





Date: 13.11.2021

Ph No: 0861-2317969 | Fax: 0861-2311968.

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Accredited by "International Accredition Organization (IAO)"

website: www.narayananursingcollege.com || e-mail: narayana\_nursing@yahoo.co.in

Ref No NCN/CIRCULAR/P/2021-22-06

## **CIRCULAR**

Narayana College of Nursing cordially invites all the students of B.Sc. (N) II, III, and IV years to attend with their parents for **Parent Teacher Meeting-II** to be held on **19.12.2021** at **11.30 -1.30 pm** in our college. The Meeting about your ward's curriculum and behavioral and social well-being and to clarify any related queries or concerns about his/her grades.

Principal

NARAYANA COLLEGE OF NURSING

Chinthareddypalem,

NELLORE - 524 003

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#### 2.6.4 PROCEEDINGS OF PARENT TEACHER MEETING 2021-22

Parent-teacher meetings are conducted regularly at Narayana College of Nursing, and feedback from the parents is recorded during the Meeting for the sustainable growth and development of the institution. Parents are significant stakeholders, and their feedback helps accelerate the teaching and learning process.

## Organizing committee:

- 1. Dr Indira. A, Principal -Chairperson Members:
- 2. Dr Rajeswari. H, Vice Principal
- 3. Prof. B. Vanaja Kumri/ Hostel co-ordinator
- 4. Prof A. Latha/I.II MSc class co-ordinator
- 5. Associate professor Mrs. Subhashini -II BSc Class Co-orinator

## The activities conducted in PTM were as follows:

- 1. Introduction of the college and activities conducted in the college.
- 2. Students' Participation in the extracurricular and co-curricular program.
- 3. Students Result-oriented discussion.
- 4. Job-oriented improvement in skill.

# PARENT-TEACHER MEETING SCHEDULE

**B.Sc. NURSING** 

| YEAR    | BATCH    | DATES OF PARENTS TEACHERS MEETING |          |            |  |  |  |
|---------|----------|-----------------------------------|----------|------------|--|--|--|
| 2021-22 | I-YEAR   | 30/5/2022                         | 4/8/2021 | 11/11/2021 |  |  |  |
|         | II-YEAR  | 19/12/2021                        | 4/9/2021 | 9/10/2021  |  |  |  |
|         | III-YEAR | 19/12/2021                        | 4/9/2021 | 9/10/2021  |  |  |  |
|         | IV -YEAR | 19/12/2021                        | 4/9/2021 | 9/10/2021  |  |  |  |









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## PARENT-TEACHER MEETING SCHEDULE PPB.Sc. NURSING

| YEAR    | BATCH DATES OF PARENTS TEACHERS MEETING |            |            |          |  |  |  |
|---------|---|------------|------------|----------|--|--|--|
| 2021-22 | I-YEAR                                  | 21/12/2021 | 21/10/2021 | 7/8/2021 |  |  |  |
|         | II-YEAR                                 | 21/12/2021 | 21/10/2021 | 7/8/2021 |  |  |  |

## PARENT-TEACHER MEETING SCHEDULE

M.Sc. NURSING

| YEAR    | TEACHERS | ACHERS MEETING |                      |            |
|---------|----------|----------------|----------------------|------------|
| 2021-22 | I-YEAR   | 7/8/2021       | 21/10/2021 21/12/202 |            |
|         | II-YEAR  | 7/8/2021       | 21/10/2021           | 21/12/2021 |

NARAYANA COLLEGE OF NURSING Chinthareddypalem, NELLORE - 524 003

Principal NARAYANA COLLEGE OF NURSING Chinthareddypalem, NELLORE - 524 003

A. Indira







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## **Reports of Parent-Teacher Meetings:**

Students' concerns are discussed during the parent-teacher Meeting, and the parents' feedback is recorded. NCN has conducted eight parent-teacher meetings for all batches in the years. Overall, 80-85% of parents attended the scheduled meetings. All the parent-teacher meetings are conducted in the respective classroom. The schedule for the Meeting is from 9.30 am -3.30 pm. The parents met the class coordinator, the HOD of the respective department and the subject in charge. Students' academic performance, theory, clinical attendance and attitude are discussed in parent-teacher Meetings. Parents working abroad or long-distance student guardians met the teachers and discussed the student's performance. Parents who could not attend the Meeting as scheduled are allowed to meet the respective faculty member within a week from the date of the parent-teacher Meeting at their convenience. Parents were requested to provide feedback on Infrastructure and general facilities and are as mentioned below:

- 1. Transport facilities within campus like battery car /cycle
- 2. Career guidance Programmes Follow-up Action:
- 1. During every parent-teacher Meeting, an undertaking is taken from the parents regarding fulfilling the IA/ attendance percentage as per the statutory norms.
- 3. Career guidance programs are regularly conducted for final year B.Sc(N) students at Narayana College of Nursing

Principal

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## Parent Teachers Meeting -(2021-22)

## 2.6.4 Report on Follow-Up Action and Outcome Analysis

#### **Members Present:**

- 1. Principal
- 2. Vice Principal
- 3. Class Coordinators
- 4. Parents of B.Sc. Nursing Students

## Objective:

- Discuss about Curriculum activities of the students
- Improving participation of students in all activities conducted in college.

The Parents Teacher Meeting was conducted for all the students of B.Sc. (N) II-year for the academic year of 2021-2022.

- The class coordinator welcomed the parents and introduced the principal faculty and students.
- The principal, Dr. Indira. A stated the purpose of the parent-teacher Meeting.
- The parents were requested to cooperate with the institution to help the students abide by the rules and regulations.
- The parents were informed about the job placement waiting for them once they completed their courses and the importance of skill development.

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The eligibility criteria for appearing examination was discussed in parents teachers' meeting, and as a result, most of the students secured more than 80 and 90 % attendance in theory and practical, respectively, and no student was below the eligibility criteria for writing the university exam. The undertaking was taken from Parents and students regarding the requirements of attendance and adherence to the university norms as per the format of the University as mentioned below.

## • Feedback reports on the action taken and outcome:

| Outcome                                      | Plan for Action                               |  |  |
|--|---|--|--|
| To provide various employment opportunities. | Arrange various employment opportunities.     |  |  |
| Students should have extra classes.          | Provide extra classes                         |  |  |
| To all students to participate in extra      | Allocate additional opportunities for         |  |  |
| Curricular activities                        | participation in extra-curricular activities. |  |  |

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## PARENT FEEDBACK FORM

| Managa                                  | one Callege of Numeine i                                  |                | tuis in a fa | 11                                      | Dat          |                 |
|---|---|----------------|--------------|---|--------------|-----------------|
|   | ana College of Nursing is<br>arning process in order t    |                |              |   |              |                 |
|   | s and guardians of our st                                 |                |              |   |              |                 |
|   | eedback to improve the s                                  |                |              |   |              |                 |
|   | t to the Class Advisor/Fa                                 |                |              |   |              |                 |
|   |   | -              |              | -                                       | -            | etter.          |
| Addre                                   | of the parent:  | •••••          |              | •••••                                   | •••••        | ••••            |
| Addre                                   |   |                |              |   |              |                 |
| •••••                                   |   |                |              |   |              |                 |
| • |   |                | •••••        |   | •••••        | •••••           |
| Mahil                                   | e No:   | E.             | oil ID.      |   |              |                 |
|   | of the Student:   |                |              |   |              |                 |
|   | am: B.Sc. /PPB.SC/M.Sc                                    |                | •••••        | • | Regno:       | ••••••          |
| 0                                       |   |                |              |   |              |                 |
|   | I year/ II year/ III year/ I<br>e rate the College from t |                | novenooti    |   |              |                 |
|   | e tick the appropriate box                                |                | perspecti    | ive.                                    |              |                 |
| (Ficas                                  | e tick the appropriate box                                | ( loi lating.) |              |   |              |                 |
| S.                                      | Description   | Excellent      | Very         | Good                                    | Satisfactory | Un              |
| No                                      | Description   | Executiv       | Good         | Good                                    | Satisfactory | Satisfactory    |
| 1                                       | Quality of Teaching                                       |                | Good         |   |              | Satisfactory    |
| 2                                       | Laboratory Facilities                                     |                |              |   |              |                 |
| 3                                       | Examination System  |                |              |   |              |                 |
| 4                                       | Discipline  |                |              |   |              |                 |
| 5                                       | Campus Atmosphere   |                |              |   |              |                 |
| 6                                       | Teacher-Parent  |                |              | 1                                       |              |                 |
|   | Interaction   |                |              |   |              |                 |
| 7                                       | Student Amenities   |                |              | 1                                       |              |                 |
| ,                                       | (Bus, Wi-Fi/ Internet,                                    |                |              |   |              |                 |
|   | Library etc.)   | 1              |              |   |              |                 |
| 8                                       | Extracurricular   |                |              |   |              |                 |
| 0                                       | Activities  |                |              |   |              |                 |
| 9                                       | Sports Facilities   |                |              |   |              |                 |
| 10                                      | Canteen Facilities  |                |              | 1                                       |              |                 |
| 11                                      | Overall Rating  | 1              |              | 1                                       |              |                 |
| 11                                      | Overall Rating  |                |              |   |              |                 |
| Anvo                                    | ther suggestions for im                                   | nrovements     | on the fo    | llowing                                 |              |                 |
| -                                       | ninistration:   |                |              | _                                       |              |                 |
|   | idemic  |                |              |   |              |                 |
|   | ers   |                |              |   |              | ••              |
| J. 041                                  | *   |                |              |   | Sign         | ature of Parent |









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#### PARENT FEEDBACK FORM

Narayana College of Nursing is constantly striving for all-round improvement in the teaching and learning process in order to provide maximum benefit of resources to the students. The parents and guardians of our students are the main stakeholders of the college, and we value your feedback to improve the services offered at the college. Kindly fillup the following and hand it to the Class Advisor/Faculty Advisor. This will help us to serve you better.

Name of the parent:

Block u. All Kurrah.

Address: Chelocology Duthern. Calony. Spuggen. R:O.

Address: Chelochya. Puthlin. Calony. S. punain. p.o.

Kunichy. Kotkeyeim.

Mobile No: 96.45.70.84.73. Email ID: Shincey cyrku mon (a) gwail. Com

Name of the Student: Shiney. Arthumun. Regno: 2.

Program: B.Sc. /PPB.SC/M.Sc.

Year: Layear/ II year/ IV year

Please rate the College from the parent's perspective:

(Please tick the appropriate box for rating.)

| S.No | Description  | Excellent | Very Good | Good     | Satisfactory | Un Satisfactory |
|------|--|-----------|-----------|----------|--------------|-----------------|
| 1    | Quality of Teaching                                    |           |           | <b>V</b> |              |                 |
| 2    | Laboratory Facilities                                  |           |           |          | •            |                 |
| 3    | Examination System                                     |           |           | <b>/</b> |              |                 |
| 4    | Discipline   |           |           | /        |              |                 |
| 5    | Campus Atmosphere                                      | -         | ~         |          |              |                 |
| 6    | Teacher-Parent Interaction                             |           | <b>✓</b>  |          |              |                 |
| 7    | Student Amenities (Bus, Wi-Fi/ Internet, Library etc.) |           | /         |          | Ø            |                 |
| 8    | Extracurricular Activities                             |           | <b>/</b>  |          |              |                 |
| 9    | Sports Facilities                                      | V         |           |          |              |                 |
| 10   | Canteen Facilities                                     |           |           | ~        |              |                 |
| 11   | Overall Rating   |           | <b>/</b>  |          |              |                 |

| Any other suggestions for improvements on the following: |
|--|
| 1. Administration:                                       |
| 2. Academic  |
| 3. Others  |

Signature of Parent









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| the Class Advisor/Faculty Advisor. This will help us to serve you better.   |
|---|
| Name of the parent: Renchimon G.  |
| Address: Mukalelparambil (H) kapuzha po kottayam.   |
| Mobile No: 9495214262 Email ID: nandanasenchi @ gmail.com<br>Name of the Student: Nandana Renchi Regno: 201903005038  |
| Mobile No. 17.12.2.1.1.202 Email 11: Mendale Marian Constitution of the Constitut |
| Name of the Student: .NanaanaKenon!   |
| Program:B.Sc. /PPB.SC/M.Sc.   |
| Program:B.Sc. /PPB.SC/M.Sc.<br>Year: I year/ II year/ IV year   |
| Please rate the College from the parent's perspective:  |
| (Please tick the appropriate box for rating.)   |

| S.No | Description  | Excellent | Very Good | Good     | Satisfactory | Un Satisfactory |
|------|--|-----------|-----------|----------|--------------|-----------------|
| 1    | Quality of Teaching                                    |           | ~         |          |              |                 |
| 2    | Laboratory Facilities                                  |           | ~         |          |              |                 |
| 3    | Examination System                                     |           |           |          |              |                 |
| 4    | Discipline   |           |           |          |              |                 |
| 5    | Campus Atmosphere                                      |           |           | /        |              |                 |
| 6    | Teacher-Parent Interaction                             |           |           |          |              |                 |
| 7    | Student Amenities (Bus, Wi-Fi/ Internet, Library etc.) |           | ~         |          |              |                 |
| 8    | Extracurricular Activities                             |           | /         |          |              |                 |
| 9    | Sports Facilities                                      |           | -         | <b>/</b> |              |                 |
| 10   | Canteen Facilities                                     |           |           | /        |              |                 |
| 11   | Overall Rating   | /         |           |          |              |                 |

| Any other suggestions for improvements on the following: |                     |
|--|---------------------|
| 1. Administration:                                       |                     |
| 2. Academic.   |                     |
| 3. Others  | Signature of Parent |
|  | Signature of Parent |
|  | ( Dave              |









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Date: 21-10-2/

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| eedback to improve the services offered at the college. Kindly fillup the following and hand it to |
|--|
| he Class Advisor/Faculty Advisor. This will help us to serve you better.                           |
| Name of the parent: P. Chinnama Reddy  |
| Address: Padamakula Palles Bangampalyans CM.). Chillow CD.)  |
| Mobile No: 9.57353.113.7. Email ID: .chandana.fim.pat.6:111@gmail: wm                              |
| Name of the Student: J.: Chandana  |
| Program:B.Sc. /PPB.SC/M.Sc.  |
| Year: I year/ II year/ IV year   |
| Please rate the College from the parent's perspective:   |
| Please tick the appropriate box for rating.)   |
|  |

| S.No | Description  | Excellent | Very Good | Good | Satisfactory | Un Satisfactory |
|------|--|-----------|-----------|------|--------------|-----------------|
| 1    | Quality of Teaching  |           |           |      |              |                 |
| 2    | Laboratory Facilities  | ~         |           |      |              |                 |
| 3    | Examination System   |           |           |      |              |                 |
| 4    | Discipline   |           |           |      |              |                 |
| 5    | Campus Atmosphere  |           |           |      |              |                 |
| 6    | Teacher-Parent Interaction                                   |           |           |      |              |                 |
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| 8    | Extracurricular Activities                                   |           |           |      |              |                 |
| 9    | Sports Facilities  |           |           |      |              |                 |
| 10   | Canteen Facilities   |           |           |      |              |                 |
| 11   | Overall Rating   |           |           |      |              |                 |

| 11 | Overall Rating                                    |                 |               |      |                     |
|----|---|-----------------|---------------|------|---------------------|
|    | her suggestions for implinistration: P.V.L. 9.1.1 | ovements on the | ne following: | 900d |                     |
|    |   |                 |               |      | Signature of Parent |
|    |   |                 |               |      | T. 792 20 8 3       |

