai MonimSuthar	6th	12Y	F	129 cm	25kg	15.02	Stunting	Normal	Normal	Dental carries
121	Diya Rakeshbhai Patel	6th	11Y	F	134 cm	27 kg	15.49	Stunting	Wasting	Normal	Denyal carries
122	Pankti Ashokbhai Parmar	6th	11Y	F	140 cm	29 kg	14.79	Normal	Wasting	Normal	-

123	Shreya Ronakbhai Patel	6th	11Y	F	139 cm	23 kg	11.9	Normal	Wasting	Normal	-
124	Riyyan Mustak Vohra	6th	10Y	M	133cm	25kg	14.13	Normal	Wasting	Normal	White patches on face, Lt. Ear infection, bleeding
125	Aamir Takaryabhai Monimsuthar	6th	11Y	M	122 cm	21 kg	14.1	Stunting	Normal	Normal	Dental cavities,fever*2dats,cold*2 days
126	Kalpesh Dahiyabhai Tadaptar	6th	11Y	M	132 cm	21 kg	12.05	Normal	Wasting	Normal	Dental carries, cold*2days
127	Salman Usmand Vivan	6th	11Y	M	129 cm	24 kg	14.4	Normal	Wasting	Normal	Ear infection
128	Aansha Imtiaj Vohra	6th	10Y	F	137cm	25 kg	13.3	Normal	Wasting	Normal	Dental carries
129	Mihir Kamleshbhai Pathanvada	6th	11Y	M	132cm	20 kg	11.4	Normal	Wasting	Normal	Cough & cold*2 days,fever*2 days with chills,dental carries
130	Amisha Harshad Solanki	6th	11Y	F	134 cm	25 kg	13.9	Stunting	Normal	Normal	Dental carries,cold*7 days
131	Jaimina Rajeshbhai Thakor	6th	11Y	F	127 cm	24 kg	14.8	Stunting	Normal	Normal	Dental carries
132	Anisha Manishbhai Rusvah	6th	11Y	F	134 cm	20 kg	11.1	Stunting	Wasting	Impaired	Burn marks on both hands,cough*7 days,dental carries
133	Nandni Girishbhai Solanki	6th	11Y	F	147 cm	32 kg	14.8	Normal	Wasting	Impaired	Dental carries
134	Tulsi Harishbhai Medatiya	6th	11Y	F	128 cm	20kg	12.2	Stunting	Wasting	Normal	Dental carries, cold*7days

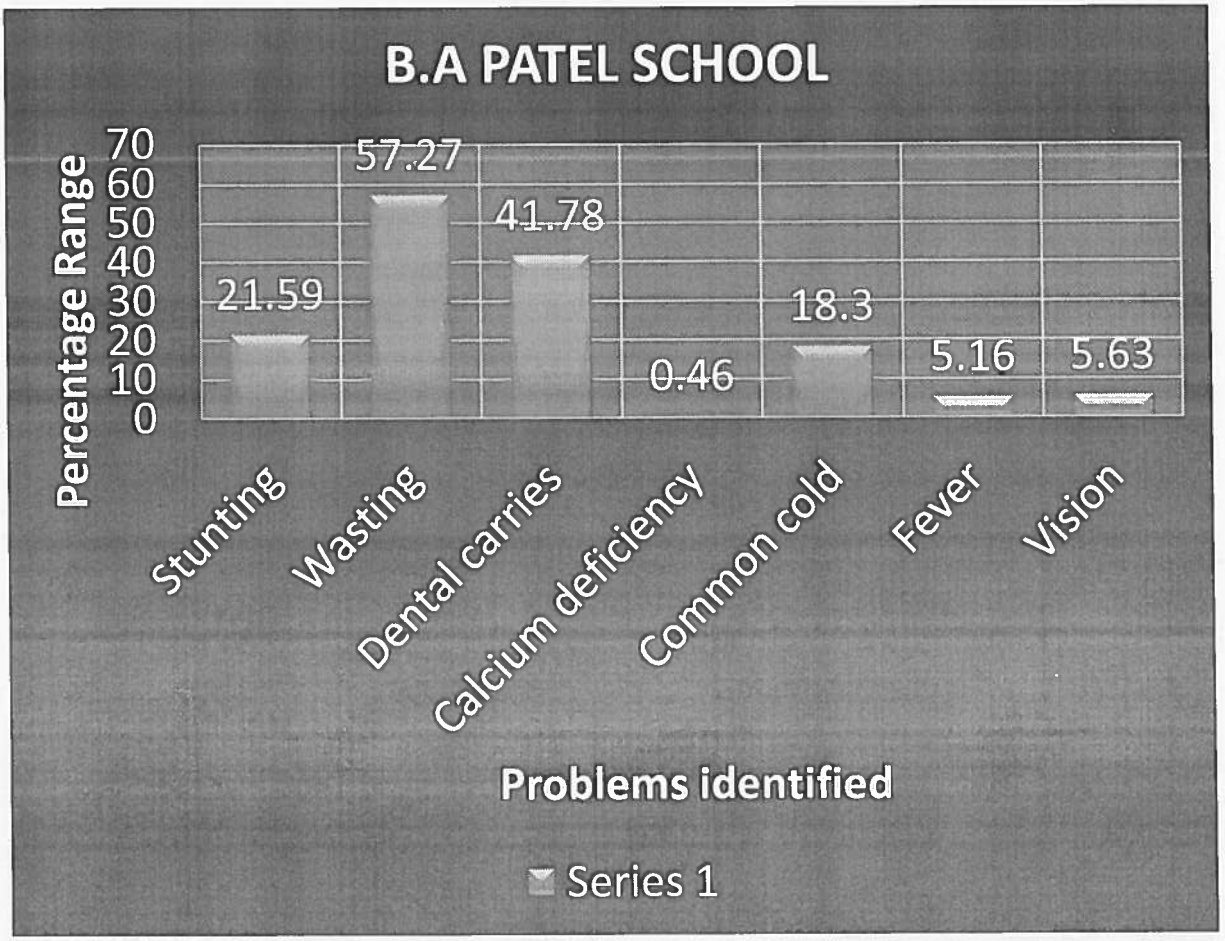
135	Aanish Sureshbhai Tadapda	6th	11Y	M	139 cm	27 kg	13.9	Normal	Wasting	Normal	-
136	Aaman RajbhaiTadapda	6th	11Y	M	141 cm	30 kg	15.08	Normal	Wasting	Impaired	Dental carries
137	Sadif Irfanbhai Vohra	6th	11Y	M	131 cm	23 kg	13.4	Normal	Wasting	Normal	-
138	Munaj Vohra	6th	12Y	M	121 cm	25 kg	12,57	Normal	Wasting	Normal	Dental carries
139	Hanan Tjurbhai Vhora	6th	11Y	M	141 cm	27 kg	13.58	Normal	Wasting	Normal	Dental carries
140	Rehan Aanas Vohra	6th	11Y	M	131 cm	24 kg	13.9	Normal	Wasting	Normal	Debtal carries
141	Bharat Ashokbhai Thakor	6th	11Y	M	144cm	30 kg	14.46	Stunting	Normal	Impaired	Dental carries
142	Vraj Manishbhai Patel	6th	11Y	M	122 cm	25 kg	16.79	Stunting	Normal	Impaired	Dental carries
143	Minesh Mahindrabhai Bhoi	6th	11Y	M	140 cm	30 cm	15.3	Normal	Wasting	Normal	Dental carries
144	Mo. Amin Firozbhai Vohra	6th	11Y	M	138 cm	26 k	13.6	Normal	Wasting	Normal	Dental carriea, cold*2days
145	Bilal Lukman Vohra	6th	11Y	M	132 cm	25 kg	14.3	Normal	Wasting	Impaired	Dental carries
146	Aaman Salimbhai Vohra	6th	11Y	M	128 cm	23 kg	14.03	Normal	Wasting	Normal	Cold*10 days
147	Zeel Alpeshbhai Barot	6th	11Y	M	132 cm	22 kg	12.62	Normal	Wasting	Normal	-
148	Liza Menbub Vohra	6th	11Y	F	129 cm	29 kg	17.42	Normal	Wasting	Normal	Dental carriea,cold & cough*2 days
149	Mushra Rijivantbhai Vohra	6th	11Y	F	134 cm	25 kg	13.92	Normal	Wasting	Normal	cold*2days
150	Neha Sureshbahi Bariya	6th	11Y	F	126 cm	20 kg	12.5	Normal	Wasting	Normal	Dental carries
151	Prachi Bhaveshbhai Patel	6th	11Y	F	151 cm	30 kg	13.15	Normal	Wasting	Normal	-

152	Palak Kantibhai Solanki	6th	11y	F	126cm	18 kg	11.33	Normal	Wasting	Normal	-
153	Jinal Harsadbhai Bariya	6th	11Y	F	126 cm	23 kg	14.4	Stunting	Normal	Normal	Dental carries
154	Masura Aayubbhai Vohra	6th	11Y	F	138 cm	26 kg	13.68	Normal	Wasting	Normal	Dental carries, headache
155	Rumana Valimohmmad Vohra	6th	11Y	F	136 cm	35 kg	18.9	Normal	Normal	Normal	Dental carries, cold84 days,paleness on face
CLASS-7											
156	Patel Meet Umeshbhai	7th	12Y	M	139 cm	43 Kg	22.5	Stunting	Normal	Normal	Cold & cough *3 days
157	Parth Manojbhai Barot	7th	12Y	M	136 cm	24 Kg	12.97	Stunting	Normal	Normal	-
158	Amit Mahendrabhai Talapda	7th	12Y	M	126 cm	22 Kg	13.8	Stunting	Normal	Normal	Cold & cough *2 days,Eye swelling
159	Sad Yasinbhai Vohra	7th	12Y	M	133 cm	24 Kg	13.5	Stunting	Wasting	Normal	-
160	Ayaz Furkanbhai Vohra	7th	12Y	M	137 cm	37 Kg	19.7	Stunting	Normal	Normal	-
161	Vohra Misba Irfanbhai	7th	12Y	F	146 cm	30 Kg	14.07	Normal	Wasting	Normal	-
162	Thakor Mittal Mukeshbhai	7th	12Y	F	140 cm	27 Kg	13.77	Stunting	Wasting	Normal	-
163	Savanaben Altafbhai Vohra	7th	12Y	F	148 cm	34 Kg	15.5	Normal	Wasting	Normal	-
164	Vohra Samiya Altafbhai	7th	12Y	F	135 cm	25 Kg	13.7	Stunting	Wasting	Normal	-
165	Dave Krupa Kapilbhai	7th	12Y	F	143 cm	31 Kg	15.15	Normal	Wasting	Normal	-
166	Bhoi Kirti Narendrabahi	7th	12Y	F	138 cm	34 Kg	17.8	Stunting	Normal	Normal	-

167	Vaghela Bhavnaben Sankarbhai	7th	12Y	F	135 cm	25 Kg	13.7	Stunting	Wasting	Normal	Dandruff, Dental carries
168	Solanki Diya Sashikantbhai	7th	12Y	F	130 cm	25Kg	14.79	Stunting	Wasting	Normal	White nails
169	Patel Krisha Rasmikant	7th	12Y	F	139 cm	26Kg	13.5	Stunting	Wasting	Normal	-
170	Parmar Sanjay Rameshbhai	7th	12Y	M	137 cm	25 Kg	13.31	Stunting	Wasting	Normal	-
171	Solanki Vasant Pujabahi	7th	12Y	M	146 cm	28 Kg	13.41	Stunting	Wasting	Normal	-
172	Vohra Yashar Imranbhai	7th	12Y	M	143 cm	29 Kg	14.8	Normal	Wasting	Impaired	Dental Carries
173	Vohra Ahmmad Lukmanbhai	7th	12Y	M	131 cm	22 Kg	12.81	Stunting	Wasting	Normal	-
174	Vohra Arsid Idrishbhai	7th	12Y	M	128 cm	22 Kg	13.4	Stunting	Wasting	Impaired	RED colour eye (left), Dental carries
175	Momin Suthar Jainul Sahilbhai	7th	12Y	M	126 cm	24 Kg	15.1	Stunting	Wasting	Normal	-
176	Vohra Mohmmad Hamza	7th	12Y	M	137 cm	26 Kg	13.8	Stunting	Wasting	Impaired	On medicines, post op. Since six months
177	Bharwad Nitesh Gandabhai	7th	12Y	M	141 cm	30 Kg	15.08	Normal	Wasting	Normal	Dental carries
178	Vohra Sahilbhai Iqbalbahi	7th	12Y	M	137 cm	28 Kg	14.91	Stunting	Wasting	Normal	-
179	Talpada Abhishek Mahendrabhai	7th	12Y	M	131 cm	24 Kg	14.09	Stunting	Wasting	Normal	-
180	Baraiya Mehul Manubhai	7th	12Y	M	136 cm	26 Kg	14.05	Stunting	Wasting	Normal	-

181	Baraiya Sunilkumar Arvindbhai	7th	12Y	M	137 cm	26 Kg	13.8	Stunting	Wasting	Normal	Dental carries
182	Bhoi Rahul Ashokbhai	7th	12Y	M	144 cm	30 Kg	14.46	Normal	Wasting	Normal	-
183	Vohra Husna GulamAhmadbhai	7th	12Y	F	145 cm	34 Kg	16.17	Normal	Normal	Normal	Cold and cough * 5 days, Fever * 5 days
184	Panchal Dhruv Jashbhai	7th	12Y	M	157 cm	45 Kg	18.25	Normal	Normal	Normal	Dental Carries
185	Barot Neel Jayeshbhai	7th	12Y	M	148 cm	35 Kg	16.8	Normal	Normal	Normal	Cold Since 4-5 days

Graphical Presentation of Health status of School Children:

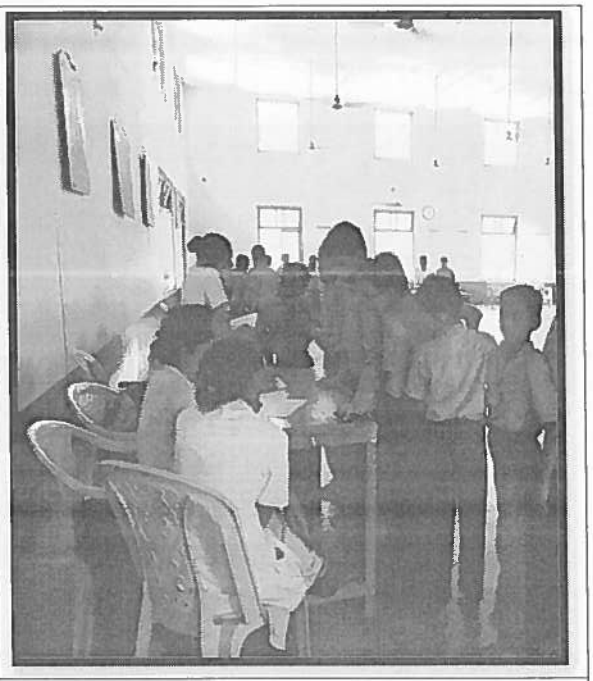


Conclusion:

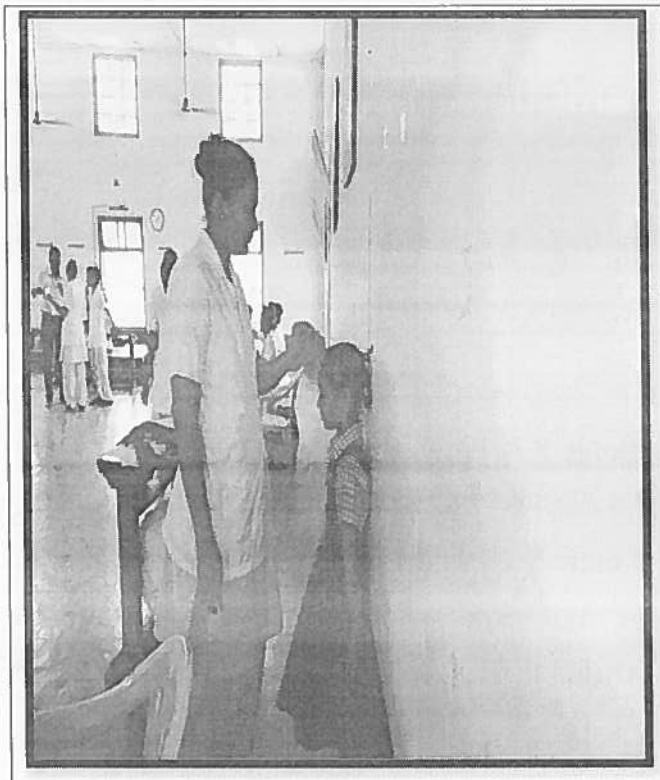
The major health problems identified among B.A Patel High School Children's are Stunting : 5.78 %, Wasting: 37.34 %, Dental carries: 72.28 %, Common cold & cough : 4.81 %, Vision: 5.63 % & Fever : 5.61 %. Bananas are distributed to all the students to bring awareness about healthy practices. We express our heartfelt gratitude to Principal, MTIN, Principal, VIA and CHARUSAT university for their unconditional Support.

Photogallary





Reception

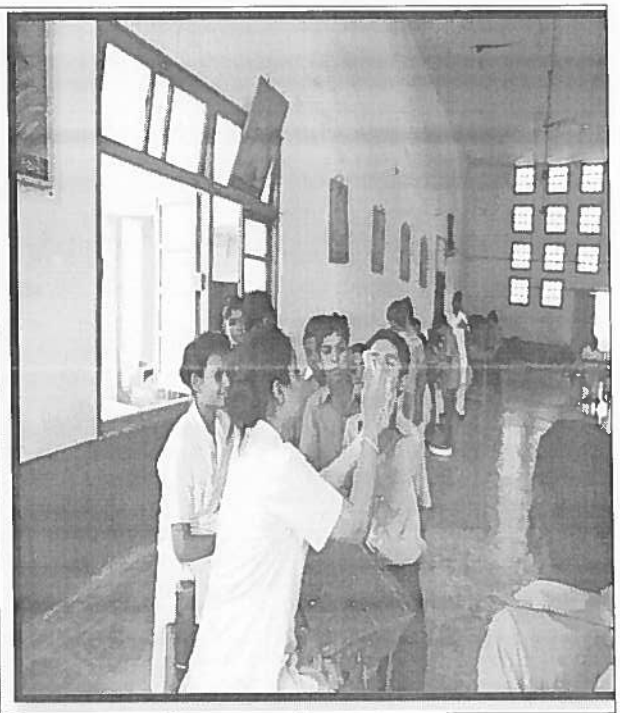


Height Measurement

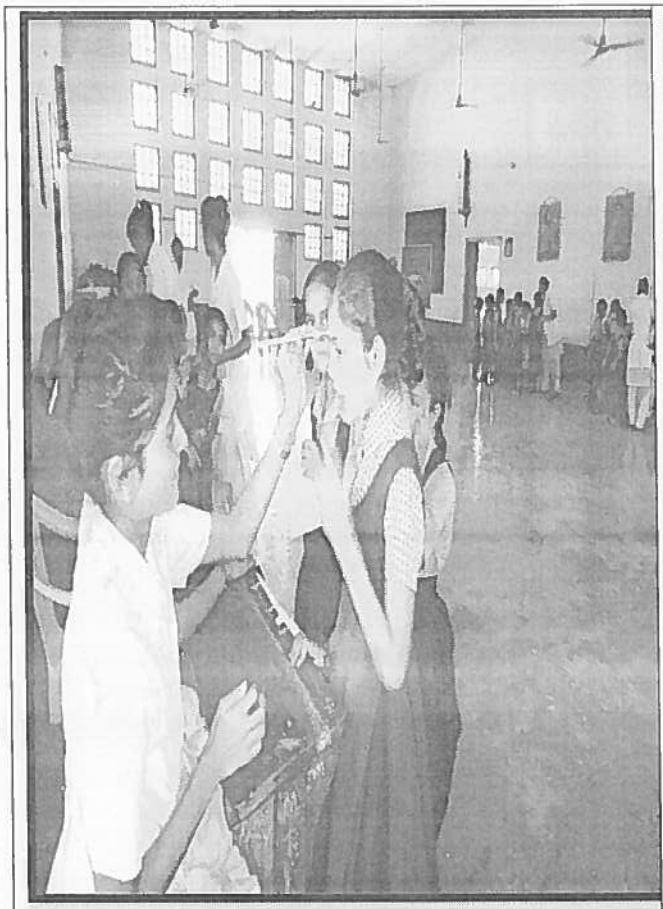


Vision Assessment

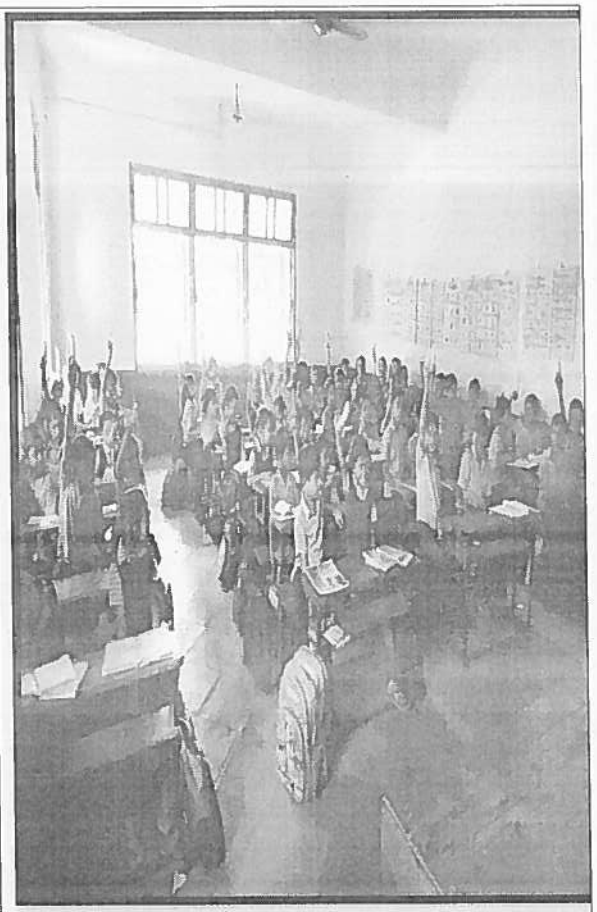




Physical Assessment



Hearing Test



Students enjoying Banana

Report on Diabetic & Antenatal clinic

Introduction:

As a part of their curriculum students of 7th semester / 4th year B.Sc Nursing have carried out diabetic & Antenatal clinic at Sub centre, Bamroli with the support of Staff of PHC, Changa on 19th September, 2016 with following objective

Objective of diabetes & Antenatal clinic:

At end of the clinic students will be able identify Diabetic cases, mothers who are risk developing Gestational Diabetes, assess health status Antenatal Mothers, people will able to gain knowledge about diabetes and its prevention and, will have positive attitude towards diabetes and participant will be skilful in the management and control of diabetes mellitus.

Diabetic & Antenatal clinic was organised by students to screen the diabetes & high risk mothers among people and provide health education on prevention of diabetes mellitus and Antenatal care with the help of Staff of PHC, Changa and staff of sub centre Bamroli in the presence of Mr.Siddaram Sarate, HOD, Community Health Nursing, Mr. Anil Jarali, Asst. Professor, Ms. Hetal Shah, Mr.Gururaj Guggari, Nursing Tutor, Mrs. Sapna Patel Nursing Tutor

29 people were attended the diabetic clinic and health education were provided by the students about prevention of communicable and non-communicable diseases and list of people attended clinic is as fallows

Sr No.	Name	Age in Yrs	Sex	Weight in KG	RBS (mg/dl)
1	Desai Parmar	85	Male	60	156
2	Maniben Parmar	60	Female	45	404
3	Vitthalbhai Parmar	49	Male	55	123
4	Rajeshbhai Parmar	36	Male	85	496
5	Jayantibhai Parmar	42	Male	50	105
6	Ramanbhai Parmar	35	Male	35	108

7	Sitaben Prajapati	51	Female	50	155
8	Chandrasinh Solanki	34	Male	68	301
9	Nandaben Parmar	65	Female	55	122
10	Harmanbhai Parmar	53	Male	65	215
11	Pratapbhai Parmar	40	Male	45	134
12	Manguben Parmar	75	Female	49	123
13	Chandubhai Parmar	40	Male	37	150
14	Ishwarbhai Parmar	36	Male	40	90
15	Bhadrikaben Parmar	35	Female	55	121
16	Lakshmiben Parmar	50	Female	60	140
17	Kanubhai Parmar	52	Male	42	120
18	Kantiben Parmar	48	Female	58	110
19	Kamlaben Parmar	67	Female	50	106
20	Kalpeshbhai Parmar	36	Male	66	482
21	Juvansinh Parmar	42	Male	62	106
22	Chandaben Parmar	70	Female	35	160
23	Ghanshyambhai Parmar	42	Male	50	141
24	Shardaben Parmar	60	Female	55	125
25	Nandaben Parmar	50	Female	34	206
26	Shardaben Parmar	65	Female	27	122
27	Ravindrasinh Parmar	31	Male	80	128

28	Nainaben Thakor	28	Female	38	97
29	Smitaben Valand	44	Female	60	116

Antenatal Mother attended Clinic:

Sr no.	Name	Age in Yrs	LMP	EDD	Gestational Week	BP (mm of hg)	Height in cmc	Weight in KG	RBS (mg/dl)
1	Linaben Darji	30	30-03-2016	06-01-2017	30 weeks	120/80	159	70	106
2	Krishnaben Prajapati	23	05-06-2016	12-03-2017	22 weeks	100/50	147	42	135
3	Shilpaben Parmar	26	20-05-2016	27-02-2017	20 weeks	100/70	150	40	141
4	Nitaben Gohar	23	27-03-2016	03-01-2017	27 weeks	110/70	148	50	145
5	Punitaben Parmar	23	31-05-2016	07-02-2017	18 weeks	100/60	150	45	107
6	Daxaben Parmar	24	25-07-2016	01-05-2017	12 weeks	110/60	156	39	135
7	Meenaben Parmar	20	27-05-2016	04-04-2017	16 weeks	110/60	149	42	99

Most of the participants have appreciated about the diabetic & diabetic Clinic.

Conclusion:

Students have participated in diabetic clinic actively and appreciated by participant's.We express our heartfelt gratitude to Principal, MTIN and CHARUSAT University for constant guidance and unconditional support.

Photogallary



Students checking RBS



Students giving Health Education Antenatal Mothers

School Health Program Report

Introduction:

As a part of their curriculum students of 7th semester / 4th year B.Sc Nursing have carried out health assessment of School Children at Vibrant International Academy, Changa on 18th October, 2016 with following objectives

Objectives:

At the end of the visit the students will be able to

- Assess the health status of the School children.
- Assess Nutritional status of the school children.
- Identify common health problem of school children.
- Provide care and follow up the identified cases.

Vibrant International Academy is situated outskirt of Changa village, there were total 221 student were studying which includes junior KG, Senior KG, Standard 1 to 9. Students of 7th semester/4th year B.Sc Nursing were divided into various groups such as Reception group, Height and weight measuring group, Physical Examination group, Vision and hearing assessment group and Analysis group under supervision of Mr. Siddaram Sarate, HOD, Community Health Nursing, Mr. Gururaj Guggare, Nursing Tutor and Mr. Anil Jarali, Asst. Professor

Health Assessment of School children is as follows

Sr No.	Name	Class	Age	Sex	Height (cms)	Weight (kg)	BMI	Stunting	Wasting	Vision	Remarks
1	Bhakti D Patel	DCC	3	Female	84	7.3	10.3	Impaired	Impaired	Normal	Dental Caries
2	Shreepradha Prabhu	DCC	3	Female	91	11.4	13.8	Normal	Impaired	Normal	
3	Kavya B Patel	DCC	3	Female	89	10.6	13.4	Normal	Impaired	Normal	
4	Kayna B Patel	DCC	3	Female	92	11.2	13.2	Normal	Impaired	Normal	
5	Kaya B Patel	DCC	3	Female	90	10.8	13.3	Normal	Impaired	Normal	
6	Siya A Patel	Jr Kg	4	Female	108	18.4	15.8	Normal	Normal	Normal	Dental Caries
7	Jaimin B patel	Jr Kg	4	Male	92	11.9	14.1	Normal	Impaired	Normal	Dental Caries
8	Veer B Patel	Jr Kg	4	Male	96	15.5	15.8	Normal	Normal	Normal	
9	Darsh J Patel	Jr Kg	4	Male	99	13.6	13.9	Normal	Normal	Normal	
10	Samrath K Goswami	Jr Kg	4	Male	109.5	17.1	14.3	Normal	Normal	Normal	Calcium Deficiency

11	Dhruv P Patel	Jr Kg	4	Male	116	25.9	19.2	Normal	Normal	Normal	Calcium Deficiency
12	Avi V Patel	Jr Kg	4	Male	107	16.4	14.3	Normal	Normal	Normal	Calcium Deficiency, Dental Caries
13	Malavkumar S Parikh	Jr Kg	4	Male	104	19.1	17.7	Normal	Normal	Normal	Ear Pain
14	Het M Rathod	Sr Kg	4	Male	100	12	12	Normal	Impaired	Normal	
15	Thanay S Nair	Sr Kg	4	Male	107	19.2	16.8	Normal	Normal	Normal	Tooth Pain
16	Krisha D Khant	Sr Kg	4	Female	112	18	14.3	Normal	Normal	Normal	Left Leg Pain
17	Dhruvi B Patel	Sr Kg	4	Female	106	14.9	13.3	Normal	Normal	Normal	Left Knee Joint Pain
18	khanika A Parmar	Sr Kg	4	Female	113	19.2	15	Normal	Normal	Normal	Calcium Deficiency
19	Adityaraj M Mahida	Sr Kg	4	Male	113	19.7	15.4	Normal	Normal	Normal	Headache
20	Hari N Patel	Sr Kg	4	Male	110	16.7	13.8	Normal	Normal	Normal	Dental Caries
21	Dev S Patel	Sr Kg	4	Male	115	22.9	18.1	Normal	Normal	Normal	Dental Caries

22	Arya B Patel	Sr Kg	4	Male	111	16	13	Normal	Normal	Normal	Headache
23	Heer K Patel	Sr Kg	4	Male	105	15.1	13.7	Normal	Normal	Normal	Joint Pain in leg
24	Jay B Patel	Sr Kg	4	Male	115	21.9	16.6	Normal	Normal	Normal	Joint Pain in upper and lower extremeties
25	Pal Bpatel	Sr Kg	4	Female	113	20.8	16.3	Normal	Normal	Normal	Dental Caries
26	Diya H Patel	Sr Kg	4	Female	111	16.3	13.2	Normal	Normal	Normal	Dental Caries
27	Shree B Patel	Jr Kg	4	Female	101	15	14.7	Normal	Normal	Normal	Dental Caries
28	Aesha J Patel	1	6	Female	106	15	13.3	Normal	Normal	Impaired	
29	Parthkumar D Baraiya	1	6	Male	118	21.3	15.3	Normal	Normal	Impaired	Calcium Deficiency
30	Kavya S Patel	1	6	Male	124	21.3	13.9	Normal	Normal	Impaired	
31	Rudra A Patel	1	6	Male	118	21.1	15.3	Normal	Normal	Impaired	Injury in rt leg and Dental Caries
32	Vedant N Patel	1	6	Male	130	34.9	20.7	Normal	Normal	Impaired	Dental Caries

33	Tilak H Patel	1	6	Male	119	19.2	13.6	Normal	Normal	Impaired	Calcium Deficiency
34	Om K Patel	1	6	Male	117	25.1	18.3	Normal	Normal	Impaired	Ear Pain
35	Jeet K Patel	1	6	Male	115	18.2	13.8	Normal	Normal	Normal	Dental Caries
36	Jainish R Patel	1	6	Male	111	17.3	14	Normal	Normal	Normal	Dental Caries
37	Het K Patel	1	6	Male	120	18.2	12.6	Normal	Normal	Normal	Dental Caries
38	Eelis M Patel	1	6	Male	112	17.3	13.8	Normal	Normal	Impaired	
39	Darsh P Patel	1	6	Male	111	17.2	14	Normal	Normal	Normal	Dental Caries
40	Jeet M patel	1	7	Male	108	14.1	12.1	Impaired	Impaired	Normal	Dental Caries
41	Hiral M Mahida	1	8	Female	114	16.3	12.5	Normal	Impaired	Normal	Dental Caries
42	Kausar S Talpada	1	6	Male	118	17	12.2	Normal	Normal	Normal	Dental Caries
43	Ishika M Patel	1	6	Female	103	13.9	13.1	Normal	Impaired	Normal	
44	Riddhi K Parmar	1	6	Female	102	15.8	15.2	Impaired	Normal	Normal	

45	Kavya D patel	1	6	Female	103	15.1	14.2	Normal	Normal	Normal	Dental Caries
46	Jeet M Makwana	1	7	Male	115	20.5	15.5	Normal	Normal	Normal	Dental Caries
47	Trupt K Patel	2	8	Male	125	24.7	15.8	Normal	Normal	Normal	Dental Caries
48	Shlok V Patel	2	8	Male	115.5	19.4	14.5	Normal	Normal	Impaired	Dental Caries
49	Vrund S Patel	2	8	Male	124	23.2	15.1	Normal	Normal	Normal	Dental Caries, Calcium Deficiency
50	Krish H Patel	2	8	Male	116	22.6	16.8	Normal	Normal	Normal	Dental Caries, Calcium Deficiency
51	Heta S Patel	2	8	Female	114	18.2	14	Normal	Normal	Normal	Dental Caries
52	Heer K Patel	2	8	Female	114	15.4	11.8	Normal	Impaired	Normal	Dental Caries
53	Mahi J Bhatt	2	8	Female	116	22.8	16.9	Normal	Normal	Normal	Dental Caries
54	Pushti K patel	2	8	Female	117	19.8	14.5	Normal	Normal	Normal	Dental Caries
55	Dhrasti M Patel	2	8	Female	123	19.08	12.6	Normal	Normal	Normal	Dental Caries

56	Riya N patel	2	8	Female	125	34.6	22.1	Normal	Normal	Normal	Calcium Deficiency
57	Vashisth H patel	3	8	Male	144	55.8	26.9	Normal	Normal	Normal	Sty Present
58	Shubh Y Patel	3	8	Male	125	21.6	13.8	Normal	Normal	Normal	Dental Caries
59	Henilkumar B Patel	3	8	Male	125	22.9	14.7	Normal	Normal	Normal	Dental Caries
60	Het K Patel	3	7	Male	130	32.8	19.4	Normal	Normal	Normal	
61	Yogikumar P Patel	3	8	Male	132	28.9	16.6	Normal	Normal	Impaired	Calcium Deficiency
62	Jay S Patel	3	8	Male	132	31.1	17.8	Normal	Normal	Impaired	
63	Mann J Barot	3	8	Male	129	29.4	17.4	Normal	Normal	Normal	Dental Caries, Calcium Deficiency
64	Nilamben D Parmar	3	7	Female	110	16..4	13.6	Normal	Normal	Normal	Dental Caries
65	Dhruvi R Patel	3	7	Female	122	24.6	16.5	Normal	Normal	Normal	Dental Caries
66	Devanshi B Patel	3	8	Female	124	22.6	14.7	Normal	Normal	Normal	Tooth Eruption
67	Dev T Patel	3	7	Male	127	20.3	12.6	Normal	Normal	Normal	Dental Caries

68	Vidhi B Patel	3	8	Female	125	25.2	16.1	Normal	Normal	Normal	Dental Caries
69	Rudra R Thakkar	3	7	Male	113	78.2	13.5	Normal	Normal	Impaired	Calcium Deficiency
70	Rudra B Parikh	3	8	Male	115	17.5	13.2	Normal	Impaired	Normal	
71	Harikrishna D patel	4	9	Male	128	21.7	13.2	Normal	Normal	Impaired	Irritation in eye since 1 month
72	Sharanam A Patel	4	9	Male	125	20.6	13.2	Normal	Normal	Normal	Dental Caries
73	Rudra J Patel	4	8	Male	132	25.6	14.7	Normal	Normal	Normal	Dental Caries
74	Vraj Y Patel	4	9	Male	196	37.7	17.7	Normal	Normal	Impaired	Dental Caries
75	Darshan N Patel	4	10	Male	144	38.8	18.7	Normal	Normal	Impaired	
76	Vandan A Patel	4	9	Male	130	25.7	15.2	Normal	Normal	Normal	Calcium Deficiency
77	Yash P Patel	4	9	Male	137	27.4	14.6	Normal	Normal	Impaired	Dental Caries
78	Om M Patel	4	9	Male	131	26.5	15.4	Normal	Normal	Normal	Dental Caries
79	Rudra U Patel	4	9	Male	133	25.1	14.2	Normal	Normal	Normal	Dental Caries

80	Dhruva P Patel	4	8	Female	126	30.8	19.4	Normal	Normal	Normal	Stomach Pain
81	Mahi A Patel	4	9	Female	125	19.9	12.7	Normal	Normal	Normal	Dental Caries
82	Trisha H Patel	4	8	Female	114	18.4	14.2	Normal	Normal	Normal	Vomiting 3 episodes today and stomach pain
83	Helly C Patel	4	8	Female	138	26.6	14	Normal	Normal	Normal	Dental Caries, Calcium Deficiency, Vomiting
84	Tishaben N Patel	4	8	Female	131	24.2	14.1	Normal	Normal	Normal	Dental Caries, Abdominal pain, Vomiting
85	Jay N Patel	4	9	Male	127	20.1	12.5	Normal	Normal	Normal	Dental Caries, Calcium Deficiency
86	Darshitkumar M Bhedi	5	11	Male	133	28	15.8	Normal	Impaired	Normal	
87	Jeet P Patel	5	9	Male	138	35.8	18.8	Normal	Normal	Normal	Dental Caries
88	Tanvi H Patel	5	10	Female	137	28.6	15.2	Normal	Normal	Normal	Dental Caries
89	Bhakti K Patel	5	11	Female	140	28.6	14.6	Normal	Impaired	Impaired	Dental Caries, Complaints of giddiness when there is no light
90	Bhavya H Patel	5	10	Male	134	25.4	14.1	Normal	Normal	Normal	Impaired hearing, skin discoloration

91	Shlok H Bhatt	5	9	Male	132	23.9	13.7	Normal	Normal	Normal	Calcium Deficiency
92	Aryankumar A Patel	5	9	Male	132	29.1	16.7	Normal	Normal	Normal	Sluttering while speaking some words
93	Riya C Panchal	5	10	Female	137	26.6	14.2	Normal	Normal	Normal	Dental Caries, Cough and cold since 12 days
94	Rajkumar R Shah	5	10	Male	130	26.6	15.7	Normal	Normal	Normal	cold and cough since 3 days
95	Darshan B Patel	5	10	Male	120	25.3	15.9	Normal	Normal	Normal	Tooth pain
96	Dhruti G Panchal	5	10	Female	130	27.2	16.1	Normal	Normal	Normal	Abdominal Pain
97	Mayuriben S Talpada	5	11	Female	131	28.9	16.8	Impaired	Impaired	Normal	Dental Caries
98	Moh.Saad S Vohra	5	11	Male	139	46.4	24	Normal	Normal	Impaired	Dental Caries, Headache, Ear Pain
99	Jay P Patel	5	10	Male	138	28	14.7	Normal	Normal	Normal	Dental Caries, Calcium deficiency
100	Yogin S Patel	5	11	Male	137	33.2	17.7	Normal	Normal	Normal	Abdominal Pain, Headache, Eye pain
101	Shrey N Patel	5	10	Male	139	42	21.7	Normal	Normal	Normal	Dental Caries

102	Deep R Patel	5	10	Male	145	37.6	17.9	Normal	Normal	Normal	Dental Caries
103	Dhruvkumar P Patel	5	9	Male	143	28.7	14	Normal	Normal	Normal	Dental Caries
104	Krushalkumar A Panchal	5	10	Male	143	32.4	15.8	Normal	Impaired	Normal	
105	Rudra J Barot	5	11	Male	158	67.4	27	Normal	Normal	Impaired	Dental Caries
106	Aryan B Parikh	5	10	Male	142	38.1	18.9	Normal	Normal	Normal	Calcium Deficiency
107	Dhairya G Panchal	5	10	Male	145	38.1	18.1	Normal	Normal	Normal	Chest Pain
108	Yug A bhatt	5	10	Male	148	31	14.2	Normal	Normal	Impaired	Dental Caries, Headache
109	Aditya V Patel	6	10	Male	143	30	14.7	Normal	Normal	Impaired	Calcium deficiency,Ribs and spinal cord pain
110	Harshkumar N Patel	6	11	Male	151	41.3	18.1	Normal	Normal	Normal	Stomach Pain
111	Pramit T Patel	6	10	Male	142	35.2	17.5	Normal	Normal	Impaired	Milky teeth present
112	Tirth P Patel	6	10	Male	144	48.2	23.2	Normal	Normal	Normal	Dental Caries

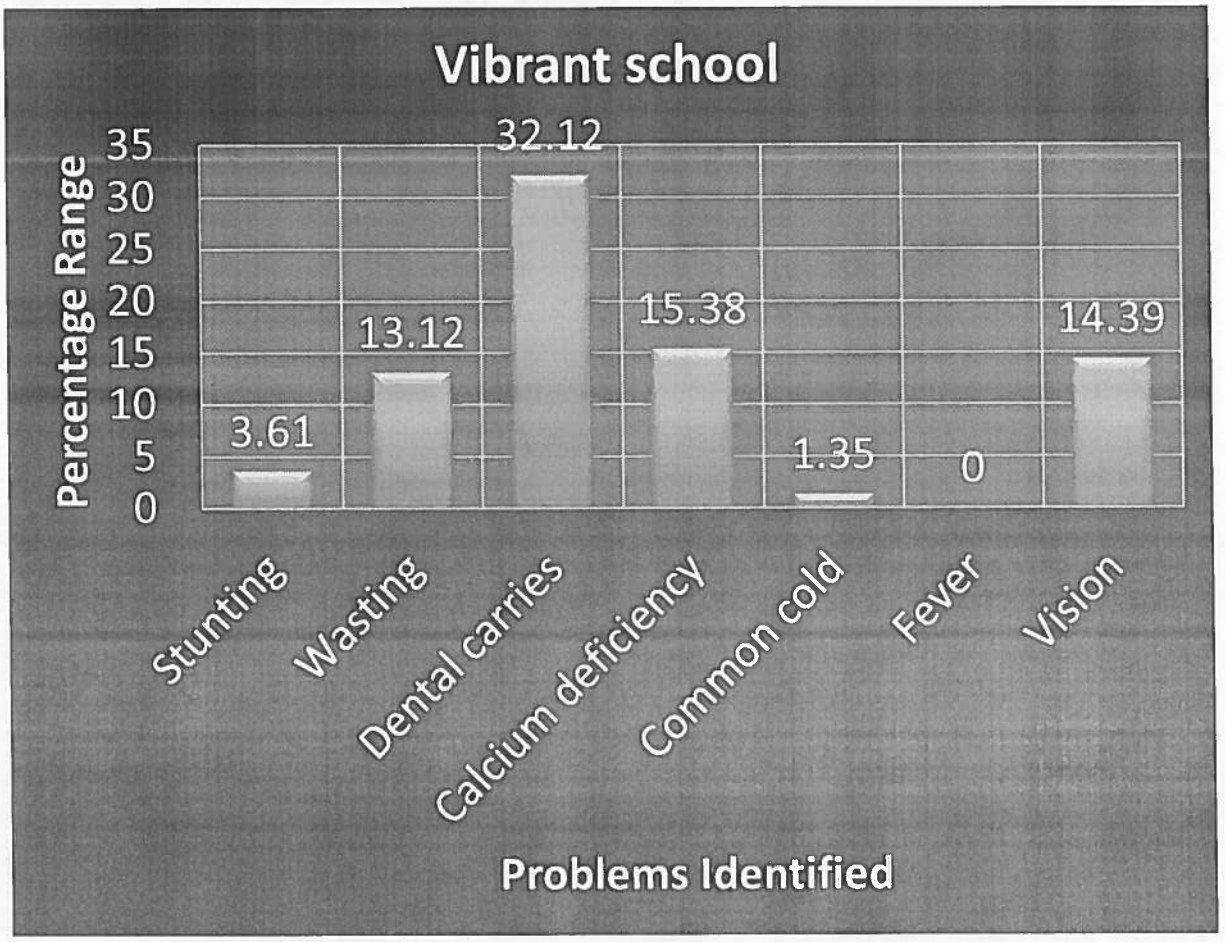
113	Yash Y Patel	6	11	Male	144	39.5	19.2	Normal	Normal	Impaired	
114	Devi J patel	6	11	Female	136	26.9	14.5	Normal	Impaired	Normal	Abdominal Pain
115	Vaishnavi H patel	6	11	Female	136	28.9	15.6	Normal	Impaired	Normal	
116	Princy V Patel	6	11	Female	138	29.4	15.4	Normal	Impaired	Normal	Dental Caries, Abdominal pain
117	Maitri M Gosai	6	11	Female	140	28.6	14.6	Normal	Impaired	Normal	Dental Caries
118	Dhrisha B Patel	6	11	Female	139	32.5	17	Normal	Normal	Normal	Dental Caries, Chest pain, Stomach pain
119	Kandrap a Patel	6	10	Male	131	25.3	14.7	Normal	Normal	Impaired	Dental Caries, Mastoid muscle pain
120	Shyamkumar B Patel	6	10	Male	138	25	13.1	Normal	Impaired	Impaired	Calcium Deficiency
121	Rudrakumar H Patel	6	11	Male	138	31	16.3	Normal	Normal	Normal	Dental Caries
122	Vrundkumar K Patel	7	11	Male	139	40.5	21	Normal	Normal	Impaired	Dental Caries
123	Moh.vaseem A Shaikh	7	11	Male	140	33	16.8	Normal	Impaired	Normal	

124	Bhargav A Thakar	7	12	Male	136	23.6	12.8	Normal	Impaired	Normal	Calcium deficiency, complaints of cough and cold
125	Dev S Patel	7	12	Male	135	41.1	22.6	Normal	Normal	Normal	Calcium deficiency, ankle pain of foot
126	Shree D Patel	7	12	Male	131	29.5	17.9	Normal	Normal	Normal	ankle pain of foot
127	Ansh B Patel	7	12	Male	150	36	16	Normal	Impaired	Impaired	Calcium deficiency
128	Kartik C Sharma	7	12	Male	144	61.8	29.8	Normal	Normal	Normal	Calcium deficiate
129	Ruchit I Patel	7	11	Male	148	40.5	18.5	Normal	Normal	Normal	Calcium deficiate
130	Vraj A Patel	7	13	Male	143	33.5	16.4	Impaired	Normal	Normal	Dental Caries, Calcium deficiency
131	Shvamkumar K Rabari	7	12	Male	153	39.6	16.9	Normal	Normal	Normal	Dental Caries, Calcium deficiency
132	Rudra R Patel	7	11	Male	150	39.9	17.7	Normal	Normal	Impaired	
133	Siya C Patel	7	12	Female	135	33.2	18.2	Impaired	Normal	Normal	Dental Caries, Bed wetting
134	Dhiral V Patel	7	12	Female	146	45.4	21.3	Normal	Normal	Impaired	Back pain, Dental caries, Bed wetting

135	Isha A Patel	7	12	Female	155	36.3	15.1	Normal	Impaired	Normal	Calcim Deficiency
136	Prince P Patel	8	12	Male	143	35.4	17.2	Normal	Normal	Normal	yellowish discoloration, Dental caries, calcium deficiency
137	Vraj G Patel	8	14	Male	146	37.2	17.5	Impaired	Normal	Normal	
138	Dhrupaben H Patel	8	14	Female	156	49.6	20.4	Normal	Normal	Normal	Leg pain, Joint pain
139	Shyami A Patel	8	12	Female	147	32.5	15	Normal	Impaired	Normal	
140	R. Srinish	8	13	Female	146	37.8	17.7	Impaired	Normal	Impaired	
141	Nidhi Y Patel	9	13	Female	151	46.6	20.4	Normal	Normal	Normal	Dental Caries, Calcium deficiency
142	Jayal H Patel	8	13	Male	153	31.8	13.6	Normal	Impaired	Impaired	Dental Caries, Calcium deficiency
143	Kush P Patel	8	13	Male	157	39.7	16.1	Normal	Normal	Impaired	
144	Abhaykumar J Patel	8	12	Male	148	32.9	15	Normal	Impaired	Normal	yellowish Sclera
145	Tirth K Thakar	8	12	Male	151	44.4	19.4	Normal	Normal	Impaired	Back pain

146	Griva P Patel	9	14	Female	160	51	19.9	Normal	Normal	Normal	Calcium deficiency
147	Meet P Patel	9	14	Male	170	51.4	17.8	Normal	Normal	Normal	Calcium deficiency, Congenital tooth eruption problem
148	Jayraj B Parmar	9	15	Male	168	67.1	23.8	Normal	Normal	Normal	Calcium deficiency
149	Meet B Patel	9	13	Male	164	42.8	15.9	Normal	Impaired	Normal	Calcium deficiency,Mild anemia

Graphical Presentation of Health status of School Children:



Conclusion:

The major health problems identified among Vibrant International Academy School Children's are Wasting: 13.61 %, Dental carries: 32.12 %, Calcium deficiency: 15.38 %, Vision: 14.93 %. Bananas are distributed to all the students to bring awareness about healthy practices. We express our heartfelt gratitude to Principal, MTIN, Principal, VIA and CHARUSAT university for their unconditional Support.

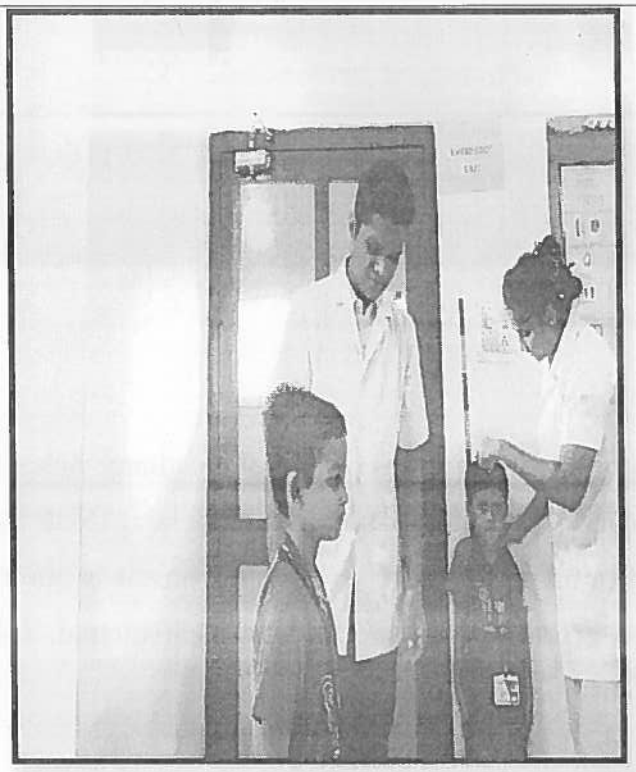
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Reception



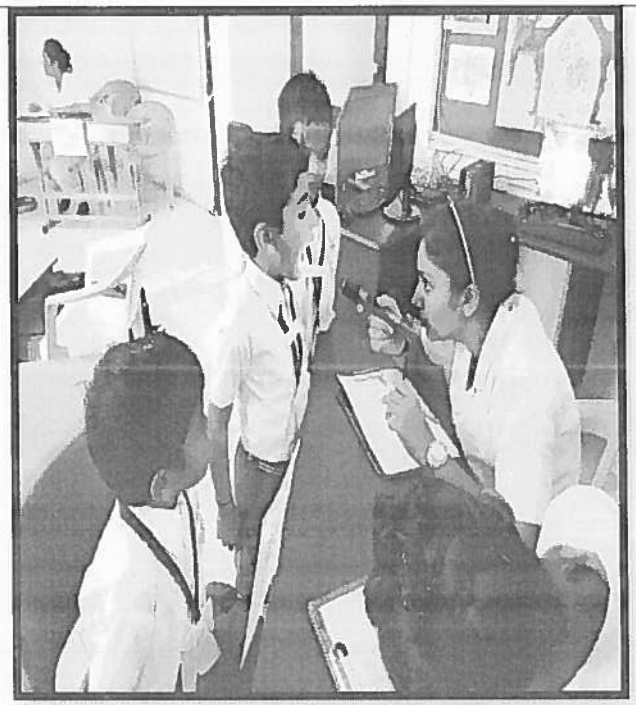
Vision Assessment

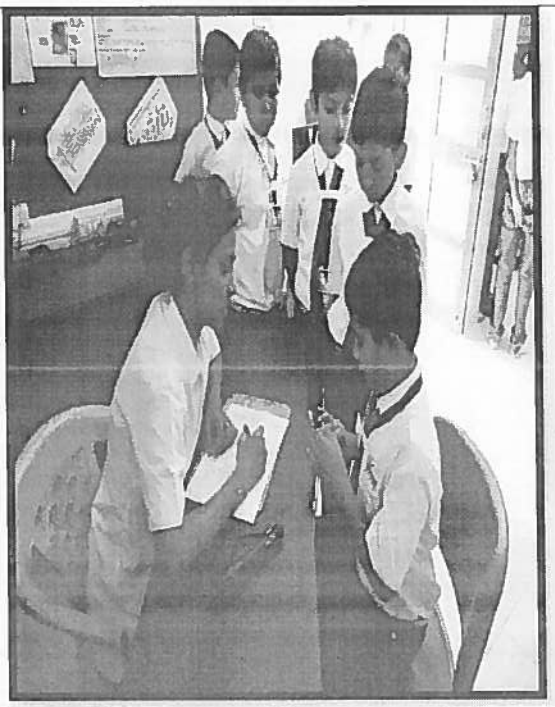


Height Measurement



Weight Measurement





Physical Assessment



Hearing Test



Health Education

CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

Manikaka Topawala Institute of Nursing

World Mental Health Day- 10th October 2016

Theme: Dignity in Mental Health - Psychological & Mental Health First Aid for All

I. Introduction

We know that psychological and mental health first aid is understood differently by different people in the mental health professions and the general public.

WFMH wants to develop a shared understanding of basic psychological and mental health first aid that will be understood worldwide by the general public, professionals, governments and non-governmental institutions (NGO's).

Every 40 seconds somebody somewhere in the world dies by suicide, and the young are disproportionately affected. Providing more people with basic psychological and mental health first aid skills will help to decrease the rate of suicide. Psychological and mental distress can happen anywhere - in our homes, in our schools, in the workplace, on the transport system, in the supermarket, in public spaces, in the military and in hospital. Psychological and mental health first aid is a potentially life-saving skill that we all need to have.

II. Agenda

Sr.No.	Agenda	Time
1.	Poster exhibition in collaboration with GIPS hospital	10-12pm
2.	Expert session • Mr. Deepak K • Mr. Jayesh Patidar • Mr.Anil Jarali	2.00pm-4.30 pm

III. Objectives of the event:

General objectives:

1. To describe about theme of world Mental Health day
2. To understand the myths about mental illness
3. To exhibit posters on various substance abuse disorder
4. To extrapolate types of counseling techniques.

Specific Objectives based on World Federation for Mental Health:

- Learn how to provide basic psychological and mental health first aid so that they can provide support to distressed individuals in the same way as they do in physical health crises
- Address the stigma associated with mental ill-health so that dignity is promoted and respected
- Empower people to take action to promote mental health
- Spread understanding of the equal importance of mental and physical health and their integration in care and treatment
- To work with individuals and institutions to develop best practice in psychological and mental health first aid
- To provide culturally sensitive learning materials to increase the skills of the general public in administering psychological and mental health first aid.

IV. Participants/Beneficiaries:

GNM, B.Sc. Nursing, M.Sc. Nursing & Teaching Faculty

V. Brief Report

With a view of World Federation for Mental Health We Manikaka Topawala Institute of Nursing, a constituent of CHARUSAT organized poster exhibition to sensitize the students and faculty on the common Mental Health problems, causes, signs and symptoms, treatment and prevention. Poster exhibition was organised in collaboration with Gujarat Institute for Psychology Services. Around 40 -50 different posters on Myths about mental illness, Prevention of depression and suicide, symptoms of mental illness, prevention of mental illness which were displayed in the college campus. Exhibition was witnessed by B. Sc. Nursing students, M. Sc. Nursing students, G.N.M. students, faculty members and parents of students who visited college on that day. Each poster was explained by 5th semester B. Sc. Nursing students. Around 100-120 participants was benefited by this exhibition.

Expert session

Expert session started at 2.00pm Dr. Anil Sharma inaugurated the program with highlight on World Mental Health Day, Mr. Deepak Krishnamurthy HOD MHN dept, disclosed the theme and discussed on Psychological first aid, he narrated to whom , where and when to provide Psychological First aid.

Mr.Jayesh patidar, Asst Professor, MTIN briefed about action plan and handling and rendering service on Psychological First aid,

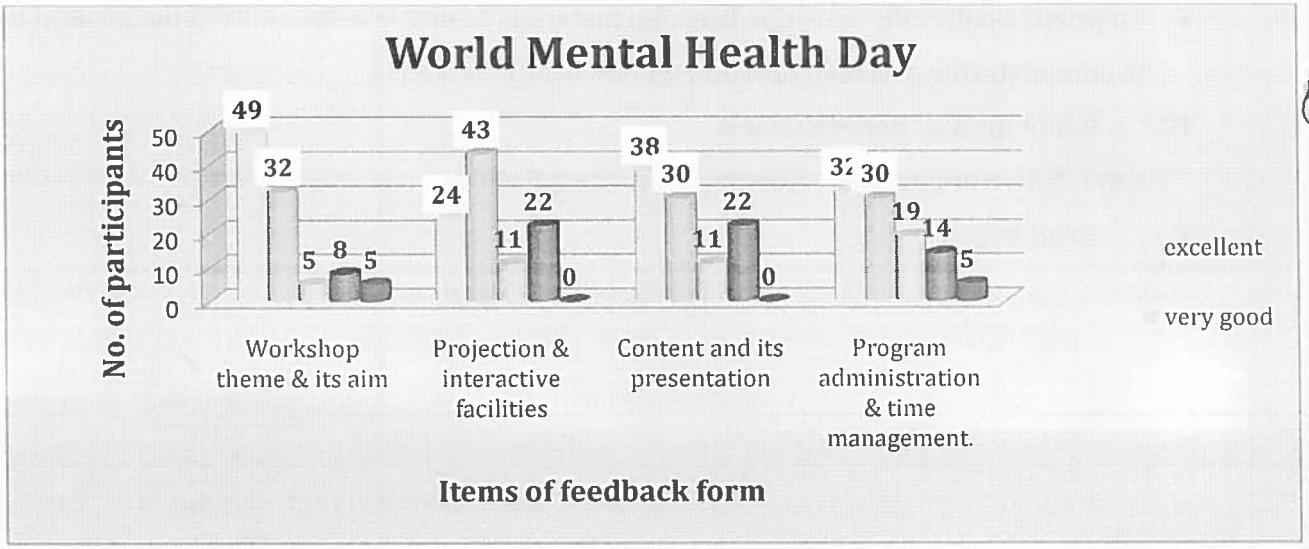
Mr. Anil Jarali Asst Professor, MTIN discussed how to provide the Psychological First aid to vulnerable group women, girl child.

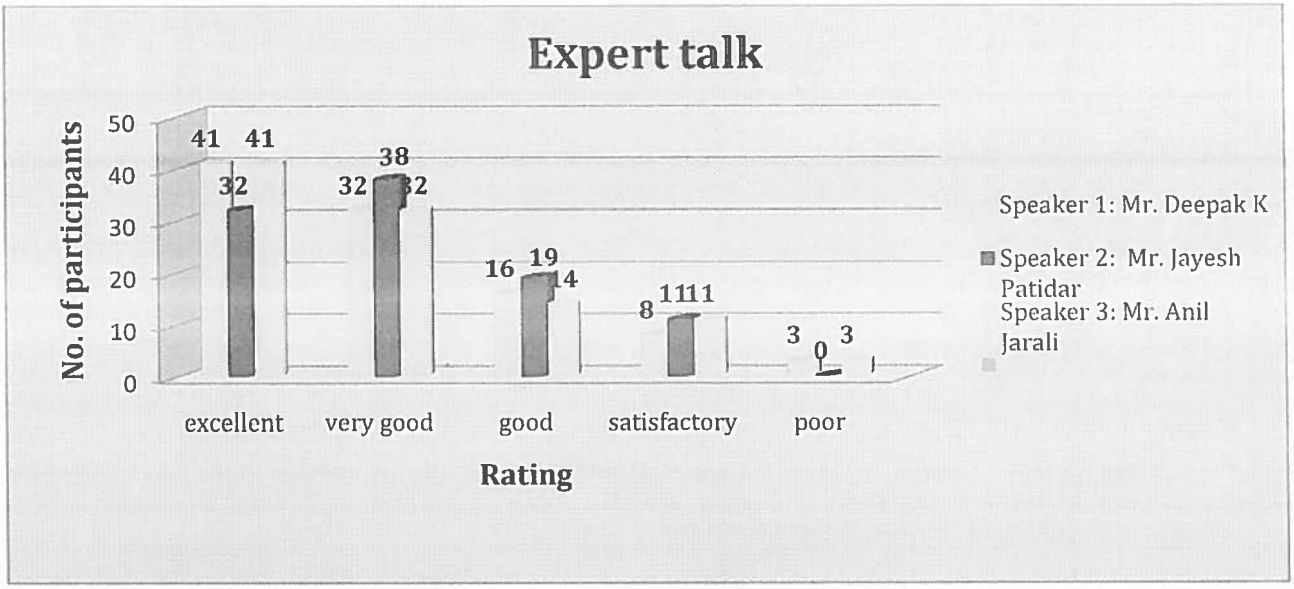
M.Sc. Students Performed role play on counselling technique on three different case scenario like road traffic accident, earth quake and Bombast .

on the base of theme of world mental health day student enacted mime and finally gave message that Humanity will go another mile if you smile.

Ms. Hetal shah collected feedback from students on the theme.

Mr. Jamin chauhan concluded the session with Vote of thanks





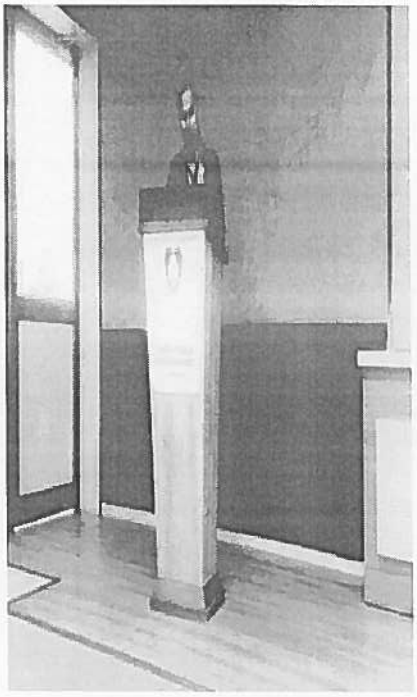
Glimpse of Program







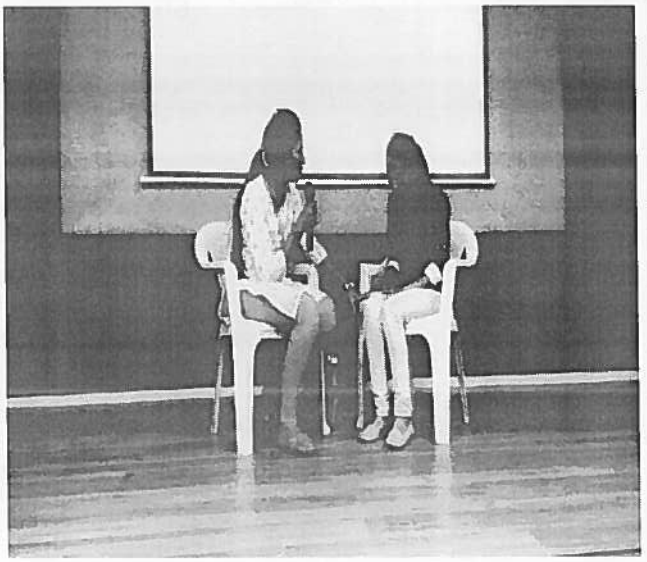


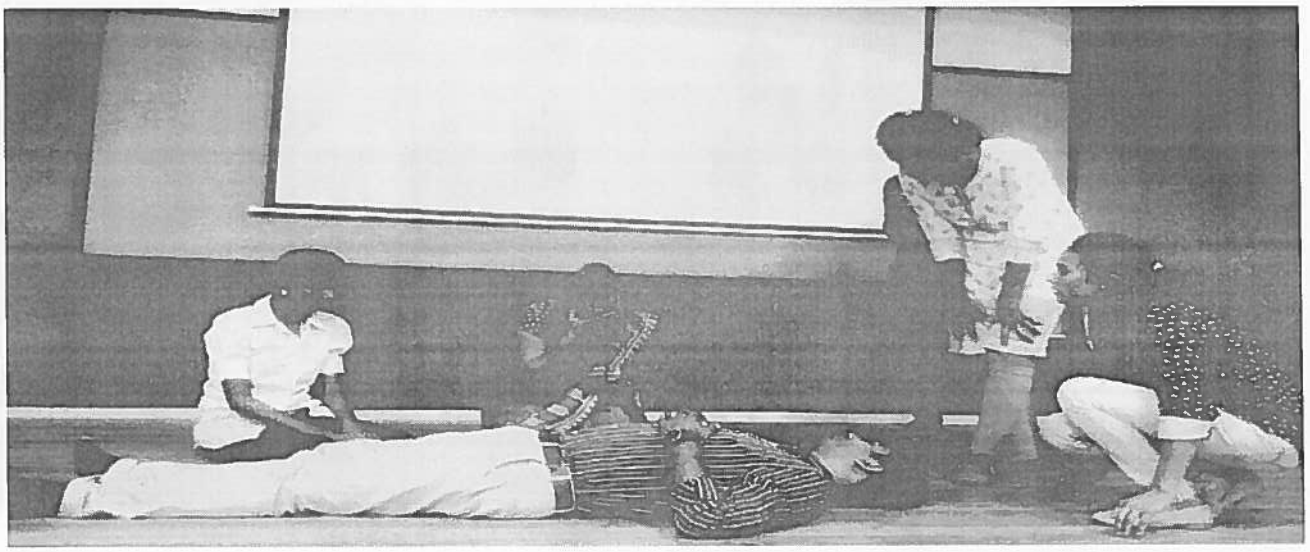














MANIKAKA TOPAWALA INSTITUTE OF NURSING

A CONSTITUENT OF CHARUSAT

Index of extension activity

Sr. No	Content
1	Objectives of activity
2	Report of activity and analysis
3	Photographs
4	Appreciation letter

DATE : 08/10/2016

TIME : 09:00 am to 2:00 pm

VENUE : Community Oncology Centre, Vasna, Ahmadabad

ORGANISED BY : Faculties of ManikakaTopawala Institute Of Nursing with 5thsem BSc Nursing Students

TOPICS :

- Poster exhibition on hospice and palliative care.
- Role play on the theme of hospice and palliative care day "living and dying with pain" it doesn't have to happen.

The objectives of this programme are:

- To sensitise the people about what is hospice and palliative care
- To teach them about importance of palliative care
- To impart knowledge among people through poster exhibition on components of palliative care.
- To create awareness about hospice and palliative care through role play
- To create awareness about cancer prevention

MANIKAKA TOPAWALA INSTITUTE OF NURSING

WORLD HOSPICE AND PALLIATIVE CARE DAY CELEBRATION – OCTOBER 2016

The faculties and students of ManikakaTopawala Institute Of Nursing,Changa organised **WORLD HOSPICE AND PALLIATIVE CARE DAY** at community oncology centre Vasna, Ahmadabad, on 8th of October 2016. The programme was celebrated in collaboration with Gujarat Cancer Society and Gujarat cancer and research institute. Programme schedule was discussed priorly with Mrs.PreetiSangvi Head of the department of palliative care and Mrs.Darshana madam in charge of awareness and education department. We included nursing faculties, nursing students, and publics for this programme. We arranged for poster exhibition and role play.

Students reached at community oncology centre at 8 am and started preparation for arrangements. The students stick the charts and also arranged for role play. The charts were prepared on 6 major topics of palliative and hospice care.

The topics are as follows

1. Meaning of hospice and palliative care and the theme
2. Indications for hospice and palliative care
3. Components of hospice and palliative care
4. Palliative care team
5. Non pharmacological pain management techniques used in palliative care
6. Agencies of palliative care

Then we started our programme at 10:00 am, the programme was inaugurated by Dr.PM Shah sir ,Dr.Shukla sir and Dr.V K Vyas sir Directors of community oncology centre. Dr.Vikram Patel and Dr. Sanjay are called as the chief guests.

In the second session patients and patient relatives are asked to give their opinion about palliative care. The opinion given by the patient relatives was very motivativeand created a positive attitude about palliative care. In the third session 5 the semester Bsc nursing students presented a role play on the theme of world hospice and palliative care day " living and dying with pain " it should not have to happen.

Finally all the guests and public were asked to visit the exhibition on hospice and palliative care. Followed by the exhibition feedback forms are given to the audience and also a feedback book was kept to write their suggestions and opinions about the exhibition and role play.

The programme was successfully finished at 2:00 pm.

It was an altogether wonderful experience for arranging this programme, total around 100 people visited in the programme.

Feedback Analysis report:

A. Number of participants: 50

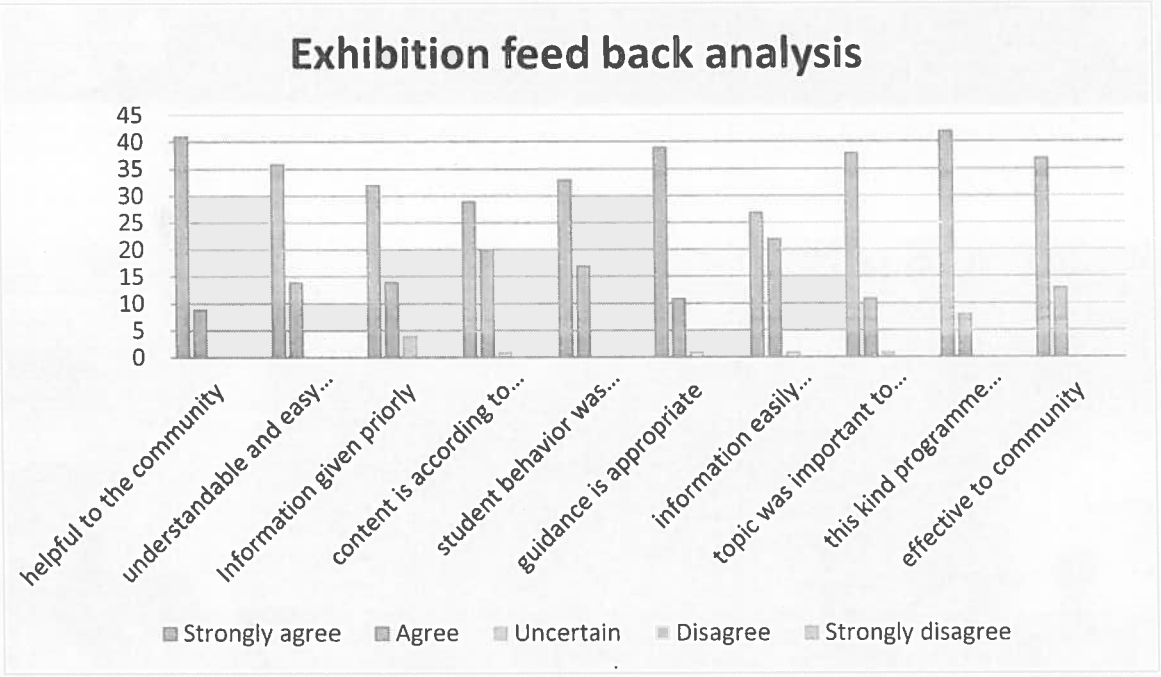
B. Table of feedback form with number of participants' response in each category.

Following aspect are asked in the exhibition feedback form

Sl. no	Statements	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1	Exhibition is helpful to the community	41	09	00	00	00
2	Information was understandable and easy to follow	36	14	00	00	00
3	Information on exhibition was given priorly	32	14	04	00	00
4	Content of exhibition is according to the need of community	29	20	01	00	00
5	Student behaviour with people was appropriate	33	17	00	00	00
6	Appropriate guidance regarding	39	11	01	00	00

	health lifestyle					
7	Information regarding the topic is easily available to community people through students	27	22	01	00	00
8	Activity done by students was important to community	38	11	01	00	00
9	This kind of activity should be organised frequently	42	08	00	00	00
10	Exhibition organised by the institution is effective to the community	37	13	00	00	00

Analysis depicted through graph:



Conclusion:

Over all it was a very nice experience organising this programme, we extend our thanks to Dr.Anil Sharma sir, Principal of MTIN for his support and suggestions we also would like to extend our thanks to all the team members of community oncology centre for giving us an opportunity to conduct the programme and supporting us in every step. Hope the programme created a positive attitude on palliative and hospice care among the publics.

Photographs:











ANGANWADI REPORT

Introduction:

As a part of their curriculum students of 7th semester / 4th year B.Sc Nursing have carried out health assessment of Anganwadi Children at Changa under the supervision of Mr. Siddaram Sarate, HOD Community Health Nursing. Mr. Gurural Guggare, Nursing Tutor and Mr. Anil Jarali, Asst. Professor on 07th October, 2016 with following objectives

Objectives:

At the end of the visit the students will be able to

1) Assess the health status of anganwadi children's
2) Explain the organization chart of ICDS
3) Describe various services rendered by anganwadi
4) Elaborate job description of anganwadi worker and helper
5) Discuss role of various health agencies in ICDS
6) Elucidate records and reports maintained at anganwadi

The anganwadi is handled by anganwadi worker and her helper, the anganwadi covers population of about 821 people out of which 430 are males and 391 are females. Students have covered all four Anganwadi's which are under PHC, Changa. These anganwadi renders its services to children from age group of 0-6 years, adolescent girls from age of 11-18 years, antenatal women and lactating women.

Total number of students and adolescents coming to these anganwadi's are listed as below:

Sr No.	Age group	No. of students
1	7 months-1 year (male)	03
2	7 months-1 year (female)	05
3	1 year-3 years (male)	16
4	1 year-3 years (female)	15
5	3 years- 6 years (male)	08
6	3 years- 6 years (female)	12

*45 adolescent girls are also included.

Organization of ICDS:



Activities Performed at Anganwadi

Every anganwadi has been provided with the schedule of activities that are to be followed regularly on daily basis by the anganwadi worker, this schedule is as follow:

Time	Activities
9:00 to 9:30 am	**For 6 months - 3 years of chidren**
	Cleaning and housekeeping of anganwadi
9:30 to 10:00 am	Cooking of breakfast by the helper
	Instruction about breast feeding and weaning to mothers by anganwadi worker
10:30 to 10:45 am	**For 3 years - 6 years of chidren**
	Childrens' arrival
	Maintaining peronal hygiene of children
	Prayer is performed and nutrition candy distribution
10:45 to 11:00 am	Breakfast time for children as per weekly menu
11:15 to 12:15 pm	Pre-primary education: about colours, animals, shaes, numbers, even poems, etc
12:15 to 12:45 pm	Out-door games and playing for children
12:45 to 13:15 pm	Afternoon lunch/snacks provided to children
13:15 to 14:00 pm	Group discussion among anganwadi worker and helper about anganwadi services and indoor activities for children using pre-school kit
14:00 to 15:30 pm	Promotion of ICDS and anganwadi services related to growth monitoring into public by anganwadi worker

Along with these daily activities, many activities are conducted on weekly, monthly or need basis by anganwadi worker under guidance of Female Health Worker.

Activities per week:

Every Monday

Mamta Day: I this program anganwadi worker assist Female Health Worker in immunization of all under 5 children's.

Every Wednesday and Saturday:

Provide ferrous sulphate syrup to children.

Every Tueday and Saturday:

Kisori Sabha / Meeting: In this programme,adolescenr girls are gathered and educated regarding personal hygiene, menstrual hygiene and even social activities like banking, hospital visits, etc. Some girls are provided readymade sessas of food materials.

Other than these, on month of January, May and September, 3rd Saturday of the months, Vatsalya Divas is celebrated. In this progrmme antenatal women and lactating women, who are for first time experiencing this stage of life are undergone ritual ceremony and provided with certain materials and lunch.

Activities per month:

Every 2nd Thursday of a month

Rasoi show: On this adolescent girl, antenatal and lactating womens are taught to prepare various healthy food items out of ready-made packets provided by government.

Every 3rd Thursday of a month

Bal Divas: On this day, parents are gathered and are awared about their childs progress, and along with that weight measurement of all childrens are done to maintain in growth chart.

Every 4th Friday of a month

Aan Prasan Vidhi: In this program, mothers of children of age more than 6 months are given education about weaning and supplementary food.

ICDS Services:

ICDS SERVICES	SERVICES PROVIDED BY ANGANWADI
Nutritional Services	**Nutritional Services**
Nutritional supplementation	Nutritional supplementation
Vit-A syrup and IFA tablets distribution	Vit-A syrup and IFA tablets distribution
Nutrition Education	Nutrition Education
Growth monitoring	Growth monitoring
Immunization services	**Immunization services**
Health Care Services	**Health Care Services**
Periodical health check-up	Periodical health check-up
Treatment of minor ailments	
Educational services	**Educational services**
Health education to mothers	Health education to mothers
Informal preschool education to children	Informal preschool education to children
Referral Services	**Referral Services**

Supplementary Food of Anganwadi:

Every anganwadi provides breakfast and afternoon snacks to all the children, for this they provide food materials prepared from readymade packets provided by government. They have weekly menu as follows:

Week days	Breakfast	Afternoon Snacks
Monday	Shiro	Thapla, tuvar dal, friuts
Tuesday	Sweet Puda	Sabji, thapla
Wednesday	Sukhdi	Chana and vegetables pulav
Thursday	Shiro	Dal, rice, sabji and fruit
Friday	Idli	Thapla, chana
Saturday	Sweet Puda	Vegetables khichadi

Along with these food items, malnourished children are provided with ladus which are rich in carbohydrates and calorie made up of 20 grams chana flour, 5 grams wheat flour, 5 grams peanuts, 8 grams edible oik and 15 grams jaggery.

Even adolescent girls and antenatal and lactating women are provided with packets of upma, shire and puda.

Revised Supplementary Nutritional norms:

Sr No.	Category	K Cals/day	Protein (g/day)
1	Children(6-72 months)	500	12--15
2	Pregnant and nursing mothers	600	18-20
3	Severely malnourished children(6-72 months)	800	20-25

Job description of anganwadi worker:

Primary Functions:

- Listing pregnant mothers and identification of at risk mothers
- Maternal weight recording
- Food supplementation
- Iron and folic acid supplementation
- TT motivation
- Depot holding for contraceptives
- Recording of birth weight and referral of low birth weight babies to VHN
- Ensuring breastfeeding for newborns
- Identification children for immunization
- Follow-up of immunized children
- Growth monitoring – children under 6 months
- Growth monitoring – children 6 months to 3 years

- Identification of children for feeding
- Referral for growth failure and other health problems
- Vitamin–A supplement – children under 6 years
- Iron and folic acid supplementation
- Treatment of children for minor ailments
- Referral of ARI cases to VHN
- ORT education and distribution of ORS
- Maintain village based health records

Records and Reports of Anganwadi:

These are the following record and reports maintained at anganwadi:

- Registration book
- Daily food stock register
- Vaccination register
- Survey Register
- Vitamin-A stock register
- Annual register
- Growth chart
- Home visit register
- Antenatal women food supplementation register
- Bal bhog register
- Referral register
- Weekly children's weight register

HARIJAN VAS

Sr No.	Name of child	Age In Yrs	Sex	Weight	Height	Mid arm circumfer-ence	Chest Circumfer-ence	Head Circumfer-ence	Remark
1	Mahi M Patanvadiya	2	Female	10.5	84	14	48	46.5	Mild
2	Heli P Patel	3	Female	11.4	94.5	14	47	46	Mild
3	Pragnesh M Talpada	2	Male	10.4	82	16.5	47	46.5	Mild
4	Arush J Talpada	3	Male	12.2	93	15	49.5	48	Moderate
5	Bhavya A Prajapati	4	Female	13	103	13	48	46	Mild
6	Dhaval B Talpada	5	Male	12.5	98	13.5	48.5	46	Moderate
7	Riddhi J Prajapati	5	Female	12.8	100.5	14	47.5	47	Moderate
8	Datish M Talpada	5	Male	12.5	96	14	48	49	Moderate
9	Komal B Talpada	5	Female	12.3	94	13.5	52	45	Moderate
10	Hiren R Patanvadiya	3	Male	12.5	96	15	48.5	46	Mild

11	Janki M Patanvadiya	4	Female	14	100	15	50	48.4	Normal
12	Mahi N Patanvadiya	5	Female	14.2	108	14	49	47.5	Moderate
13	Manvi K Patanvadiya	4	Female	11.7	95	13	49.5	46.5	Moderate
14	Divya H Patanvadiya	3	Female	10.5	91	13.5	46	45	**Severe**
15	Riddhi V Talpada	4	Female	13.2	96	15	51	48	Mild
16	Manvi A Gosai	3	Female	11.7	95	13	49.5	46.5	Normal
17	Navya R Patel	3	Male	12	93	14.5	50.5	48	Mild
18	Tanmay P Dhagat	4	Male	11.5	92.5	12.5	50	46	Moderate
19	Bhavin M Talpada	2	Male	10.1	76	14	48	46	Mild

RAVAL VAS

Sr No.	Name of child	Age In Yrs	Sex	Weight	Height	Mid arm circumfer-ence	Chest Circumfer-ence	Head Circumfer-ence	Remark
1	Baraiya Palak	5	Female	10	86	14	45	45	Severe
2	Baraiya Hansa	5	Female	10.5	95	12.5	45	45	Severe
3	Baraiya Urvashi	4	Female	14.5	104	15	49	47	Normal
4	Baraiya Sonal	4	Female	11	93	12	44	45	Moderate
5	Raval Pinal	4	Female	10.5	96	13	44	44	Moderate
6	Bhoi Vishakha	4	Female	13	97	15	47	47	Normal
7	Raval Vaishnvi	3	Female	10.5	90	13	45	47	Moderate
8	Baraiya Vijay	5	Male	12.5	102	13	47	48	Moderate
9	Raval Rudra	2	Male	11		17	51	45	Normal
10	Baraiya Devanshu	4	Male	13	103	14	51	51	Mild

11	Raval Hardik	4	Male	10	85	15	47	45	Moderate
12	Baraiya Mehul	3	Male	10.5	85	16	48	45	Moderate
13	Baraiya Nimisha	1	Female	8	69	10	45	43	Mild
14	Baraiya Prakash	5	Male	15	103	16	51	51	Mild
15	Bhoi Riya	4	Female	11	95	15	50	48	Severe
16	Bharaiya Hansa	4	Female	10.5	95	12.5	45	45	Severe

BARAIYA VAS

Sr No.	Name of child	Age	Sex	Weight	Height	Mid arm circumfer-ence	Chest Circumfer-ence	Head Circumfer-ence	Remark
1	Baraiya Riya	5	Female	18	107	15	50	51	Normal
2	Baraiya Dipali	4	Female	13	102	14	47	49	Mild
3	Baraiya Varsha	4	Female	12.5	95	14	51	48	Mild
4	Baraiya Palak	4	Female	11.5	92	15	47	47	Moderate
5	Baraiya Kinjal	3	Female	10.5	86	16	51	49	Mild
6	Baraiya Bhavna	3	Female	11	78	15	51	49	Mild
7	Baraiya Mittal	2.5	Female	9.7	80	14	48	45	Moderate
8	Baraiya Harsh	5	Male	13.3	98	15	52	51	Moderate
9	Baraiya Ronak	5	Male	15.5	101	16	53	49	Mild
10	Baraiya Kartik	4	Male	13.5	96	16	52	47	Mild
11	Baraiya Yuvraj	4	Male	13	98	15	51	46	Mild
12	Baraiya Sunil	4	Male	11.6	93	15	51	50	Moderate

13	Solanki Hardik	4	Male	14	100	15	51	51	Mild
14	Baraiya Umed	3	Male	14.2	105	14	50	49	Normal
15	Baraiya Prem	5	Male	14	96	16	52	48	Mild
16	Baraiya Akshay	3	Male	9	82	14	46	47	Moderate
17	Baraiya Sandeep	4	Male	12	93	14	48	48	Mild
18	Baraiya Hardik	4	Male	13.5	99	15	51	47	Mild
19	Baraiya Vivek	3	Male	12	94	15	51	49	Mild
20	Baraiya Ketan	3	Male	12	94	15	52	48	Mild
21	Baraiya Bhavin	3	Male	12.5	94	15	52	47	Mild
22	Baraiya Ashish	3	Male	11.3	87	14	49	47	Mild

VANKAR VAS

Sr No.	Name of child	Age In Yrs	Sex	Weight	Height	Mid arm circumfer-ence	Chest Circumfer-ence	Head Circumfer-ence	Remark
1	Krishna Solanki	5	Female	16	102	17	53	48	Mild
2	Pritesh Gohel	3	Male	12	90	16	49	46	Mild
3	Amit Parmar	4	Male	11.5	101	15	50	48	**Severe**
4	Tushar Parmar	6	Male	9	93	17	48	47	Moderate
5	Chetna Solanki	5	Female	14	108	15	52	53	Mild
6	Mital Parmar	4	Female	8	88	15	47	45	**Severe**
7	Shailesh Parmar	4	Male	10	96	17	53	49	Moderate
8	Krishna Parmar	3	Female	10	82	14	50	48	Moderate
9	Prathna Makwana	3	Female	11	94	15	51	48	Moderate
10	samera Malek	3	Female	11	94	15	51	48	Mild
11	Disha Solanki	3	Female	10	90	14.5	50	47	Moderate
12	Manisha Parmar	3	Female	8	83.5	14	47	46	**Severe**

13	Aarti Parmar	3	Female	7	80	14	45	48	**Severe**
14	Aliya Malek	5	Female	12	97	17	42	40	Moderate
15	Purvi Parmar	2	Female	8	76	14	43	42	Moderate
16	Amir Parmar	4	Male	14	105	16	52	53	Mild
17	Dipika Parmar	2	Female	7	70	15	46	43	Moderate
18	Aebena Parmar	2	Male	10	82	15	47	46	Mild
19	Aadhya Makwana	2	Female	10.1	80	15	47.5	45.5	Normal
20	Himil Parmar	3	Male	12	85	16	48	47	Mild
21	Laxmi Parmar	1	Female	6	70	16	44	45	Moderate
22	Veda Parmar	2	Female	9.5	83	14	46	47	Mild
23	Arya Vankar	2	Male	8.5	80	15	48	47	Moderate

Conclusion:

Students of 7th Semester/4th Year B.Sc Nursing have carried out health assessment of Anganwadi children in four angawadi's (Harijan vas, Raval Vas, Baraiya Vas and Vankar Vas) of Changa villege. We express our gratitude to Principal of MTIN and CHARUSAT University for their unconditional support.

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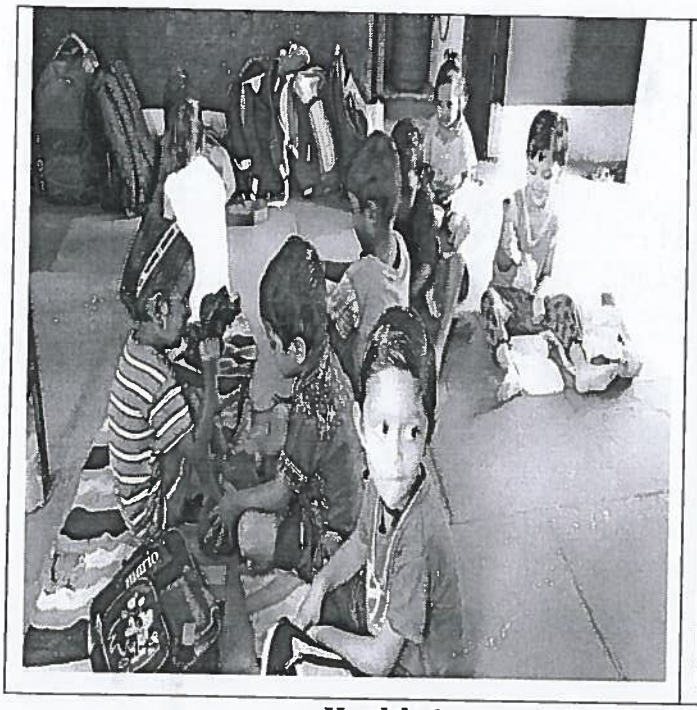








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Health Assessment of Anganwadi Children





Survey Report

Introduction:

As a part of their curriculum students of 7th semester / 4th year B.Sc Nursing have carried out health survey of Changa village from 26.09.2016 to 27.10.2016, with following objectives and learning outcomes,

Objectives:

At the end of the posting students will be able to

- Build and maintain rapport with individual, family & Community
- Identify demographic characteristics, health determinants & community health resources
- Diagnose health needs of individual , families and community
- Provide primary health care in health centre
- Conduct & Participate in school health program, antenatal clinic etc
- Counsel & educate individual, family and community regarding care of sick, promotion & maintenance of health
- Maintain records and reports

Learning Outcomes:

- Students will be able to maintain therapeutic relationship with individual, family & Community
- Students will be able to collect all the information and put into numerical form (Frequency, Percentage, Incidence and prevalence).
- Students will be able to identify causative and risk factor regarding prevailing diseases in the community
- Students will be able to organize various health camps with active participation such as school health camp, Free Medical Checkup, Mamta Day etc.
- Students will be able submit all the details of health status and events of the community.

Changa village is situated Nadiad-Khambat road and is 4 kilometres (2.5 mi) interior from Valetva , there were total 1320 houses were numbered by the student. Complete health survey was done under the guidance and supervision of Mr. Siddaram Sarate, HOD, Community Health Nursing, Mr. Anil Jarali, Asst. Professor, Ms. Hetal Shah, Asst. Professor. Mr. Gururaj Guggari, Nursing Tutor, Ms. Sapna Patel, Nursing Tutor.

Brief Introduction of Changa Village

- The village of Changa is situated to the west of the tensil headquarters Petlad at about 15 kilometers(9.3 mi) away.It is about 20 kilometers (12 mi) North-west from the district headquarters Anand.
- The village is situated on Nadiad-Khambat road and is 4 kilometres (2.5 mi) interior from Valetva
- The village is connected by road with main centres such as Anand, Petlad, Nadiad, Ahmedabad,etc. The village has very good transportation system and public electrical infrastructure. A well known "Charotar University of Science & Technology (CHARUSAT) is situated at Changa village.
- This village has a beautiful pond besides a school, lush green bushes, huge trees, schools, library, Post office, health Centre, Panchayat Ghor,Dharmshala, Grassland and "Charotar University of Science & Technology."

➢ AGRICULTURE

- The village is known for its forming and milk production. Mainly Wheat, Rice, Bajra and Tobacco are sowed.

➢ TRANSPORT

- Dowa Railway Station, Dabhau Railway Station are the very nearby village stations to Changa. Ahmedabad in Railway Station is major railway station 57 km near to Changa, Anand on Bombay Delhi line 22 km from Changa and Nadiad, GSRTC bus facilities also there for near by area.

➢ BASIC STATISTICS

- Area – 1485 hectares approx.
- Agricultural Area – 1256 hectares approx.
- Residental Area – 19 hectares approx.
- Non- Agricultural Area – 229 hectares approx.
- PINCODE – 388421
- STD Area Code - 02697
- Taluka – Petlad
- DISTRICT – Anand
- Population - 5,568 approx.
- No. of Voters – 5068
- Male Voters – 2625
- Female Voters – 2443
- Pensioners – 89 approx.

- BASIC MEANS OF EMPLOYMENT
  - Agriculture
  - Services
  - Small business
  - Labor

Social Environment:

- LEGISLATIVE SET UP
  - Shri Bharatsingh Madhavsingh Solanki - Hon'ble Minsiter for State (Energy) India.
  - Shri Shankarbhai D Waghela - Member of legislative Assembly (Chaklasi)
  - Shri Patel Chandrakant Chotabhai (Doctor) - Chairman of standing committee of Taluka Panchyat (Petlad)

- CHANGA VILLAGE PANCHYAT & ORGANIZATION

1. SARPANCH- Solanki Shanabhai Bhajibhai
2. DEPUTY SARPANCH - Vohra Yunushbhai Sattarbhai
3. Talati Cum Mantri - Rajubhai Mengar
4. Chairman of milk Dairy - Patel Jigar Natubhai
5. Chairman of Seva Sahkari Mandali - Patel Jyantibhai Dayabhai
6. Chairman of Kelvanimandal - Patel Pravinbhai Manibhai
7. Secretary of Kelvanimandal - Patel Narendrabhai Ramanbhai.

Demographic characteristics:

Total population: 4942

Table 1 Age wise Distribution:

N = 4942

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Under 5	366	7.40
School Children(5-12 yrs)	579	11.71
Teenagers (12-19yrs)	565	11.43
Early Adolescence (19-25yrs)	581	11.75
Mid Age Adolescences(25-40 yrs)	1213	24.54
Late Adolescences (40-60 yrs)	1101	22.27
Old Age (.60yrs)	537	10.86

- Table 1 show that Maximum Number of people falls under **Mid Age Adolescence (19-25 yrs)** with percentage 24.54% and Minimum number of people falls under **Under five children**, with percentage of **7.40%.**

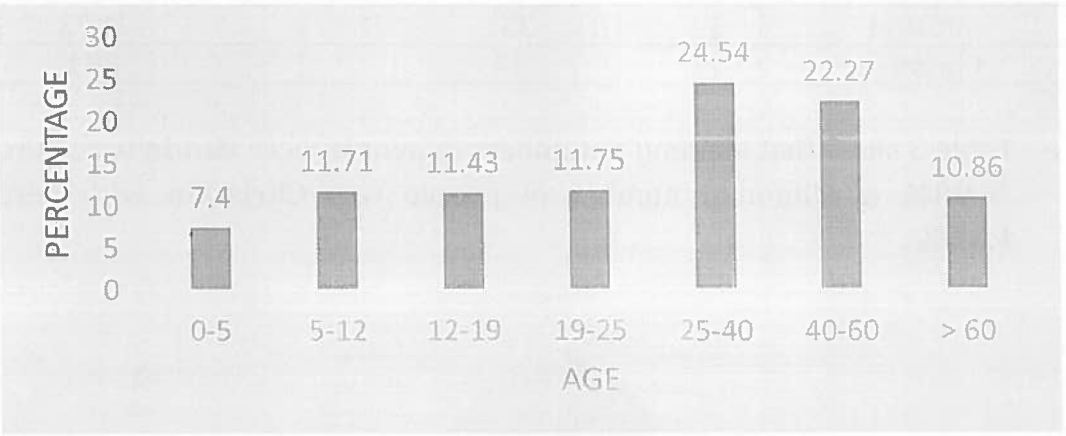


Table 2 Gender Wise Distribution:

N= 4942

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
MALE	2557	51.74
FEMALE	2385	48.25

- Table 2 show that Maximum numbers of people were **Male** with percentage **51.74%** & Minimum number of people is **Female** with percentage **48.25%.**

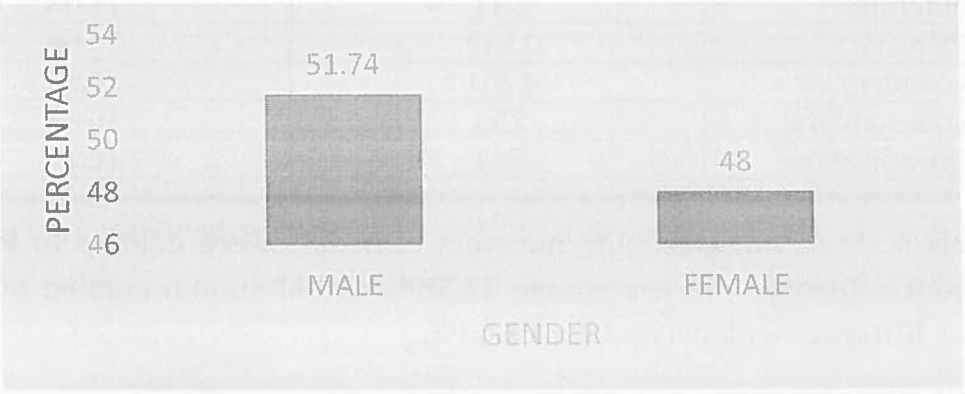


Table 3 Religion Wise Distribution:

N=1063

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Hindu	818	76.98
Muslim	231	21.73
Christian	14	1.31

- Table 3 show that Maximum numbers of people were **Hindu** with percentage 76.98% & Minimum number of people was **Christian** with percentage **1.31%.**

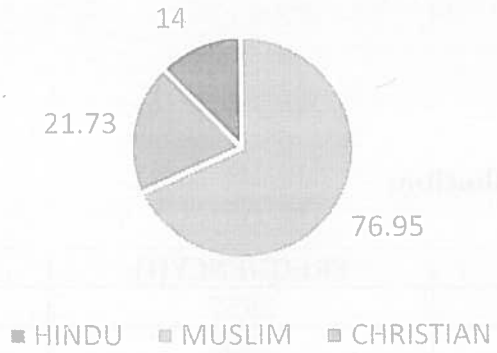
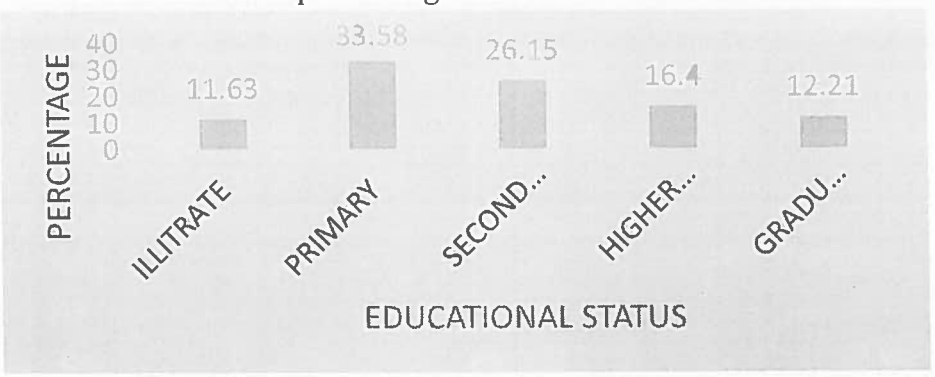


Table 4 Education Wise Distribution

N= 4591

CATEGORY	FREQUENCY (f)	PERCENTAGE (%)
Illiterate	534	11.63
Primary	1542	33.58
Secondary	1201	26.15
Higher Secondary	753	16.40
Graduate and above	561	12.21

- Table 4 show that Maximum numbers of people were belongs to **Primary School category** with percentage **33.58%** and Minimum number of people were **Illiterate** with percentage **11.63%.**

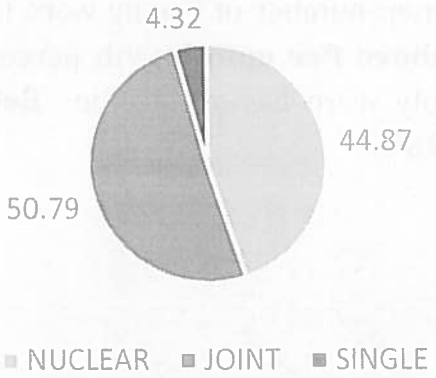


- **Table 5 Type of Family Wise Distribution:**

N= 1063

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Nuclear	477	44.87
Joint	540	50.79
Single	46	4.32

➢ Table 5 shows that Maximum numbers of Family were **Joint Family** with percentage **50.79%** and Minimum number of Family were **Single** with percentage **4.32%**.



- **Table 6 Occupation Wise Distribution :**

N= 1771

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Daily Wages	784	44.26
Farmer	382	21.56
Business	141	7.96
Self Employed	341	19.25
Government Job	123	6.94

➢ Table 6 shows that Maximum numbers of people were on Daily **Wages** with percentage 44.26% and minimum people were having **Government job** with percentage **6.94%**.

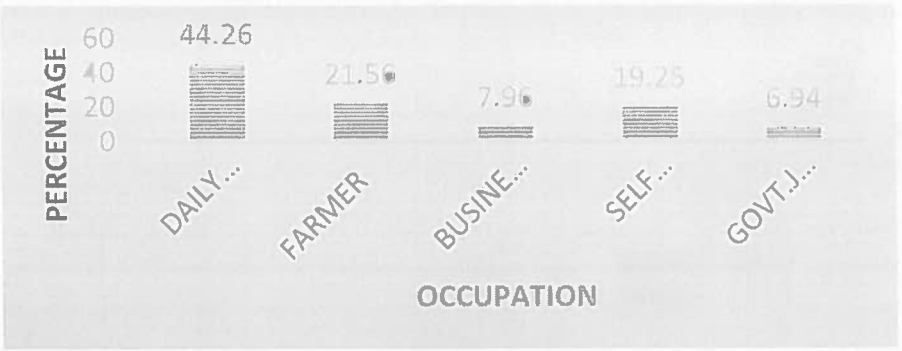
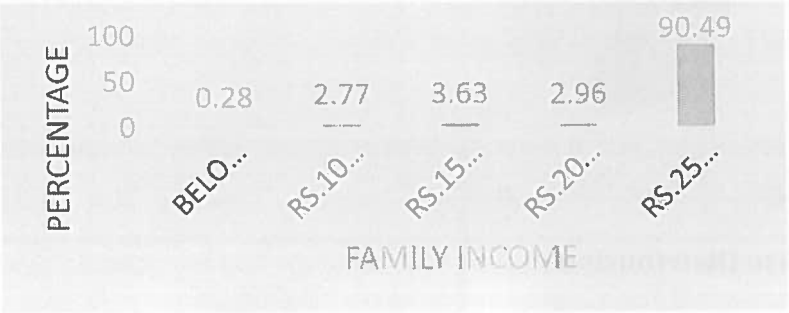


Table 7 Income Wise Distribution:

N=1044

CATEGORY	FREQUANCY(f)	PERCENTAGE (%)
Below 1000 Rs.(per month)	3	0.28
1000-1500Rs. (per month)	29	8.77
1501- 2000Rs, (per month)	38	3.63
2001- 2500Rs. (per month)	31	2.96
2501 and above (per month)	962	90.49

- Table 7 shows that Maximum number of Family were having income in the range of Rs. **2501 and above Per month** with percentage **90.49%** and Minimum number of Family were having income **Below Rs. 1000 Per month** with percentage **0.28%.**



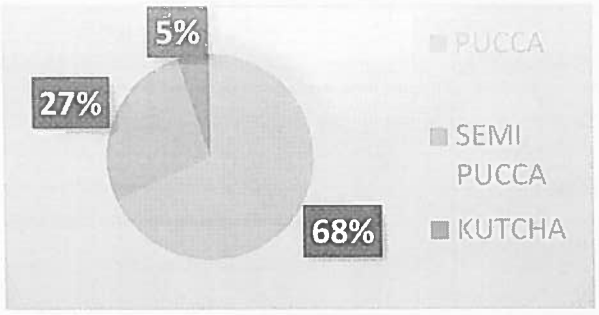
Environmental characteristics:

Table 1 House Wise Distribution

N= 1063

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Pucca	725	68.20
Semi Pucca	285	26.81
Kutcha	53	4.98

- Table 1 show that Maximum number of Family is living in **Pucca House** was **68.20%** and Minimum number of family living in **Kutcha House** was **4.98%.**

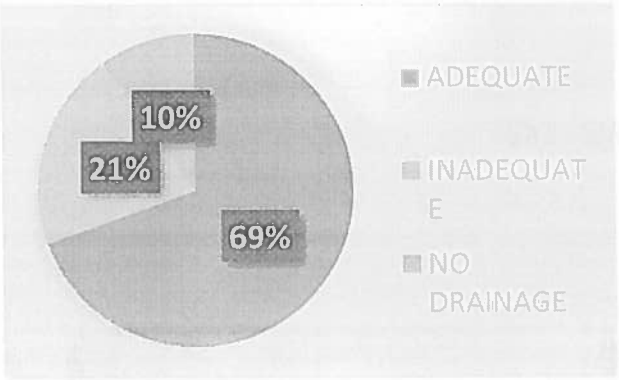


- **Table 2 Drainage Wise Distribution :**

N= 1063

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Adequate	739	69.52
Inadequate	219	20.60
No Drainage	105	9.87

➢ Table 2 shows that Maximum numbers of Families were having **Adequate Drainage** with percentage **69.52%** and minimum number of families are **having No Drainage** with percentage is **9.87%.**

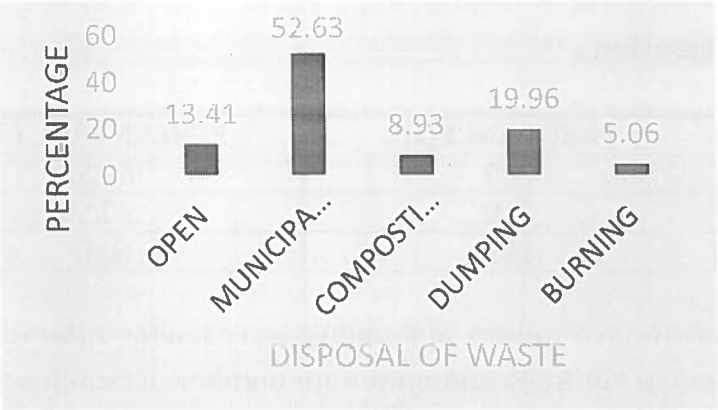


- **Table 3 Disposal of Waste:**

N= 1063

CATEGORY	FREQUENCY(f)	PERCENTAGE (%)
Open	135	13.41
Municipality Collection	530	52.63
Composting	90	8.93
Dumping	201	19.96
Burning	51	5.06

➢ Table 3 shows that Maximum numbers of family were having **Municipality collection of waste disposal** with percentage **52.63%** and minimum number of family were having **Burning as a waste disposal** with percentage **5.06%.**



ELIGIBLE COUPLE

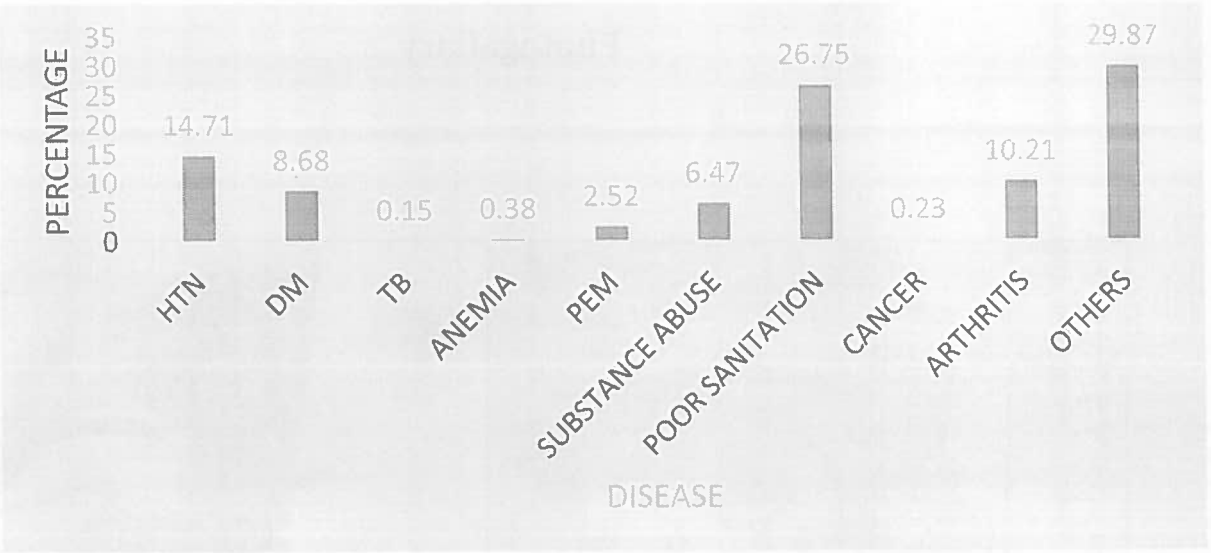
- TUBECTOMY : 206
- VASECTOMY : 00
- TEMPORARY CONTRACEPTIVE : 142
- INFERTILITY : 05

- Number of Birth in Last One Year: 43
- Number of Death in Last One Year:18
- Number of Marriages in Last One Year:21
- Antenatal Mothers:11
- Postnatal Mothers:10
- Eligible Couples:631

Community Diagnosis:

SR.NO	DISEASE CONDITION	FREQUENCY(f)	PERCENTAGE (%)
1	Hypertension	192	14.71%
2	Diabetes Mellitus	114	8.68%
3	Tuberculosis	02	0.15%
4	Anemia	05	0.38%
5	Protein Energy Malnutrition	33	2.52%
6	Substance Abuse	85	6.74%
7	Poor Sanitation	351	26.75%
8	Cancer	03	0.23%
9	Arthritis	134	10.21%
10	Others	392	29.87%

Community Diagnosis shows that 26.75% of people were having poor sanitation. 14.71% people were suffering with hypertension and least 0.15% cases were TB.



Village Leaders Meeting:

Village leader meeting was held at Gram Panchayat office, changa on 17/10/2016 and discussed about prevailing health problems of village. Village leader have supported unconditionally and permitted to conduct Exhibition on Environmental Sanitation and Non communicable diseases and role-play on Prevention of Hypertension. Village leader also raised some of the issue such as poor facilities of Ambulance services in emergency and poor action taken towards preventive measure of flies and mosquito control. The above issues are bought into the notice of Medical Officer, PHC.

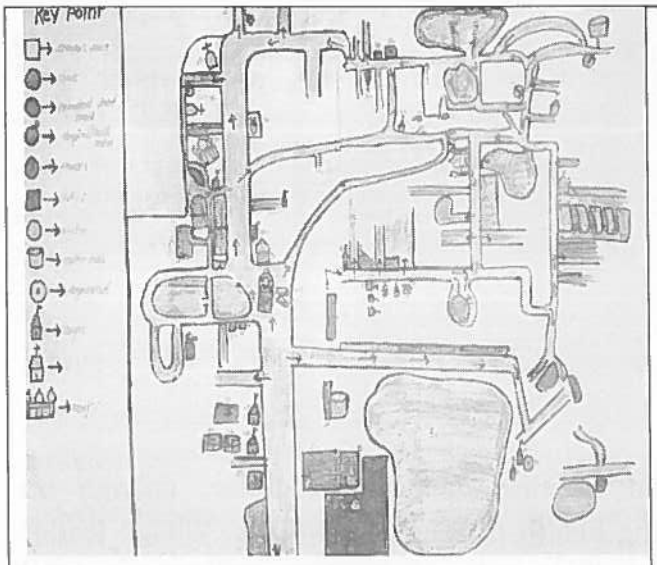
Health Knowledge, Beliefs and Practices:

- ★ **About Health and Disease:**
  People were having partial knowledge regarding disease condition. They have belief in traditional practices for cure of disease and some were following Health Services also.
- ★ **Outlook:**
  Disease caused by mainly improper hygiene care, improper environmental sanitation, Poor concern of health, etc.
- ★ **Existing Health Practices:**
  Traditional Method related to Health and allopathic treatment.
- ★ **Attitude towards Health Agencies :**
  Not merely aware about services provided.

Conclusion:

Students have carried out health survey from 26.09.2016 to 26.10.2016 of change village with various activities such as School health program, Exhibition, Role-play, Diabetic clinic etc. We express our heartfelt gratitude to Principal, MTIN and CHARUSAT University for constant guidance and unconditional support.

Photogallary

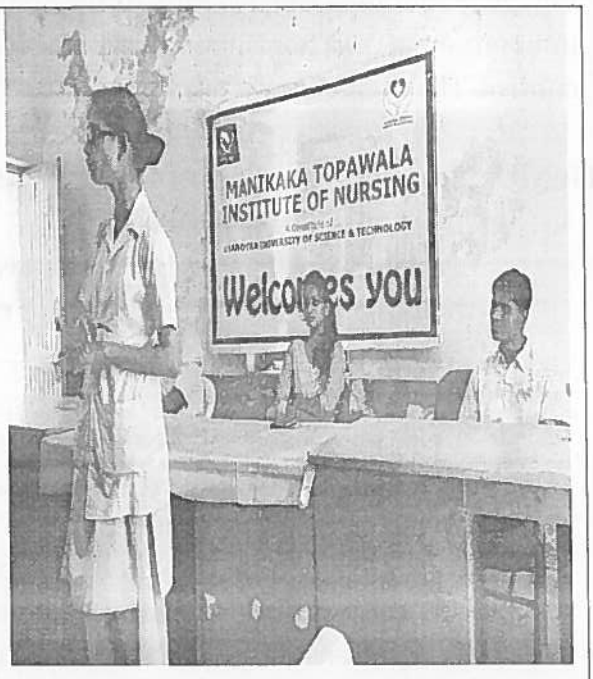


Area Mapping



Numbering of Houses





Students discussing about prevailing health problems with village leaders