

LITTLE FLOWER COLLEGE OF NURSING

Manvila, Kulathoor P.O., Thiruvananthapuram – 695583, Kerala

Managed by Trivandrum Social Service Society (TSSS), under the Archdiocese of Trivandrum

POLICY MANUAL

Institutional Policies & Quality Assurance System (IQAC / QAS)

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Version 1.0

Prepared by: Internal Quality Assurance Cell (IQAC)

Approved by: The Governing Body

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Approval Page

This is to certify that this Policy Manual of Little Flower College of Nursing, Thiruvananthapuram, has been reviewed and approved for institutional implementation.

Activity	Designation	Signature	Date
Prepared By	IQAC Coordinator		
Reviewed By	Principal		
Approved By	Management		

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Manual Title	Policy Manual — Little Flower College of Nursing
Prepared By	Internal Quality Assurance Cell (IQAC)
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PART A — Institutional Governance & Management

1. Name of the Institution

Name: Little Flower College of Nursing

Address: Monvila,

Kulathoor P.O

Thiruvananthapuram- 695583

2. General Introduction

Little Flower College of Nursing under Jubilee Memorial Hospital is an initiative of Trivandrum Social Service Society which is the first Catholic Social Service Society in India established in 1960 to uplift the poor fishermen, farmers, and other working classes of the Trivandrum District. Exploring the vast opportunities for employment in the healthcare service sector, the College of Nursing was established in 2013 to mark the 75th Annual Celebration of the Latin Archdiocese of Trivandrum and the 25th year of Jubilee Memorial Hospital. The college was originally located at Palayam, on the Jubilee Memorial Hospital campus.

The college is located in Manvila, in a four-acre land surrounded by lush and exotic greenery with a pleasant fresh air campus hardly 2 km from the College of Engineering, Thiruvananthapuram (CET).

Our new college building was inaugurated on 01.10.2019 by Shri. Kadakampally Surendran, Ex-Minister for Co-operation, Tourism and Devasoms with the blessings of His Excellency Most. Rev. Dr. Christudas R, Auxiliary Bishop of Archdiocese of Trivandrum. The college is a three-storied building (41683 Sq.ft.) constructed as per the requirements of Indian Nursing Council, Kerala Nurses and Midwives Council and Kerala University of Health Sciences. The college has wide and spacious classrooms separately for all batches, exam hall, a seminar hall, auditorium and 7 labs. The labs include Nursing Foundations, Nutrition, Pre-clinical, Child Health Nursing, Community Health Nursing, Obstetrics and Gynaecology Nursing, Computer lab, and a Separate room for Audio-Visual Aids. Our library has a separate section for reference and is equipped with more than 4720 textbooks, 26 national and international journals. The program includes B.Sc. Nursing with an annual intake of 55 students. The institution admits 8 NRI students yearly for the B.Sc. Nursing Degree course. The journey continues with excellence in this course.

3. Vision-Mission Statement

3.1. Vision

The vision of the college is in line with the mission of Jesus Christ

“Empower to heal with love”

To empower individuals with a holistic, professional education that fosters academic excellence, moral integrity and social responsibility, rooted in Christian values, to serve and transform society.

3.2. Motto

“Enlighten to lighten”

3.3. Mission Statement

The mission of the college is to give professional nursing education with all available medical technology and hands-on practical exposure to the nursing students based on Christian values and principles, to reach out to the healthcare service sector, to uphold values in the society and to promote preventive, curative and rehabilitative care to individuals, family and community.

4. Governing Body

The governing body of Little Flower college of Nursing consists of 7-10 members, constituted by the Archbishop of Trivandrum. The Managing Director convenes the governing body meeting and he appoints the secretary.

4.1. The Ex-officio members

The ex-officio members of the Governing Body are the following: Archbishop, Auxiliary bishop, Vicar General, Managing Director, Asst. Managing Director, Principal, Director of Education Ministry. (Director TSSS)

4.2. Other Members

The following categories of experts in the educational field have to be considered as other members of the Governing Body: Well-known Educationalists and those who have experience in University and Govt. Services.

4.3. Roles and Functions of the Governing Body

- Institutional Policy-Making — Approve, amend, and periodically review the college's core policies (academic, financial, HR, admission, disciplinary) as the final policy-making authority.
- Statutory & Regulatory Oversight — Hold ultimate responsibility for compliance with INC, KNMC, KUHS, and Government of Kerala nursing-education regulations; ratify statutory returns before submission.
- Strategic Direction & Long-Range Planning — Set the institution's multi-year vision, mission, and strategic goals, including new programmes, campus expansion, and accreditation targets (NAAC/NABH).
- Top Leadership Appointments — Appoint, evaluate, and if necessary remove the Principal, Vice-Principal, and Managing Director; approve senior faculty appointment criteria

- Financial Authority — Approve the annual budget, major capital expenditure, and audited financial statements presented by the Managing Body; sanction expenditure beyond the Managing Body's delegated limit.
- Academic Affiliation & Accreditation Approval — Approve introduction or discontinuation of academic programmes and give final sign-off on affiliation, recognition, or accreditation applications.
- Appellate & Disciplinary Authority — Serve as the final appellate body for major staff or student disciplinary matters escalated beyond the Managing Body's authority.
- Institutional Accountability to the Archdiocese — Report institutional performance and governance to the Archbishop/Trivandrum Social Service Society and ensure alignment with the Archdiocese's broader mission.
- Risk & Compliance Oversight — Review major institutional risks (legal, regulatory, reputational, financial) and approve mitigation direction.

5. Managing Body

The managing body is the core group of college administration. The Managing Director convenes the management body meeting and he appoints the secretary. As an executive body, it takes practical decisions and the members cooperate with the Managing Director to implement them.

5.1. Management Body Members

The Management Body consists of the following members: Managing Director, Asst. Managing Director, Principal and Vice Principal.

5.2. Role and Functions of the Managing Body

- Policy Implementation — Translate Governing Body policies into operational procedures, SOPs, and day-to-day administrative practice.
- Departmental Coordination — Supervise and coordinate the functioning of academic, clinical, administrative, and support departments.
- Budget Execution — Prepare departmental budget proposals, execute the approved budget, and monitor expenditure within sanctioned limits.
- Human Resource Administration — Handle recruitment coordination, staff scheduling, leave administration, performance monitoring, and day-to-day HR issues within policies set by the Governing Body.
- Academic Operations Management — Oversee admissions execution, examination logistics, timetabling, and semester-wise academic delivery.
- Infrastructure & Resource Management — Manage physical infrastructure, equipment, laboratories, hostel, and general facilities upkeep.
- Grievance Handling (First Level) — Resolve staff and student grievances at the operational level, escalating only unresolved or major issues to the Governing Body.
- Liaison Function — Act as the operational point of contact with KUHS, INC/KNMC, affiliated hospitals, and other external bodies for routine coordination.
- Reporting to the Governing Body — Compile and present semester/annual reports, audit statements, and departmental performance data for Governing Body review.
- Committee Facilitation — Constitute and coordinate operational-level committees (placement, research facilitation, welfare) and channel their recommendations upward.

6. College Council / Academic Council

The College Council / Academic Council is the highest academic body of the college and is responsible for laying down, regulating, and maintaining, the standard of teaching, research programs, and examinations. The Principal convenes Management Body meetings and the senior most HOD shall be the secretary of the team. The team members assist the Principal in implementing the common decisions.

6.1. Members

College Council / Academic Council members are: Managing Director, Asst. Managing Director, Principal, vice Principal and Heads of the Departments, PTA representative, Student representative.

6.2. Common Functions

Common Functions of the College Council / Academic Council are the following:

- Review and approve the academic calendar, value-added courses, and report submitted by the IQAC (Internal Quality Assurance Cell)
- Review and formulate the perspective plan of the college
- Review the faculty development programs
- Promote innovation in teaching, sustaining the quality of education and quality improvement initiatives (NAAC/QAS)
- Ensure that the academic programs are consistent with the institutions mission and in line with future career requirements.
- Inculcate a culture of research in the student community
- Facilitate and supervise co-curricular activities of the students
- Inspire students to be creative and innovative.
- Prepare a draft of the budget of each department and consolidate it for the perusal of the managing body.
- Address concerns of students and parents related to facilities in the college and hostel.

7. Role and Function of the Major Office Bearers

Major Office Bearers are the Managing Director, Asst. Managing Director, Principal, Vice-Principal, Finance Officer/Accountant, and Heads of the Departments.

7.1. Managing Director

The managing director is the chief executive officer representing the management and the supreme authority of the college. He shall manage the administrative and financial affairs of the college. He takes practical decisions in tune with the policies reached in the Governing Body (GB) and in the best interest of staff and the students and the financial stability of the college. He has to ensure that the college is functioning in accordance with the policies and norms of the college. He is responsible for providing all facilities required for the smooth functioning of the college. He is the final authority to appoint and dismiss any staff and admission of the students in the management quota. He shall visualize, plan and implement innovative ideas for the growth and well-being of the college.

7.1.2. Duties and Responsibilities

- Managing Director shall formulate development strategies to materialize the vision, mission and objectives of the college.
- Draw up policies and priorities for the overall administration, discipline, financial control and development of the college.
- Plan and manage utilisation of college resources.
- Make sure that the personal management is carried out as per the policy formulated by the managing committee of the college. Personnel management covers different areas of staff matters.
- Establish effective communication channels and develop a set of rational, fair, and impartial policies and procedures to handle complaints from staff and people outside the college
- Reach a consensus on staff appointment, performance appraisal, promotion, retirement, leave, dismissal and present it in GB.

- Define clearly the functional duties for promotion to various posts and inform the staff accordingly.
- Preparing succession plans for teaching faculty to meet the needs arising from college development and the implementation of education initiatives.
- Formulate a set of open, fair and formal procedures for handling termination of an employee.
- Handle the matters in accordance with the Education Ordinance, the Education Regulations and the Code of Conduct of faculty according to apex bodies.
- Evaluate the strengths and weaknesses of the staff.
- Review regularly the content and format of the appraisal mechanism, staff appointment and promotion to ensure the assessment truly reflects staff performance.
- Promote a self-learning culture for self-improvement and pursuit of excellence.
- Establish effective communication channels, strengthening the sense of belonging among staff and building up a collaborative college culture.
- Establish a fair and transparent process for salary fixation and revision of employees.
- Establish and periodically review norms in leaves and age of retirement.

7.1.3. Professional Development

- Discuss with faculty the arrangements for their professional development.
- Formulate faculty professional development policies that take into account the individual needs of the faculty, the direction of college development and the learning interests of the students.
- Ensure that all faculties are given equal opportunities for professional development.
- Create an environment conducive to learning and providing support and resources for the professional development of staff.

7.1.4. Curriculum

- Ensure that the curriculum design is in line with the government education policies and aims of the Kerala University of Health Sciences.

- Setting direction for the long-term development of the college, and giving faculty sufficient flexibility and authority to implement specific duties and plans involved in the day-to-day operation of the college
- Reviewing college plan and budget, so that they are in line with the overall education goals and policies of the college and making appropriate adjustments when necessary.
- Promote the education of students and lead the college to strive for excellence and continuous improvement.
- Reviewing the proper implementation of curriculum and its effectiveness in terms of curricular and extracurricular achievements.

7.1.5. Financial Management

- The Managing Director and the principal are the signatory, ultimate financial controllers, income generators and sanctioning authorities. Upholding the responsibility of the Managing Director, a consensus must be reached by Asst. Managing Director in rendering a helping support to the Managing Director in day-to-day affairs.
- Approving college development plan, annual college plan and budget and recommending the same to the Archdiocese.
- Monitor the government and non-government funds properly to ensure the appropriate use of resources.
- Sanction, control, and regulate the finances. Provide fee concessions, free-ship and scholarships to the students by the approved policies and analysing case by case.
- Set up goals and formulate appropriate financial management strategies, considering factors such as college resources, background, needs of student's etc.
- Reviewing college income and expenditure regularly (at least weekly) to ensure that the expenditure and income are in line with the college development plan and cater to the needs of the students.
- Ensuring that college income is handled and used responsibly and transparently in accordance with the requirements of the development activities laid down in the annual Plan and Budget.
- Ensure that income and expenditures are in line with the annual plan and budget.

- Formulating financial management criteria and procedures (e.g. procedures for handling income and expenditure, procurement and quotation as well as rules on acceptance of advantages etc.) according to the relevant laws and regulations to avoid conflict of interest and the misuse of government resources.
- Putting in place adequate budgetary controls and a good accounting and reporting system to monitor the financial situation; and if necessary, reprioritizing development projects after assessing their actual expenditure in consultation with the Asst. Managing director and Principal.

7.2. Principal

The Principal of the College shall serve as the academic head and chief disciplinary officer of the College. The Principal shall be responsible for maintaining the harmonized status of the College, by the direction of the Management Board, Governing Body and the recommendations of the College Council. As part of the College Management, he/she is to support and assist the Managing Director in the administration of the college and meet the overall objectives of the management and the needs of individual staff and students.

The Principal shall ensure that the college fulfils all norms and directives of the Government/KUHS/INC/KNMC and UGC and that the yearly activities are planned and approved by the finance council of the Archdiocese. He/she is to provide leadership, direction and coordination within the College. His/her main focus shall be to develop and maintain effective educational programs within the College and to promote improvement in teaching and learning. He/she is to strive to create an organizational climate which fosters students and faculty. In general terms, the Principal shall be responsible for the organization of the College, the development of the instructional program, the assignment of duties and the supervision of the staff. The Principal has to exercise various responsibilities, listed below.

7.2.1. Leadership and Climate

- Principal continually endeavours to improve the effective functioning of the College for which he/she is responsible.

- Be informed of current practices and techniques relating to college - programs, teaching, and administration by attending meetings and professional development conferences, reading professional materials and communicating the same to the Managing Director to make a wise and practical decision.
- Devote as much time as possible to the supervision of the College, observe the methods of instruction and endeavour to improve the efficiency of the staff and the College in general.
- Keep the Managing Director fully informed of the conditions and needs of the College.
- Suggest appropriate changes and ensure adherence to approved policies, practices and procedures within his/her area of responsibility.
- Guide and encourage staff members to achieve academic and professional excellence.

7.2.2. Programming

- Coordinate and foster the development of programs within the College to meet the best needs and interests of the students. This includes the establishment, supervision, and evaluation of special education programs where a student needs one.
- Submit the annual human resource, financial and temporal requirements in consultation with the College Council to the management board, which in his/her opinion are necessary for the effective functioning of the College as far as possible before planning and estimating the annual budget of the college.
- Assist the teaching faculty in the development, implementation, modifications, and selection of curriculum materials, and keep the Finance Officer informed about any modifications or in substitution of approved courses.
- Develop and support a high degree of student morale through curricular and extracurricular activities and services and coordinate the participation of all members of the teaching faculty in the extracurricular program.
- Advise the College Council and Planning committee, Purchase Committee on matters affecting the policy, finance, governance and administration of the College.

7.2.3. College Organization and Staffing

- Participate with the College Management in the selection of teaching and non-teaching faculty.

- Hold regular college council meetings to discuss educational and administrative matters.
- Maintain or direct the maintenance of other records and files and the preparation and submission of reports as required by apex body.
- Have authority over the faculty of Education and the Students of the College.
- Maintain and periodically review organization of college and staff according to apex body regulations.
- Manage staff deployment ensuring that staff are utilized effectively and efficiently.

7.2.4. Staff Supervision, Evaluation and Professional Development

- The Principal is responsible for the overall supervision of the functioning of the College, oversees its students, facilitators, professional and support staff, volunteers and personnel from outside agencies.
- Ensure that every faculty is present on duty in the College at least 10 minutes before the opening of the college.
- The principal shall evaluate the effectiveness of each member of the staff by the establishment plan and shall forward written reports to the Managing Director.
- He/she shall be responsible for the development and conduct of orientation programs, workshops, conferences for all faculty.
- Ensure that instructions are prepared for the guidance of substitute faculty.
- Promote the professional and academic growth of the staff through staff meetings, in-service training and personal contact.
- Take an active role in the selection, planning, and implementation of professional development activities for the staff in cooperation with college management.
- Promoting academic excellence through staff appreciation.
- Encourage faculty for pursuing higher education in the profession ultimately leading to overall development.
- Encourage faculty to engage in research activities to make them well versed with developments in education.

7.2.5. Student Control, Supervision, Evaluation and Reporting

- Establish a climate in which students can develop self-discipline.
- Principal shall have disciplinary authority over each student while on College premises while going to and from college while riding/commuting on College buses and while taking part in authorized College activities.
- He/she has authority over activities sponsored and conducted by the student organizations of the college.
- The principal is responsible for the supervision of students and student activities in the College buildings, on College grounds, while loading boarding or unloading from College buses, or involved in field trips.
- Ensure that no pupil is allowed to leave the College campus for errands without his/her explicit permission.
- The principal is responsible for the proper registration and transfer of students in the College and the maintenance of up-to-date student cumulative records.
- Coordinate and/or direct the evaluation of student progress and achievement and the provision of regular reports of each semester to parents.
- Regulate the activities of internal complaint committee and keep a check on illegal activities inside the college campus.
- Ensure smooth functioning of student guidance and counselling cell for overall development of students.
- Develop policies for student regarding anti-ragging to curb the menace of ragging in the campus.

7.2.6. Communication and Public Relations

- Maintain communication with parents or guardians regarding the total College program, student achievements, placement and behaviour.
- Inform parents about the College activities through newsletters and parent/teacher conferences, etc.

- Communicate various notifications and procedure regarding admission of students through different means.

7.2.7. Finance and Instructional Materials

- Ensure that materials and supplies necessary to support the instructional program are purchased and stocked according to the purchase policy of the college and are kept safe according to the norms stipulated to the College or the College division.
- Ensure that the system of accounting of income and expenditure from student activities, fees, gifts or other funds belonging to the College or any student group within the College functions well according to the financial procedure of the college.
- Promote probity, integrity and accountability along with the advice received from internal and external auditors of the College and other statutory financial regulatory bodies.
- Maintain proper documentation of all the documents related to budget and finance.

7.2.8. Health, Safety, Plant Supervision

- Develop and foster a sense of pride and respect for College property so that the college premises are an attractive place.
- Ensure that all reasonable precautions are taken to safeguard the health and general well-being of the staff and pupils of his College. To this end, he/she shall see that pupils and staff are adequately trained to make effective plans necessary for their safety.
- Principal establishes procedures, whereby the access of visitors to the College can be monitored and controlled. This would include access by salespersons, guest-speakers and former students.
- Organize and supervise patrols where applicable, and make readily available first aid supplies and treatment.
- Inspect the College grounds and College buildings to see that they are free from hazards which might cause accidents and he/she shall notify the proper authorities of any conditions which need to be remedied.
- If the damage is serious and appears to have been deliberate, it shall be reported to the Managing Director.

- Work with the Managing Director and Asst. Managing Director in the planning of capital projects and the routine maintenance of College buildings and grounds.
- Ensure regular inspection of fire and safety equipment's and updation of certification.

7.3. Vice-Principal

The Vice-Principal shall, in the absence of the Principal, assume the duties and responsibilities of the Principal. Other duties of the Vice-Principal shall be those worked out by mutual agreement with the Principal.

7.4. Asst. Managing Director

The day-to-day financial administration of the College is controlled by the Asst. Managing Director, who shall act on behalf of the managing director and report to the managing director. He manages cashiering student financial services and centralized accounts receivable and payable systems for the College.

He shall get recommendations from the Managing director regarding the income derived from and expenditures incurred for the effective academic performance of the college. The Asst. Managing Director shall ensure that the personnel (teaching and nonteaching staff) of the college are moving as per the approved budget and according to their responsibilities within the Financial Management Policy.

Although he performs his specific duties pertaining to the office, ultimately he is to assist the managing director and act according to the instructions and delegations received from the managing director. The specific responsibilities of the Asst. Managing Director include:

7.4.1. Financial Duties

- Asst. Managing Director has to oversee day-to-day cash management and the overall operations of student financial services, receipt and payment and cashiering functions of the College in association with FO.
- Asst. Managing Director provides direction and leadership in financial management, fiscal policy review and changes.

- Ensure that the financial operations in the college are done according to the norms of the diocese and the policies of the college.
- Know and approve all the financial transactions in the college (either administrative or academic) if not before the transaction at least soon after the transaction.
- Asst. Managing Director requests and receives money due to the College and makes the authorized payments on behalf of the College.
- Interacts with internal and external auditors, participates in auditing or provides information and access to accounting records as required.
- Develops, prepares and manages annual budgets along with FO based on the recommendations received from the college council and performs periodic cost and productivity analyses.
- Asst. Managing Director in association with the Managing Director, plans, develops and implements strategies for generating resources and/or revenues for the organization.
- Ensure all revenues and expenditures are properly documented and all supplier purchases and invoices are properly controlled.
- Oversee petty cash management, along with expenses and claims and undertake banking cheque/internet banking as required.
- He is in charge of the college bus, mess, hostel, and maintenance of movable and immovable items, stores, and property.
- Preparation of annual financial statements in consultation with the Managing Director, and College council to confirm all relevant regulatory and statutory requirements, and present them before the governing body of the college and finance council of the Archdiocese, according to the direction of the Managing Director and the Archbishop.
- By the end of each month and year-end, with the support of other members of the accounts department, undertake bank, sales ledger and purchase ledger reconciliations, and other balance sheet account reconciliations and review these with the Managing Director.
- Ensure the timely and accurate preparation of monthly accounts, including income and expenditure, balance sheet and cash flow reports. Provide detailed Monthly Management Accounts and notes to the Managing Director and the Archbishop.

7.4.2. Developmental Duties

- Recommends and participates in the development of College policies and procedures; may serve on College planning and policy-making committees.
- Encourages staff interaction with students, parents, and administrators.
- Assist the Managing Director in establishing and implementing short and long-range organizational goals, objectives, strategic plans, policies, and operating procedures; monitor and evaluate programmatic and operational effectiveness, and effect changes required for improvement.
- Associate with the Managing Director to design, establish, and maintain an organizational structure and staffing to effectively accomplish the organization's goals and objectives; oversee recruitment, training, supervision and evaluation of unit staff.
- Perform miscellaneous job-related duties as assigned.
- He shall oversee the discipline of the students, punctuality and regularity of the staff and bring to the notice of the Managing Director and principal, if necessary.

7.5. Finance Officer/Accountant

The finance officer/accountant is directly accountable and answerable to the Principal, Managing Director and the Asst. Managing Director for the revenue utilisation and proper maintenance of financial record.

7.5.1. Duties

- Document daily financial transactions.
- Handle monthly, quarterly and annual closings and documents.
- Reconcile accounts payable and receivable (including bank reconciliation).
- Review financial documents to resolve any discrepancies and irregularities.
- Ensure timely bank payments.
- Get consent from the principal before making any transaction unless it is directed by the Managing Director.
- Transaction report has to be tabled at the office of the principal daily, if not any direction is given otherwise by the Managing Director.

- On the 3rd or before of the following month, the monthly statement of receipts, payments and consolidated statement of the budget of the previous month has to be prepared and submitted to the principal and a copy signed by both (FO and principal) shall be handed over to the Managing Director on 5th or before of every month, which shall be submitted to the Archbishop's House (Finance office) on or before 7th of every month.
- Preparing and analysing quarterly financial statements like cash flow statements, balance sheets and profit and loss statements.
- Cooperate with auditors in preparing audit reports.
- Provide guidance on revenue enhancement, cost reduction and economic utilisation of resources
- Compute taxes, liabilities and prepare tax returns.
- Submit annual tax returns.
- Report the college's financial health and liquidity.
- Reinforce financial data confidentiality and conduct database backups when necessary.
- Co-operate with the Asst. Managing Director to prepare annual profit plans and budget.
- Monitor the existing accounting procedures and ensure that they comply with government regulations.
- Comply with financial policies and regulations in revenue utilisation and implementation of annual plan and budget.

7.6. Head of the Department (HOD)

The Head of the department (HOD) plays a crucial role in maintaining academic excellence, ensuring effective curriculum delivery and fostering a collaborative environment among faculty and students. They also act as a bridge between the administration and the faculty, managing resources and guiding the department toward meeting institutional goals.

7.6.1. Duties

- Takes advice/sanction from the Principal for implementation of academic, co-curricular and extracurricular activities.

- Assigns duties to the teaching faculty of the Department.
- Ensures with the help of the class Coordinator, allocation of work (teaching and practical) to all faculty members.
- Coordinate with the teaching faculty of the department for smooth conduct of academic, co-curricular and extracurricular activities of the department.
- Presents the departmental budget/requirement to the Principal.
- Takes the lesson plan from the teachers and ensures they follow the plan and syllabi are completed in the stipulated time.
- Ensures the smooth conduct of examinations including paper setting, assessment of theory and lab.
- Ensure purchases and maintenance of stock registers are done properly.
- Ensures the quality, maintenance and cleanliness of the department.
- Recommends the leave of the departmental Colleagues.
- Motivates faculty towards Research Proposals to various research funding agencies.
- Encourages research/innovative programs in the department.
- Organizes need-based workshops/seminars/symposia/visits/excursions etc. to facilitate faculty in the preparation and processing of self-appraisal of performance.
- To ensure that college equipment facilities under the department's control are properly maintained and serviced as required.
- Ensure a welcoming and inclusive environment for all students.
- Invites guest speakers for interaction and guidance with students.
- Guides the students for career opportunities.
- Address student concerns and grievances and report to the principal.
- Facilitate mentorship programs connecting students with faculty members.
- Evaluation of curriculum implementation in the college and take corrective measures in case if any needed.

- Ensure adequate exposure of students to learning materials and environment suitable for learning.

PART B — Finance & Procurement Policies

8. Finance Policy

Document Code: LFCN/QAS/POL-08

The finance policy is evolved by the institution for the optimum use of resources for the achievement of various objectives of the institution in accordance with the vision and Mission of the institution.

8.1. Objective

This is to ensure that the College funds and resources are used for the well-being of the College and that appropriate financial controls are developed, documented, and applied to prevent abuse or misuse. It covers the procedures to be followed by the Administrative members, Accounts department and all personnel involved in handling fund or financial resources.

8.2. Revenue Receipts

8.2.1. Tuition fees, University and Examination fees, hostel fee and mess fee, Fee for bus, uniform and other student related payments are received either by online Payment portal, direct remittance to the bank, Bank Cheques, Demand Drafts or NEFT and computerised receipts are issued by the accountant for the payment.

8.2.2. Grants from government schemes such as fisheries scholarships and E-grants and scholarships from other agencies will be received and allocated towards eligible students. Proper documentation of such received funds and disbursements will be maintained for auditing and reporting purposes.

8.3. Revenue Payments /Expenditure

8.3.1. Bank accounts are to be jointly operated by the Managing Director and Principal of the institution.

8.3.2. All Revenue Payments below Rs. 5,000/- shall be made with the knowledge and permission of the principal; those above Rs. 5,000/- can be made by approval of the Managing Director.

8.3.3. Payments of Rs 10,000 and above are to be made by Cheque/DD/Bank transfer and a receipt is to be obtained. Payments could be made against authorised documents. (i.e.,relevant vouchers/ Bills /Cash Memos / Tax Invoice).

8.3.4. Advances given to departments or any other authorized persons are to be settled within 15 days.

8.3.5. Tax deduction at source (TDS) and GST shall be made wherever/whenever necessary. Relevant details like the PAN number, GST number, etc., are to be duly obtained and documented for further reference.

8.3.6. Accounts department should take responsibility for the monthly and yearly remittance when it is due (Monthly: Staff salaries by the last working day of the month, Employees' Provident Fund contributions by the 15 th of every month. Electricity and water Bills and Festival Allowances such as Christmas and Onam, as per the rates determined by the Governing Body.

Yearly Remittances: Vehicle Tax, Insurance, pollution test, CFT and Permit renewal once in 5 years, Tax for land and buildings for hostel and college when notified by competent authority.

8.4. Capital Receipts

Donations from well-wishers, alumni and corporate bodies are credited into the College Account and the same are duly and gratefully acknowledged with receipt to the donor.

8.5. Capital Expenditure/Development and Maintenance Expenditure

8.5.1. The purchase of necessary equipment is vetted through a process of inviting a minimum of three quotations from potential suppliers, and then a purchase order should be issued (the size of such expenses is approximately Rs. 50,000 and above) (always recommended to purchase from the lowest bidder, but it can be exempted depending on the quality of the item). The Managing Director is the competent authority to make the final decision in consultation with the Purchase committee in tune with the purchase policy of LFCN.

8.5.2. The approval of the Archdiocese is mandatory for all projects such as construction, purchase of land, major renovation projects. Prior to that, the proposed project along with the estimate is to be approved by the managing Body of the College, if necessary, it shall be consulted with the Governing Body.

8.6. Investments

The accumulated funds over the years, if any are invested as Fixed Deposits in scheduled banks.

8.7. Report Preparation and Filing

Following reports will be compiled by the institution for financial verification.

- Statement of monthly receipts and payments are prepared by the Accounts department and submitted to the Bishop's House after reviewed and signed by the Managing Director by the 10th of every month.
- A Bank reconciliation statement is prepared monthly to resolve differences between the cash book and bank account statement.
- An Annual Financial audit is conducted by the firm of chartered accountant and the audit report is submitted to the Bishop's House.
- TDS collections are remitted through payment challans by the 7th of each month, and TDS returns will be filed quarterly through an authorized agency.
- GST collections, if any, are to be remitted to the GST department by the 15th of the following month.

8.8. Budget

A budget for the ensuing financial year is prepared and presented by Managing Director to the Management Board and in the Governing body and necessary changes shall be made before the presentation in the Archdiocesan finance council. Deliberation and Approval of the Budget by the Management Board is mandatory. It shall cover all recurring and non-recurring items. Actual expenditure during the year will be analysed and deviations, if any, with the approved budget will be taken into consideration.

9. Purchase Policy

Document Code: LFCN/QAS/POL-09

A purchase policy is a collection of rules that control the requisition process. Purchase policies help procurement in a systematic manner. Administrators in a department implement their procurement strategy by creating a policy structure that is aligned with the organizations strategic purchasing requirements.

9.1. Purchase Committee

A Purchase Committee (PC) is a group of designated staff constituted for independent review and evaluation of purchasing/requirement documentation whose main objective is to recommend the most appropriate supplier or service provider and to procure goods based on price, quality, stock availability, references, credentials etc.

9.2. Objectives

9.2.1. Supports educational activities by providing the necessary infrastructure for the smooth functioning of the College.

9.2.2. Procure material at a reasonable cost consistent with the quality required.

9.2.3. Maintain continuity of supply.

9.2.4. Provide prompt, courteous and effective service to all the stakeholders.

9.2.5. Maintain standards of quality and suitability of equipment, materials, supplies.

9.2.6. Award tenders impartially.

9.3. Constitution of the Purchase Committee

The following persons constitute the purchase committee:

- Managing director
- Principal
- Purchase Committee convenor
- Librarian
- Finance officer/Accountant of the college
- Clerical staff

- A member from Head of Departments

9.4. Approved Items

The purchase for the following items may be made at their fixed rates subject to a maximum of Rs. 20,000 without the call of quotations with the due sanction of the amount of expenditure by the Managing Director and principal though they are approved in the annual plan and budget.

9.4.1. Library Supplies (Textbooks, library books, journals, records, reference materials.)

9.4.2. Laboratory Equipments: Nursing practice mannequins, instruments, supplies, and equipment necessary for skills development.

9.4.3. Stationery and Consumables (Paper, pens, files, and other office supplies, Uniforms)

9.4.4. Electrical and Electronics items (Materials for Computer, Printers, Internet, Electric cables etc.)

9.4.5. Carpentry items (Tables, chairs, Cupboards etc.)

9.4.6. Plumbing items (For maintaining the college infrastructure, including repairs and new installations.

9.4.7. Sanitary Items (Cleaning solutions, cleaning articles for maintaining hygiene and sanitation in the college)

9.5. Collection of Requirements

- The Principal shall, therefore, issue circulars to collect requirements from all the departments/offices in the month of April.
- The HOD in consultation with the Departmental Committee shall send the requirements submit the requirements with detailed specifications within the time frame to the Principal in the prescribed Performa.
- The principal shall consolidate the required items, which should be counter-checked with the storekeeper and finance officer and submit to the Managing Director the entire file for the necessary action.

- The Managing Director along with the Asst. Managing Director shall take necessary actions through the purchase procedure, finalizing the rate for purchases or contracts well on time to avoid hardships for the Departments.

9.6. Purchase Procedure

- The Purchase Committee shall comply with the following guidelines:
- This Committee shall act for the purchase of articles in bulk i.e. valuing Rs. 20,000/- and above subject to the rules regarding delegation of financial powers in force.
- The requirements of various departments received by the Principal shall be consolidated and placed before the Committee for scrutiny, after the verification of the Managing Director. The Committee will then recommend for calling of quotations or for negotiations as it may deem fit.
- Quotations would be invited in respect of purchases above Rs. 20,000/- by the Managing Director through the Asst. Managing Director with specifications of the material laid down. Quotations would be invited from a good number of leading and (relevant) reputed manufacturers/ dealers.
- A minimum of three quotations will be required for effecting the purchase on competitive rates unless, otherwise, it is not possible to obtain three quotations for convincing reasons which are to be recorded and approved by the Management board. Every effort would be made to ensure the purchase on the lowest quotation basis and if it is not possible and the purchase is proposed to be made on a single quotation, (lower of two or on higher rates) the reasons there of may be recorded in writing while sanction by the Management board.
- To expedite supplies and to ensure the quality and standard of goods, the Committee shall have the power to allot the supply orders to any agency by negotiations, if the circumstances so require, even at higher than the lowest quotation.
- At least seven to fifteen days of supply notice is given excluding the day of dispatch and receipt at the time of floating quotations.
- Full specifications of the items required are given in the purchase order mentioning all the requirements of size, nomenclature of items to be purchased, their make and model, quality of material brands to be used etc. depending upon the nature of the item.

- It may be ensured that the notices inviting quotations are dispatched under certificate of posting, courier or through E-mail. The envelope /E-mail copy received with the quotations may invariably be preserved and attached with the respective quotations. The quotations may be received by the Managing Director and passed to the principal to the concerned HODs, who may consolidate the quotation(s) for a particular item(s) and submit it to the purchase committee. The purchase committee fixes the schedule to conduct the meeting to go through the quotations received and finalize the vendor after due negotiation, if required.
- The purchase committee shall submit the proceedings of the negotiation to the Managing Director with recommendations to place the orders with the designated vendors.
- The Managing Director shall have the power to cancel the order in case the vendor has not supplied in time and not meeting the specifications. In such case, the Managing Director shall refer to the purchase committee to place orders to other vendors.
- The user Departments and one of the members of the Purchase Committee to be nominated by the said Committee for the purpose will certify after the receipt of the material categorically stating there in that the material ordered by the Purchase Committee has been received by the Department in accordance with the quantity and quality for which the order was placed by the Purchase Committee.
- It will be the joint responsibility of all the members of the Purchase Committee to ensure that the instructions are followed strictly and every possible care is taken to ensure the best interests of the Institution.
- The purchase /financial rules and the administrative instructions issued from time to time will have to be kept in view. The GST may be kept in mind before finalizing the cost.
- The purchase committee is also required to submit the proceedings to the Managing Director within three working days.

9.7. Frequency of Committee Meetings

The Purchase Committee shall meet as and when needed.

9.8. Stock Assessment

Timely anticipation of requirements, estimation of demand, and purchase and maintenance of adequate stock for a reasonable period are the necessary elements required to be built into the purchase system. Over-stocking and the associated loss owing to depreciation or deterioration in quality in stock must be avoided. Demands of Departments should be first discussed in the Departmental Committee before the proposal for purchase is submitted.

9.9. Inspection of the Material

The material shall be inspected by the department sub-committee entrusted with the responsibility to purchase. The Inspection Committee shall record the following certificate on the Invoice:

9.10. Certificate to be recorded if Installation is not required.

Certify that the material has been inspected and found as per the specifications given in the purchase order.

9.11. Details of Stock Entry and Bill Status & Quote

Certified that the goods (Consumables & Chemicals) have been received in good condition on..... as per the details of the purchase order (no..... Date. ...) indent and quote; Stock entered in the department purchase register for equipment/consumables page no... Item no to ... payment. The bill may be passed for of Rs. (Rupees.).

HOD

For Office Use

Checked and found to be correct as per purchase order. The bill may be passed.

Principal

For the Managing Director's office

Checked and found to be correct as per purchase order. The bill may be passed for payment.

Managing Director

Certificate to be recorded if installation is required quote; certified that the material has been inspected and installed quote; The specifications and the quantity of the material are the same as given in the order and installation is satisfactory.

9.12. Stock Entry

The Departments shall enter all the items - purchased or received in grants - in stock in the Stock Registers. Articles of a permanent nature shall be entered in the Permanent Stock Register, while consumable articles shall be entered in the Consumable Stock Register. The details such as the name of the article, quantity, specifications, serial No. of the equipment, cost, bill no., date of purchase etc. shall be entered in the stock registers.

9.13. Payments

As far as possible, all purchases shall be made on a credit/ bill basis. However, payments may be made against delivery after satisfactory installation and inspection report where the suppliers do not agree to make supply on credit. To ensure that the firm does not hesitate to supply the material on a bill basis, and to enlist their full cooperation and earn goodwill, the payment of all bills shall be made within the stipulated period.

PART C — Academic & Student Policies

10. Admission Policy

Document Code: LFCN/QAS/POL-10

10.1. Objectives and Scope

10.1.1. Objectives

- The College is committed to fair, transparent, ethical, and timely admission policies and procedures to make study accessible to a diverse range of prospective students, ensuring they are equipped and prepared regardless of academic background.
- Standardize the admission process for the B.Sc. Nursing program, ensuring transparency, auditability, and full compliance with KUHS, INC, KNMC, and Government of Kerala regulations.

10.1.2. Scope

- This policy applies to all prospective candidates seeking admission under Government (LBS), Management, and NRI quotas, as well as the administrative staff and committees involved in the selection process.

10.2. Criteria for Admission

- Candidates seeking admission under Management Quota should register online on the official website of the college (www.littleflowercn.ac.in).
- All admissions to Little Flower College of Nursing are subject to regulations by KUHS Thrissur, Government of Kerala, Indian Nursing Council (INC), and Kerala Nurses and Midwives Council (KNMC).
- Seat allocation comprises 50% Government quota, 35% Management quota, and 15% NRI quota, determined via a Merit List prepared from qualifying examination marks.
- Candidates must secure at least 70% marks (60% for Latin Catholic candidates) in the qualifying examination (Plus 2) to be eligible.
- NRI candidates will be considered only if a close relative or guardian takes full responsibility and guardianship.

- Latin Catholic students seeking admission under quota must produce a recommendation letter from their parish priest vouching for their aptitude, discipline, and character.

10.3. Refusal and Exclusion

The College reserves the right to refuse admission based on:

- Serious financial, personal, or health issues that affect the candidate's ability to meet Inherent Course Requirements.
- Prior exclusion for misconduct from the College or any other tertiary institution.

10.4. Seat Matrix and Reservation

- Government Quota (LBS Allotment): 28 Seats
- Management Quota (Christian Management): 19 Seats
- NRI Quota (Christian): 08 Seats
- **Total Seats:** 55
- Sponsorship support is available for up to 2 eligible bright students.

10.5. Governance, Roles, and Committees

- **Principal:** Overall in-charge of admissions, website updates, and grievance handling.
- **Admission Committee:** Comprises Managing Director, Principal, Vice-Principal, and B.Sc. Course Coordinator. Responsible for verification, rank list generation for management seats, allotments, and reporting.
- **Document Verification Team (DVT):** Two members (1st-year Coordinator + one faculty member) physically verify original documents during joining and fee payment.
- **Accountant:** Collects fees, issues official receipts, maintains fee registers, and ensures Fee Regulatory Committee (AFRC) compliance.
- **Anti-Ragging Committee Member:** Ensures students and parents submit signed anti-ragging affidavits online and offline per the prospectus.

10.6. Admission Timetable and Schedule

- Issue of online applications begins.

- Last date for online submission (approximately 4 weeks after opening).
- Publication of management rank list (within 10–40 days post-submission deadline).
- Allotment rounds and joining windows (first, second, third allotments with fee payment windows).
- *Mandatory Action:* The Admission Convenor must publish exact dates on the college website and notice board at least 7 days before online registration opens.

10.7. Application Procedure

10.7.1. Pre-Application

- Publish the prospectus and online application link on the college website and official media platforms along with downloadable PDFs.

10.7.2. Online Application

- Candidates register on the portal, fill in personal/academic/quota details, and upload scanned documents.
- Applicants pay a non-refundable application processing fee (specified annually); payment receipts are stored in application records.
- Candidates print application receipts to present during physical document verification.

10.8. Selection and Allotment Procedures

10.8.1. Government Quota

- Allotment lists are obtained directly from the LBS Centre for Science & Technology.

10.8.2. Management and General Quota Admissions

- Applications received via the college website are compiled into a merit list based on qualifying marks.
- Lists are verified and finalized by the Admission Committee.
- Shortlisted candidates receive call letters for interview and document verification.
- Provisional admission is granted post-verification and fee payment.
- Spot allotment and mop-up counselling are conducted for remaining vacancies under KUHS/State Government guidelines.

10.8.3. NRI Admissions

- 15% of total seats (8 seats) are reserved for NRI candidates.
- Candidates must be a child or dependent of an NRI and submit valid sponsor documents.
- Merit lists and admissions are conducted per INC and KUHS guidelines.

10.9. Verification and Document Checklist

Candidates must submit the following original documents at the time of joining:

- SSLC Certificate (for proof of date of birth).
- Higher Secondary / 12th Standard Certificate and Mark List.
- Transfer Certificate (TC) and Conduct Certificate.
- Community / Caste Certificate (if applicable).
- Nativity / Domicile Certificate (if required).
- Identity proof (such as official photo ID or national identity card).
- NRI sponsorship affidavit and supporting documents (for NRI seats).

10.10. Fee Structure and Financial Compliance

- Adhere strictly to the latest Fee Regulatory Committee (AFRC) approved fee schedule.
- **Payment Workflow:** Provisional Allotment → Fee Payment within deadline → Physical Document Verification → Receipt Issuance → Final Admission Confirmation.

10.11. Mandatory Undertakings and Document Custody**10.11.1. Anti-Ragging Undertaking**

- Students and guardians must complete and submit online anti-ragging affidavits before final admission confirmation.

10.11.2. Filing of Original Certificates

- Original certificates are collected, cataloged, and filed in individual student folders.
- Entries are logged in the official Admission Register.
- Documents are stored securely until course completion or official withdrawal.

10.12. Joining, Reporting, and University Registration

- Candidates must report on the specified date with original documents; failure to report within the window results in seat forfeiture.
- Student details (photo, signature, uploaded documents) are registered on the KUHS portal to generate a University Registration ID.

10.13. Statutory Compliance and Audit Verification

10.13.1. Verification by KUHS

- Prepare compiled files (Admission Register, mark sheets, fee receipts, identity proofs, registration copies) for the University admission audit.

10.13.2. Verification by Admission Supervisory Committee (ASC)

- Maintain complete records (rank lists, selection criteria, seat allotment details, application copies, admission registers) for submission to the ASC or Fee Regulatory Committee as required.

10.13.3. University ID Corrections

- Upon receipt of the KUHS University ID, details are verified by the student.
- Correction requests are processed through the college administrative portal to KUHS with supporting documentation.

10.14. Institutional Identification Cards

- Photo and student details are collected following admission confirmation.
- Printed, laminated College ID cards are issued within 2 weeks of course commencement.

10.15. Cancellation and Refund Policy

- Written requests are required for withdrawal of admission.
- Fee refunds and document returns are executed strictly as per institutional, university, and government norms.
- Cancellations are logged in the register and reported to KUHS and LBS.

10.16. Periodic Reporting and Communication Transparency

- Allotment status and updated student data are regularly reported to KUHS, the Admission Supervisory Committee (ASC), and Government authorities.
- Prospectus, application links, rank lists, allotment results, fee schedules, and closing notices must be published on the website and notice board.
- Admission grievances are logged in the Grievance Register and addressed within 7 working days.

10.17. Records Management and Operational Checklist

10.17.1. Document Retention

- All admission records (applications, verified documents, allotment lists, payment receipts, joining lists, refund records, correspondence, anti-ragging affidavits) must be retained for 8 years.

10.17.2. Yearly Operational Checklist

- Update prospectus and fee schedules.
- Publish online application portal.
- Constitute Admission Committee and Document Verification Team.
- Process applications, publish merit lists, and allot seats.
- Verify documents, process fee payments, issue receipts, and complete university registration.

11. Fee Collection Policy (NEFT & Online Banking)

Document Code: LFCN/QAS/POL-11

1. Policy Objective

This policy outlines the procedure and regulations for fee collection through NEFT (National Electronic Funds Transfer) and other online banking methods. The objective is to ensure a transparent, secure, and accountable system of fee payment for students and guardians.

2. Scope

This policy applies to:

- All students enrolled in academic and clinical programs at Little Flower College of Nursing.
- Parents/guardians making fee payments.
- The accounts and administration departments managing fee processing.

3. Accepted Modes of Fee Payment

The following digital payment modes are accepted:

- NEFT (National Electronic Funds Transfer)
- IMPS (Immediate Payment Service)
- RTGS (Real-Time Gross Settlement)
- UPI (Unified Payments Interface)
- Net Banking / Online Banking
- Cheque / Demand Draft (DD)
- *Note:* Cash payments are discouraged unless explicitly approved by the accounts office.

4. Fee Payment Instructions

4.1. Bank Account Details for Fee Transfer

4.1.1. College Account (Tuition & Academic Fees)

- **Account Name:** Little Flower College of Nursing (College A/c)
- **Bank Name:** South Indian Bank
- **Branch:** Thiruvananthapuram
- **Account Number:** 0119073000002111
- **IFSC Code:** SIBL0000119

4.1.2. Hostel & Mess Account

- **Account Name:** Little Flower College of Nursing (Hostel & Mess A/c)
- **Bank Name:** South Indian Bank
- **Branch:** Thiruvananthapuram
- **Account Number:** 0119053000029085
- **IFSC Code:** SIBL0000119

Note: Students must ensure correct bank details are used. The college is not responsible for payments made to incorrect accounts.

4.2. Student Reference Format for Transfers

All students must mention the following format in the remarks or transaction description during transfer:

[Student Name] / [Year or Semester] / Fees

- *Example:* Anjali R / B.Sc 2nd Year / Fees Sem-3

5. Fee Payment Timeline

- Fee payment deadlines will be communicated at the start of each academic term via the college notice board and PTA group.
- A grace period of 7 working days will be granted after the due date. After this period, late fees may apply.

6. Proof of Payment

- Students must submit the transaction receipt or screenshot to the Accounts Department.
- Payment is confirmed only after verification by the college accounts office.

7. Fee Receipt

- Once payment is verified, physical receipts can be collected from the college office upon request.

8. Refund and Adjustment Policy

Refunds, if any (due to excess payment or course withdrawal), will be processed as per the college's refund policy under the following conditions:

- The student must submit a formal request letter to the Principal.
- The Principal forwards the request to the Managing Director via the Finance Officer for final approval.
- Refunds will only be credited to the original source account of payment.
- The refund process may take up to 15 working days following approval.

9. Late Fee and Penalties

- Late fee payment beyond the grace period will attract a penalty of ₹500 per month, unless an official extension is granted.
- Continued non-payment may result in the withholding of exam admission tickets or suspension of academic access.

10. Contact Information for Clarifications

Accounts Department – Little Flower College of Nursing

- **Phone:** 0471-2590032, 0471-2590042
- **Email:** lfcnoofficial2022@gmail.com
- **Office Hours:** 9:00 AM – 4:00 PM (Monday – Saturday)

11. Policy Review

This policy is subject to annual revision or updates in accordance with regulatory guidelines.

12. Transcript Issuing Policy

Document Code: LFCN/QAS/POL-12

12.1. Purpose

This policy outlines the process for requesting and obtaining official transcripts by BSc Nursing graduates. An official transcript is a verified record of the student's academic performance, listing all completed courses, grades, and marks throughout the program.

12.2. Eligibility

Students are eligible to apply for official transcripts only upon:

- Successful completion of the BSc Nursing degree.
- Clearance of all dues (tuition, library, and other applicable fees).

12.3. Application Process

To request a transcript, students must:

1. **Submit a Request Letter:** Addressed to the Principal, requesting issuance of transcripts.
2. **Provide Supporting Documents:**

- KUHS Degree or Provisional Certificate.
- All Semester-wise Mark Sheets (including those for improvement or backlog exams).
- SSLC or equivalent certificate (for date of birth verification).
- Passport-size photograph (as per KUHS format) with signature on the reverse.
- KUHS Registration Number and Year of Passing.
- Optional: Self-addressed envelope (for postal delivery to KUHS or other institutions).

3. **Pay the Transcript Fee:**

A non-refundable fee, as per current college fee structure, must be paid either at the accounts section or via the designated online payment portal

12.4. Certificate Verification & Transcript Format

- All documents submitted will undergo verification against KUHS records.
- Transcripts are issued in the prescribed KUHS format, incorporating standardized fields such as personal and academic details, semester-wise marks, official seal, and principal signature

12.5. Processing and Delivery

- **Processing Time:** Transcripts will be processed within 3 working days from the date of receipt of a complete application.

Delivery Options:

- **In-Person Collection:** Upon verification of identity.
- **Postal Delivery:** Sent directly to institutions upon request. Accurate address must be provided; additional postage charges may apply.

12.6. Important Considerations

- **Accuracy & Completeness:** Delays may result from incomplete forms, errors, or pending dues.
- **Lost/Damaged Transcripts:** Replacement sets require a new application and fee.
- **Policy Updates:** Administrative discretion may prompt revisions; updates will be posted on the official website and notice board.

AMENDMENT — Issuing Authority

With effect from the date of this amendment (1-10-2025), the academic transcript is issued directly by the Kerala University of Health Sciences (KUHS), not by the College. The College's role is limited to receiving the applicant's request, verifying institutional records, obtaining no-dues clearance, and forwarding the verified application to KUHS. All references below to preparation, signature, sealing, or issue of the transcript by the College stand amended accordingly: these steps are performed by KUHS upon receipt of the College's forwarded and verified application.

13. Policy and Procedure for Issuance of Foreign Transcript

Document Code: LFCN/QAS/POL-13

13.1 OBJECTIVES

- Establish a standardized, transparent, and secure institutional framework for receiving applications, verifying academic credentials, preparing, authenticating, and issuing Foreign Transcripts to students and alumni of Little Flower College of Nursing.
- Ensure that academic records required for higher education, employment, professional registration, credential evaluation, migration, or other foreign regulatory purposes meet the operational standards of international receiving authorities and the Kerala University of Health Sciences (KUHS).
- Prevent unauthorized modification, duplication, or improper issuance of confidential academic transcripts through rigorous internal cross-verification and administrative controls.

13.2 SCOPE

This policy applies to all current students, alumni, administrative staff, academic coordinators, and heads of departments at Little Flower College of Nursing involved in the processing, verification, authentication, and dispatch of Foreign Transcripts for international submission.

13.3 GOVERNANCE AND ADMINISTRATIVE RESPONSIBILITIES

The Administrative Office of Little Flower College of Nursing shall bear primary responsibility for the administration of this policy.

Administrative Office:

- Receive, log, and scrutinize applicant requests.
- Collect prescribed fees and foreign authority documentation.
- Verify candidate details against official college and KUHS records.

- Prepare the transcript in the prescribed or requested format.
- Dispatch transcripts via official modes and maintain dispatch records.

Principal / Authorized Signatory

- Provide final institutional authentication and sign verified transcripts.
- Ensure official institutional seals and tamper-evident measures are applied.

13.4 APPLICATION REQUIREMENTS AND SUBMISSION PROCEDURES

13.4.1 Application Mandatory Requirements

Applicants seeking a Foreign Transcript must submit a formal written application to the College Office containing the following verifiable details:

- Full name of the student/alumnus (as recorded in the institutional register and passport)
- KUHS University Register Number
- Academic programme/course completed
- Year of admission and year of completion
- Full title and address of the foreign university, regulatory body, credential evaluation agency (e.g., WES, CGFNS, NNAS), or employer
- Explicit purpose of the foreign transcript request
- Total number of official copies required
- Complete recipient dispatch details (mailing address, official portal, or email contact)

13.4.2 Supporting Documentation

- Copies of official communications, application forms, checklists, or instruction guidelines issued by the receiving foreign authority.
- Prescribed institutional transcript processing fee receipts.

13.5 VERIFICATION OF FOREIGN AUTHORITY & ACADEMIC REQUIREMENTS

13.5.1 Foreign Authority Scrutiny

Prior to transcript preparation, the Administrative Office shall verify:

- Required layout, portal upload protocols, or prescribed application forms.
- Exact name formatting aligned with passport records.
- Specific reporting needs: semester/year-wise subjects, marks, grades, CGPA, credit hours, clinical/practical/internship rotations, and medium of instruction.
- Requirements for sealed, stamped, or signed tamper-evident envelopes, or direct institutional digital dispatch.

13.5.2 Academic Record Cross-Verification

The details entered into any Foreign Transcript must strictly match official institutional and university source files:

- Institutional Student Register and Admission Records
- KUHS Registration and Examination Result Ledgers
- Semester-wise / Year-wise Mark Lists and Credit Statements
- Official Internship and Practical Training Records
- Degree / Provisional Degree Certificate Records

Note: In the event of any discrepancy between applicant submissions and official records, the transcript generation process shall be halted immediately until resolved by the competent academic authority.

13.6 TRANSCRIPT PREPARATION, AUTHENTICATION, AND ISSUANCE

13.6.1 Preparation Guidelines

- Foreign Transcripts shall be generated using approved institutional formats or prescribed foreign evaluation forms.
- No manual alterations, overwriting, white-out corrections, or unapproved modifications shall be permitted after generation.
- The grading scale, credit explanation notes, and medium of instruction clause shall be systematically embedded.
- Every generated transcript shall undergo independent cross-verification by the Academic Coordinator or concerned Head of Department.
- Following academic approval, the document shall be signed by the Principal or authorized signatory and stamped with the official College seal.

13.7 DISPATCH AND DELIVERY PROTOCOLS

13.7.1 Direct Institutional Dispatch

Where the foreign agency mandates direct submission from the institution:

- Hard copies shall be enclosed in an official institutional envelope, securely sealed, and stamped/signed across the flap seal to ensure tamper-evidence.
- Electronic transmissions shall be executed strictly via official institutional domain email addresses or verified secure evaluation portals.
- Courier receipts, tracking numbers, or portal confirmation logs shall be permanently archived.

13.7.2 Hand Delivery to Applicant

Where direct handover to the applicant is permitted:

- Recipient identity shall be verified using government-issued photo ID.
- Formal signature and receipt acknowledgment shall be captured in the Foreign Transcript Register.

13.8 ADDITIONAL COPIES, ERROR CORRECTION, AND RECORDS ARCHIVAL

13.8.1 Additional or Duplicate Copies

Additional copies shall be processed upon receipt of a fresh application and fee payment, using the verified archived baseline data, and logged in the Foreign Transcript Register.

13.8.2 Correction of Errors

- **Pre-issuance:** Transcript shall be destroyed, corrected, re-printed, and re-verified through the full authentication workflow.
- **Post-issuance:** Discrepancies shall be formally reported to the Principal. Upon re-verification, a corrected transcript shall be issued, the original issued document logged as cancelled/recalled in the register, and notification dispatched to the foreign authority if necessary.

13.8.3 Confidentiality and Secure Archival

- Foreign transcript records, blank official transcript stationery, embossing seals, and digital file repositories shall be stored in secure, restricted-access facilities under administrative supervision.
- The Administrative Office shall maintain permanent archival records for every transaction, including application files, verification logs, duplicate copies, fee receipts, and postal/portal delivery proofs.

13.9 POLICY REVIEW AND REVISION SCHEDULING

13.9.1 Periodic Review Schedule

This Policy and Procedure for Issuance of Foreign Transcript shall undergo a formal review every two years by the Administrative Council, IQAC, and Academic Committee, subject to final approval by the Principal.

14. Scholarships Policy

Document Code: LFCN/QAS/POL-14

14.1. Policy Objective and Scope

14.1.1. Objective

To outline the systematic process for the application, processing, disbursement, and monitoring of student scholarships, ensuring transparency, equity, and strict compliance with government, university, and management regulations.

14.1.2. Scope

This policy applies to all prospective and currently enrolled students at Little Flower College of Nursing seeking financial assistance, as well as the administrative officers, faculty coordinators, and staff members involved in scholarship facilitation, verification, and record maintenance.

14.2. Types of Scholarships Available

14.2.1. Management Scholarship (Inspire)

- **Offered by:** College Management.
- **Eligibility:** Primarily intended for students from economically backward families from Trivandrum Archdiocese who maintain high standards of academic performance.

14.2.2. E-Grants Scholarship

- **Offered by:** Scheduled Castes (SC) and Scheduled Tribes (ST) Development Department, Government of Kerala.
- **Eligibility:** Students belonging to SC, ST, Other Eligible Communities (OEC), and socially or educationally backward classes.

14.2.3. Fisheries Scholarship

- **Offered by:** Department of Fisheries, Government of Kerala.

- **Eligibility:** Children of registered fishermen or allied workers pursuing professional degree programs.

14.2.4. C.H. Mohammed Koya Scholarship

- **Offered by:** Directorate of Minority Welfare, Government of Kerala.
- **Eligibility:** Female students belonging to Muslim, Latin Catholic, or Converted Christian (SC) communities. Applicants must have secured at least 50% marks in qualifying examinations and meet prescribed annual family income limits.

14.2.5. Central Sector Scholarship

- **Offered by:** Ministry of Education, Government of India (via National Scholarship Portal).
- **Eligibility:** Students scoring above the 80th percentile in Class XII with a total annual family income of less than ₹4.5 Lakhs.

14.2.6. Vidya Samunnathi Scholarship

- **Offered by:** Kerala State Welfare Corporation for Forward Communities (Samunnathi).
- **Eligibility:** Students from economically backward sections of forward communities.
- **Benefits:** Financial grants provided annually for students pursuing professional courses, including B.Sc. Nursing.

14.2.7. Parent-Teacher Association (PTA) Scholarship

- **Offered by:** Parent-Teacher Association (PTA) of the college.
- **Eligibility:** Awarded based on internal criteria focusing on academic excellence, extracurricular achievement, or sudden financial emergencies.

14.2.8. Alumni Scholarship (Kaithang)

- **Offered by:** Little Flower College of Nursing Alumni Association.
- **Eligibility:** Deserving students identified by the association based on financial need and academic commitment.

14.2.9. KUHS Merit Scholarship

- **Offered by:** Kerala University of Health Sciences (KUHS).

- **Eligibility:** Students achieving top university ranks or exceptional academic scores in university examinations.

14.2.10 Ability aid international

14.2.11 Ruby Jubilee Scholarship

- **Offered by:** Jubilee Memorial Hospital, Trivandrum
- **Eligibility:** Primarily intended for students hailing from financially weaker sections of the Trivandrum Archdiocese who exhibit high standards of academic performance

14.3. General Procedure for Scholarship Processing

14.3.1. Notification and Announcement

- Scholarships are notified via the college notice board, official website, and classroom announcements.
- The administrative office circulates detailed instructions regarding eligibility criteria, required documentation, and submission deadlines.

14.3.2. Application Collection and Submission

- Students collect physical forms or complete applications online via designated portals as instructed:
- **Merit-cum-Means Portal:** www.minorityaffairs.gov.in
- **E-Grants Portal:** www.egrantz.kerala.gov.in
- **Fisheries Department Portal:** www.fisheries.kerala.gov.in

14.3.3. Document Verification Checklist

Students must submit physical copies of the following supporting documents to the administrative office:

- Printed copy of the online application form.
- Community Certificate.
- Income Certificate.
- Copy of official national identity card.

- Bank Passbook copy (showing account number, branch, and IFSC).
- Bonafide Student Certificate issued by the college.
- Mark sheets of qualifying/previous examinations.

14.3.4. Institutional Verification and Forwarding

- Administrative staff verify submitted documents against eligibility requirements.
- Upload official verification status on respective central and state online portals.
- Prepare and forward physical verification certificates and covering letters to the respective departments for offline schemes.

14.3.5. Tracking and Status Follow-up

- The office maintains a centralized Scholarship Register and digital log tracking the status of every application.
- Regular follow-ups are conducted with government departments and portal administrators to resolve pending approvals.

14.3.6. Disbursal of Funds

- Direct Benefit Transfer (DBT) funds (excluding specific institutional concessions like ABLC) are credited directly into verified student bank accounts.
- Students are required to confirm receipt with the Accounts Department upon disbursal.

14.3.7. Reporting and Record Retention

- Periodic reports of sanctioned scholarships are compiled and reviewed by institutional leadership.
- Scholarship files and supporting documentation are retained for a minimum of 3 years for auditing purposes.

14.4. Roles and Responsibilities

- **Principal:** Overall supervision, institutional compliance, and official communications with statutory bodies.

- **Scholarship Nodal Officer/ Vice Principal:** Online portal verification, application processing, document checks, and agency coordination.
- **UD Clerk:** Record maintenance, status reporting, and verification of income/community certificates.
- **Accountant:** Fund tracking, receipt documentation, and financial audit alignment.
- **Class Coordinators:** Communicating announcements, tracking student deadlines, and assisting in initial form collection.
- **IT Support Staff:** Technical assistance with online portals, student form uploads, and system issues.

14.5. Monitoring, Audit, and Policy Review

14.5.1. Monitoring and Audit Compliance

- The Principal conducts monthly operational reviews of scholarship applications and disbursements.
- Individual files and documentation folders are maintained separately for each scholarship scheme.
- Full compliance is maintained for internal, Government, KUHS, and management audit requirements.
- Institutional student records are regularly updated with current scholarship status.

14.5.2. Policy Review and Updating

- The Scholarship Policy and operational procedures are reviewed annually by the Admission and Finance Committees.
- Revisions in state, central, or university scholarship schemes are integrated into the policy immediately upon notification.

15.Examination-Related Procedures Policy (KUHS-Compliant)

Document Code: LFCN/QAS/POL-15

15.1. Policy Objective and Scope

15.1.1. Objective

To outline the standardized procedures for managing all examination-related activities at Little Flower College of Nursing in full compliance with Kerala University of Health Sciences (KUHS) regulations. It ensures transparency, accountability, procedural integrity, and efficient coordination across all academic and administrative departments.

15.1.2. Scope

This policy applies to all university examinations (theory, practical, and viva-voce) conducted at Little Flower College of Nursing under KUHS. It encompasses all undergraduate and postgraduate nursing students, faculty members, invigilators, administrative and IT support staff, external examiners, and institutional leadership involved in examination administration.

15.2. Notification and Communication Flow

15.2.1. Portal Monitoring and Circulation

- KUHS issues examination-related notices, circulars, and schedules via its official web portal.
- The College Administrative Office promptly monitors the portal and circulates official communications to Class Coordinators and Head of Departments (HODs).

15.2.2. Class Coordinator Duties

- Notify eligible students and respective subject faculty immediately upon receipt of university circulars.
- Coordinate with academic departments to ensure timely entry and verification of internal assessment marks and attendance records.

15.3. Examination Fee Collection and Remittance

15.3.1. Collection and Documentation

- Collect prescribed university examination fees from eligible candidates in strict accordance with the KUHS schedule.
- Document all financial transactions, issue official institutional receipts, and maintain a consolidated candidate-wise fee statement.

15.3.2. Online Remittance and Audit Readiness

- Remit collected examination fees to KUHS through the designated online payment gateway before the stipulated deadline.
- Retain payment confirmation receipts and bank transaction records in an audit-ready examination file.

15.4. Examination Registration and Verification

15.4.1. Eligibility Verification

- Compile the list of eligible candidate applications for KUHS exam registration.
- Class Coordinators verify individual student attendance percentages, internal assessment marks, and clinical completion criteria against KUHS eligibility thresholds.

15.4.2. Document Endorsement and Upload

- Obtain physical signatures from candidates, respective HODs, and the Principal on consolidated attendance and internal mark master sheets.
- Upload verified student data and mapped faculty details onto the KUHS portal.
- Archive generated registration slips, verification sheets, and audit files for administrative reference.

15.5. Timetable and Examination Logistics

15.5.1. Notification and Scheduling

- Upon publication of the official KUHS timetable, notify all stakeholders and display the schedule prominently on official notice boards.
- Draft and circulate official duty orders for Invigilators, Vigilance Officers, and the Chief Superintendent; officially communicate the duty roster to KUHS as mandated.

15.5.2. Purchases and Logistics

- Identify necessary examination materials (stationery, seals, packing materials) and process requisitions.
- Record all examination-related purchases in the institutional Purchase Register.

15.6. Examination Hall Preparation**15.6.1. Infrastructure and Facility Readiness**

- Ensure examination halls are cleaned and arranged with student roll numbers clearly displayed on desks according to university seating norms.
- Confirm functional operation of surveillance cameras, mobile jammers, lighting, ventilation/fans, and adequate single-seating infrastructure.

15.6.2. Materials and Answer Script Inspection

- Provide essential hall materials including draft paper, attendance registers, drinking water, and sanitization facilities.
- Inspect blank answer script bundles upon receipt: verify physical condition, confirm serial number continuity, and enter script ranges into the Physical Stock Register.

15.7. Hall Ticket Issuance**15.7.1. Portal Entries**

- Complete theory batch mapping, candidate validation, and assigned faculty data entry on the KUHS portal upon allocation approval.

15.7.2. Generation and Distribution

- Download and print official hall tickets.
- Secure physical signatures from the candidates and official endorsement from the Principal.
- Distribute hall tickets to eligible candidates and retain physical/digital backup copies in the examination cell.

15.8. Day of Examination Protocol

15.8.1. Morning Setup and Technical Verification

- Chief Superintendent, Invigilators, and office staff must arrive at the examination cell by 8:00 AM.
- Re-verify hall physical seating arrangements, environmental conditions, and security measures.
- Ensure dedicated IT personnel are on-site to operate camera surveillance systems, mobile jammers, network connections, and secure printing hardware.

15.8.2. Question Paper Printing and Documentation

- Download and print secure password-protected question papers, Invigilators' diaries, candidate photo attendance sheets, and duty registers within the prescribed KUHS time window.
- Download any online university updates or corrections issued prior to exam commencement.
- Record absentee candidate details on the portal within the strict timeframe mandated by KUHS.
- Log answer sheet stock usage onto the KUHS portal and archive physical printouts of all logs.

15.9. Mandatory Register Maintenance

15.9.1. Hardcopy Registers

The Examination Cell must maintain and periodically verify the following physical, tamper-evident hardcopy registers:

- Student Attendance Register
- Staff Duty Register
- Physical Register (Paper Issue, Damage, and Wastage)
- Strip Seal Register
- Confidential Room Access Register
- Examination Stock Register

15.10. Packing and Dispatching Answer Scripts

15.10.1. Bundle Preparation Under Supervision

Pack answer scripts strictly under the direct supervision of the Chief Superintendent:

- **Part 1 (Pink Slips):** Detach and securely bundle student detail strips as per KUHS instructions.
- **Main Script Cover:** Enclose theory answer sheets (maximum 25 per bundle) in designated brown covers along with the pink slips, Invigilator's Diary, Chief Superintendent (CS) Diary, and stock entry confirmation printouts. This should be sent to university on the date of examination.
- **Surveillance Data:** Include the designated storage media (e.g., pen drive/disc) containing unedited CCTV camera recordings of the exam hall and confidential room on the final day of examination.

15.10.2. Sealing and Dispatch

- Seal bundles with official strip seals, wrap in protective brown paper and waterproof outer covers, affix official address labels, and endorse seals.
- Log dispatch details in the outgoing register, dispatch bundles to KUHS via approved postal/courier channels, and retain official postal receipts and acknowledgments.

15.11. Remuneration and Contingency Claims

15.11.1. Online Claim Processing

- Following completion of examinations, enter duty remuneration details onto the KUHS portal for Chief Superintendents, Invigilators, IT staff, administrative staff, and supporting personnel.
- Verify, consolidate, and forward contingency and remuneration claims in alignment with institutional financial protocols and KUHS allowances.

15.11.2. Disbursal of Remuneration

- Upon approval and credit of funds from KUHS, disburse payments to staff via direct bank transfer or official cash payment (per institutional policy).
- Maintain a consolidated Disbursement Register containing recipient staff signatures and transaction references for internal and external financial audit.

15.12. Practical Examination Procedures

15.12.1. Scheduling and Area Preparation

- Upon KUHS publication of practical examination schedules, notify respective Class Coordinators, HODs, and clinical faculty via the Principal.
- Arrange internal duty rosters, complete student batch entries (including Chairman/Convenor mapping), and send formal clinical facility access requests to clinical training areas.
- Issue required clinical examination materials, specimens, and equipment, recording all items in stock and purchase logs.

15.12.2. Evaluation and Submission

- Upload daily practical marks directly onto the KUHS portal on the day of evaluation and archive signed hardcopy mark sheets.
- Collect External Examiner remuneration forms, process instant disbursement/claims, and dispatch evaluated practical answer scripts, mark sheets, attendance lists, and financial vouchers to KUHS per guidelines.

15.13. Examiner Details Management

15.13.1. Profile Database and Uploads

- Upload internal and external faculty examiner profiles onto the KUHS portal adhering strictly to prescribed formats (including subject specialization, teaching experience, official designation, contact information, and bank account details).
- Maintain these confidential records securely within the Examination Cell and update faculty data annually or upon institutional profile changes.

15.14. Roles and Responsibilities

- **Principal / Chief Superintendent:** Overall administrative command, surveillance oversight, official communication with KUHS, question paper printing authorization, and script dispatch integrity.
- **College Examination Cell / Nodal Officer:** Portal data management, registration processing, hall ticket distribution, registry maintenance, and practical exam coordination.
- **Class Coordinators & HODs:** Mark entry verification, candidate eligibility validation, attendance checks, and department-level scheduling.

- **Invigilators:** Direct examination room supervision, candidate verification, attendance collection, script collection, and adherence to hall discipline.
- **IT Support Staff:** Maintenance and uninterrupted operation of CCTV surveillance, mobile jammers, secure downloading/printing infrastructure, and portal uploads.
- **Accounts Department:** Examination fee collection, university fee remittance, staff remuneration disbursal, and financial claim documentation.

15.15. Monitoring, Audit, and Policy Review

15.15.1. Internal and External Audit Compliance

- The Principal and Examination Nodal Officer conduct post-examination operational reviews after each university exam series.
- All physical registers, CCTV storage archives, dispatch receipts, and mark statements must be preserved for the statutory period mandated by KUHS and made available for University Vigilance Squads, KUHS Inspectors, and internal audit teams.

15.15.2. Policy Review and Updates

- This policy shall be reviewed annually by the College Examination Committee.
- Any regulatory amendments, circulars, or revised procedural guidelines issued by KUHS shall be integrated into this policy immediately upon notification.

16. Policy on Evaluation, examination and Internal assessment

Document Code: LFCN/QAS/POL-16

.16.1. Policy Objective and Scope

16.1.1. Objective

This policy establishes standardized guidelines and quality assurance mechanisms for continuous evaluation, internal assessment, clinical performance measurement, assignment tracking, attendance compensation, and examination grievance redressal at Little Flower College of Nursing in full alignment with Kerala University of Health Sciences (KUHS) norms.

16.1.2. Scope

This policy applies to all undergraduate (B.Sc. Nursing) and postgraduate nursing students, internal faculty evaluators, clinical supervisors, administrative staff, Exam Scrutiny Cell members, and Examination Grievance Redressal Committee members involved in academic assessment and examination administration

16.2. Policy on Evaluation

16.2.1. Introduction and Objectives

Policy evaluation applies evaluation principles and methods to examine the content, implementation, or impact of an academic policy. Evaluation is the activity through which the institution establishes the worth and utility of an assessment process.

- Clear documentation concerning self-evaluation and external evaluation.
- Developing quality assurance processes and evaluation methods to ensure quality of provision and maintenance of award standards.
- Providing the examination schedule in the institutional Prospectus.
- Addressing grievances pertaining to examination and evaluation in a timely, hassle-free manner.

16.2.2. Theory Evaluation Regulations

- **Assessment Basis:** Calculation of internal marks is based on ongoing continuous assessment.
- **Minimum Examinations:** A minimum of three (3) written examinations must be conducted for each subject.
- **Mark Calculation:** Average of the best two written examinations (University Model Examination is mandatory) is considered for internal mark calculation
- **Additional Methods:** Marks from other evaluation methods (assignments, seminars, projects) are added to the internal marks.
- **Class Average Cap:** The class average of internal assessment marks for theory shall not exceed 75% of maximum marks.
- **Eligibility Threshold:** Candidates must secure a minimum of 50% marks in theory internal assessment for a particular subject to be eligible to appear in the University examination for that subject.
- **Candidate Verification:** Internal marks must be verified and signed by the candidate prior to transmission to the University.

16.2.3. Theory Internal Marks Weightage Breakdown

- **Average of Written Examinations:** 80% weightage
- **Other Evaluation Methods (Assignments/Seminars/Projects):** 20% weightage
- **Total:** 100%

16.2.4. Practical Evaluation Regulations

- **Venue:** All practical examinations must be conducted in the respective clinical areas.
- **Periodic Assessment:** Ongoing periodic assessments for each subject are conducted separately; the final practical assessment is the mandatory University Model Examination.
- **Additional Methods:** Marks from evaluation methods like clinical assignments and projects are added to practical internal marks.

- **Class Average Cap:** The class average of internal assessment marks for practical shall not exceed 75% of maximum marks.
- **Eligibility Threshold:** Candidates must secure 50% marks in practical internal assessment (including viva) in a particular subject to be eligible to appear in the University examination for that subject.
- **Candidate Verification:** Internal practical marks must be verified and signed by the candidate prior to transmission to the University.

16.2.5. Practical Internal Marks Weightage Breakdown

- **Ongoing Clinical Evaluation:** 40% weightage
- **Clinical Assignments:** 30% weightage
- **Internal Practical Examination:** 30% weightage
- **Total:** 100%

16.3. Clinical Evaluation Policy

16.3.1. Role of Faculty

The role of faculty in clinical evaluation is to observe and measure student performance during clinical postings, provide timely feedback on strengths and areas needing improvement, and document summary observations, conclusions, and recommendations.

16.3.2. Clinical Evaluation Objectives and Procedures

- **Periodic Assessment:** Clinical evaluation is carried out periodically by designated clinical supervisors using official clinical evaluation forms (documented in designated institutional file records).
- **Model Practical Examinations:** Model practical exams are conducted at the conclusion of clinical postings to assess clinical competency.
- **Clinical Assignments:** Assignments mandated by the KUHS syllabus are evaluated by clinical supervisors using standardized evaluation formats.

- **Final Practical Calculation:** Final practical marks are computed from clinical assignments, periodic clinical evaluation, and model practical examination scores per KUHS norms.

16.4. Assignment and Feedback Policy

16.4.1. Assignment Policy Guidelines

- **Definition:** Assignments cover routine care, academic activities, and procedures within the B.Sc. Nursing curriculum.
- **Format Requirements:** All submitted activity record files and assignments must be neat and include a standardized front cover page specifying assignment name, student name, year of study, faculty name, faculty designation, and submission date.
- **Notification:** The assignment schedule per the syllabus is communicated at the beginning of the academic year with clear submission deadlines.
- **Assignment Weightage in Internal Assessment:**
 - **Theory Internal Assessment:** 20% weightage
 - **Practical Internal Assessment:** 30% weightage
- **Documentation:** Assignment submissions and marks are logged in designated hardcopy registers.

16.4.2. Assignment Feedback Policy

- **Correction Timeline for Assignments:**
 - Clinical assignments: Corrected and returned with feedback within 5 days of submission.
 - Theory assignments: Corrected and returned with feedback within 2 weeks (14 days) of submission.
- **Evaluation Criteria:** Faculty must adhere to official rubrics/evaluation criteria available in the subject files.
- **Submission Tracking:** Faculty maintain a dedicated receipt/handover log signed by students upon assignment submission and return.

- **Examination Script Review:** Answer scripts for internal tests must be evaluated and returned to students within 2 weeks, accompanied by constructive feedback.

16.5. Internal Assessment Conduction Policy

16.5.1. General Assessment Rules

- **Frequency and Pattern:** Minimum of three periodic assessments per subject (theory, viva, and practical). The final examination follows the exact KUHS pattern for student familiarization.
- **Averaging:** Internal assessment marks are calculated taking the average of the best two periodic test scores.
- **Class Average Caps:**
 - Regular Examinations: Class average shall not exceed 75% of maximum marks.
 - Supplementary Examinations: Class average shall not exceed 80% of maximum marks.

(Note: This cap is waived when only one student is registered for the course.)

- **Eligibility Criterion:** Minimum of 50% marks in theory and practical (including viva) separately to qualify for University examinations.
- **Result Declaration:** Internal examination results are declared within 7 to 15 working days following completion.
- **Parental Intimation:** Test performance is communicated to parents via progress cards and periodic Parent-Teacher Meetings (PTM).
- **Mentoring and Support:** Assessment data identifies slow and advanced learners. Mentors address academic/personal issues, provide guidance, and slow learners are offered an additional chance for theory internal mark improvement. In cases of re-tests, the updated score is taken as final.
- **Schedule and Registers:** Assessment schedules are published in the annual rotation plan, timetables are announced 1 month prior, and a common internal assessment register is maintained for each batch.

16.6. Policy for Compensation of Lost Days

16.6.1. Academic Attendance Requirements

Students are required to strictly adhere to the academic duration prescribed by KUHS. Any shortfall in attendance must be compensated according to institutional rules.

16.6.2. Compensation Guidelines

- **Practical Attendance:** 100% attendance is compulsory in clinical/practical postings.
- **Theory Attendance:** Students with less than 80% theory attendance must compensate via Self-Directed Learning (SDL) and mandatory library hours on 2nd Saturdays.
- **Practical Shortfall:** Students with less than 80% practical attendance must complete makeup hours in clinical areas prior to being declared eligible for University exams.
- **Medical Absences:** Lost days on genuine medical grounds may be compensated on holidays upon student request.
- **Late Admissions & Unexcused Absences:** All other lost days or late admission shortfalls are compensated at the end of the course or by increasing daily working hours and working on 2nd Saturdays, subject to academic guidance.

16.7. Examination Scrutiny Cell Policy

16.7.1. Constitution and Function

The Exam Scrutiny Cell functions as an internal quality assurance mechanism located in the Confidential Room adjacent to the Examination Hall. It ensures transparency, accuracy, fairness, and compliance with KUHS examination norms.

16.7.2. Committee Structure

- **1. Principal** — Chairman
 - *Responsibilities:* Overall supervision and policy decisions.
- **2. Vice-Principal** — Faculty Coordinator (University & Internal Examinations)
 - *Responsibilities:* Facilitates planning, coordination, and conduct of internal and University exams; ensures adherence to guidelines and timely evaluation.

– **3. Associate Professor** — Secretary (University Examinations)

– *Responsibilities:* Oversees University examination activities, documentation, and university compliance.

– **4. Associate Professor** — Secretary (Internal Examinations)

– *Responsibilities:* Coordinates internal examination scheduling, conduct, evaluation, and record maintenance.

– **5. HOD** — Scrutiny Cell Member

– *Responsibilities:* Verifies examination records, assessment documents, and result accuracy.

– **6. HOD** — Scrutiny Cell Member

– *Responsibilities:* Verifies assessment documents, result data, and compliance.

– **7. Examination Clerk** — Administrative Support

– *Responsibilities:* Management of University examination records and official correspondence.

16.7.3. Operational Rules and Timelines

– **Syllabus Intimation:** Portion for tests/sessionals intimated to students at least 15 days prior with Principal's concurrence.

– **Question Paper Sets:** Subject faculty submit 3 sets of question papers with answer keys to the Scrutiny Cell at least 10 days prior to the exam.

– **Selection & Printing:** Scrutiny Cell randomly selects 1 paper at least 5 days prior; typing, formatting (KUHS model), and copying are completed at least 3 days prior.

– **Question Formats:** Unit tests are set for 25 marks (1 hour); Sessional/Model exams are set for 75 marks (3 hours).

– **Answer Booklet Assembly:** Answer sheets (minimum 5 writing sheets + 1 facing sheet with exam code) are assembled 2 days prior with administrative assistance.

– **Conduct and Invigilation:** Invigilation lists are pre-approved by the Principal. Students must arrive 5 minutes prior. One Scrutiny Cell member serves as Chief Superintendent for sessionals. Scrutiny Cell oversees answer script collection, packing, and secure handover to evaluators.

16.8. Examination Grievance Redressal Policy

16.8.1. Objectives and Scope

The Examination Grievance Redressal Committee addresses student concerns regarding internal and external evaluation, mark compilation, and examination conduct promptly, confidentially, and without fear of victimization.

16.8.2. Committee Membership

- **Principal**
- **Vice-Principal**
- **Secretary (University Exams)**
- **Secretary (Internal Exams)**
- **Faculty Representative**

16.8.3. Grievance Submission and Redressal Mechanism

– **Lodging Complaints:** Students submit grievances in writing using the format available in the Exam Cell, drop complaints in the Suggestion/Grievance Box in the Administrative Block, or email the Grievance Cell In-Charge.

– **Procedure:**

1. Student submits written grievance with supporting documentation
2. Committee reviews complaint and available records.
3. Hearing conducted providing student an opportunity to present the case.
4. Committee determines resolution and submits report/recommendation to institutional authority.
5. Necessary corrective action executed.
6. Final decision communicated to complainant in person and officially logged.

16.9. Monitoring, Audit, and Policy Review

16.9.1. Monitoring and Audit Compliance

- All assessment logs, internal mark registers, assignment tracking sheets, and Scrutiny Cell records are subject to monthly administrative review by the Principal.
- Documentation must be kept audit-ready for verification by KUHS, Kerala Nursing Council (KNC), Indian Nursing Council (INC), and internal quality auditors.

16.9.2. Policy Review and Updating

- This policy shall be reviewed annually by the IQAC and Examination Scrutiny Cell in consultation with the Principal.
- Statutory changes mandated by KUHS will be incorporated into this policy immediately upon official notification.

17. Discipline Policy

Document Code: LFCN/QAS/POL-17

17.1. Policy Objective and Scope

17.1.1. Objective

To maintain high standards of clinical ethics, academic integrity, and campus decorum while fostering a safe, professional, and respectful environment for nursing education at Little Flower College of Nursing.

17.1.2. Scope

This policy applies to all prospective and currently enrolled undergraduate and postgraduate nursing students across all academic classrooms, clinical postings, college hostels, institutional buses, and college premises.

17.2. Attendance and Academic Discipline

17.2.1. Policy Standards

- A minimum of 80% attendance in theory classes is mandatory for KUHS examination eligibility.
- A minimum of 100% attendance in clinical/practical postings is mandatory for KUHS examination eligibility.

17.2.2. Violations

- Frequent absenteeism, unexcused leave, or falling below the mandatory attendance thresholds (80% theory / 100% clinical).

17.2.3. Disciplinary Actions

- **First Warning:** Parental notification and mandatory counseling.
- **Severe Action:** Debarment from appearing in University Examinations (no condonation allowed per KUHS regulations).

- **Repeated Offense:** Extension of course duration via mandatory additional internship/clinical hours.

17.3. Clinical Ethics and Professionalism

17.3.1. Policy Standards

- Students must maintain strict patient confidentiality and privacy.
- Hospital equipment and instruments must be handled with utmost care.
- Students must strictly adhere to the prescribed dress code ("Regular Uniform + White Coat") during clinical duties.

17.3.2. Violations

- Negligence in patient care, breach of patient privacy, willful or negligent damage to hospital property, or reporting to duty without the prescribed uniform.

17.3.3. Disciplinary Actions

- **Minor Offense:** Immediate removal from clinical duty for the day (marked as Absent).
- **Medium Offense:** Payment of full replacement/repair cost for damaged equipment or instruments.
- **Major Offense:** Suspension from clinical postings for 1–2 weeks, requiring a mandatory "Make-up" posting period after the academic year.

17.4. Anti-Ragging and Harassment Policy

17.4.1. Policy Standards

- Zero tolerance for any form of physical, verbal, psychological, or digital harassment of junior students, in accordance with the Kerala Prohibition of Ragging Act.

17.4.2. Violations

- Teasing, manhandling, intimidation, or forcing junior students to perform tasks against their will.

17.4.3. Disciplinary Actions

- **Immediate Action:** Immediate suspension pending formal inquiry by the Anti-Ragging Cell.
- **Permanent Penalty:** Expulsion from the College and permanent debarment from admission to any KUHS-affiliated institution.
- **Legal Action:** Immediate filing of a First Information Report (FIR) with local police authorities for criminal proceedings.

17.5. Campus Decorum and Ethics

17.5.1. Policy Standards

- Unauthorized use of mobile phones during class and clinical hours is prohibited.
- Political activities, unionization, strikes, and substance abuse are strictly forbidden on campus and in college hostels.

17.5.2. Violations

- Unauthorized possession or use of electronic devices during academic/clinical hours.
- Participation in political activities, unauthorized gatherings, or strikes.
- Possession, distribution, or consumption of narcotics, alcohol, or banned substances.

17.5.3. Disciplinary Actions

- **Unauthorized Mobile Phone Use:** Confiscation of the device for a period of 1 month and a formal written warning.
- **Political Activity / Strikes:** Suspension from the college and hostel for a specified duration determined by institutional leadership.
- **Substance Abuse:** Immediate dismissal from the college and hostel without possibility of readmission.

17.6. Leave and Movement Control

17.6.1. Policy Standards

- Prior verbal notification to the Class Coordinator and Hostel Warden is required before taking leave.
- Submission of an officially signed Leave Card/Application to the Principal is mandatory prior to departure.

17.6.2. Violations

- Leaving the hostel or college campus without an approved "Out-Pass".
- Missing academic classes or clinical duties without informing the Class Coordinator.

17.6.3. Disciplinary Actions

- **First Offense:** Written explanation and formal warning letter placed in the student's personal file.
- **Second Offense:** Restriction from leaving the hostel for weekend outings (Hostel Lock-in) for 1 month.
- **Repeated Offense:** Suspension from the hostel or college.

17.7. Monitoring, Audit, and Policy Review

17.7.1. Monitoring and Audit Compliance

- All disciplinary records, incident logs, and attendance reports are monitored periodically by the Disciplinary Committee and Principal.
- Anti-ragging declarations and disciplinary action reports are maintained for institutional compliance and statutory audits.

17.7.2. Policy Review and Updating

- The Discipline Policy shall be reviewed annually by the Disciplinary Committee and IQAC in consultation with the Principal.
- Amendments to state laws, university regulations, or KUHS directives regarding student conduct will be integrated into this policy immediately upon notification.

18. Student Leave & Attendance Policy

Document Code: LFCN/QAS/POL-18

18.1. Policy Objective and Scope

18.1.1. Objective

To establish a structured framework that ensures students maintain the mandatory attendance levels required for professional nursing competency and university examination eligibility in strict compliance with Kerala University of Health Sciences (KUHS) regulations.

18.1.2. Scope

This policy applies to all undergraduate nursing students enrolled at Little Flower College of Nursing, class coordinators, clinical supervisors, hostel wardens, and institutional leadership involved in student attendance tracking, leave approval, and academic eligibility verification.

18.2. Mandatory Attendance Requirements

- **Theory:** A minimum of 80% attendance in each subject is mandatory to register for University Examinations.
- **Practical/Clinical:** A minimum of 100% attendance is required for each practical/clinical posting.
- **Internship (Semester VIII):** 100% attendance is mandatory. Any absence during the internship must be compensated to complete the required hours.
- **Important Note:** Per KUHS regulations, nursing education is a regular, full-time mode of study. The 80% theory requirement is a "mandatory minimum" and cannot be diluted under any circumstances, including medical or maternity leave.

18.3. Categories and Types of Leave

18.3.1. Vacation Leave / Semester Break

- Provided as per the official academic schedule notified by the college and university.

18.3.2. Public Holidays

- Observed as notified by the Government of Kerala and the University.

18.3.3. Condonation

- Maximum 5% condonation.
- Granted only once during the entire course period on genuine medical grounds for students falling between 75% and 80% theory attendance.

18.3.4. Maternity Leave

- Up to 180 Days (6 months).
- Students may avail up to 6 months of leave; however, this period is not counted as attendance toward the mandatory minimum requirements.

18.3.5. Duty Leave

- Granted on a case-specific basis for University-approved events or sports.
- Duty leave does not count toward the 80% theory or 100% clinical attendance requirement but prevents disciplinary action for absence.

18.4. Leave Application Procedure**18.4.1. Notification Protocol (Prior to Leave)**

- Before a student can be absent, parents or legal guardians must provide immediate verbal notification to the appropriate staff members:
 - **For All Students:** A direct phone call must be made to the Class Coordinator.
 - **For Hostlers (Residential Students):** In addition to the Class Coordinator, parents must notify the Hostel Warden to ensure safety protocols are met.
- A formal Leave Application along with the student's Leave Card must be submitted to the Class Coordinator.
- The Class Coordinator forwards the application to the Principal for final signature and official authorization.

18.4.2. Medical Leave

- Applications must be supported by a Medical Certificate from a registered medical practitioner (preferably from the parent hospital).
- For absences exceeding 3 days, a formal medical fitness certificate is required upon rejoining duty/classes.

18.4.3. Emergency Leave

- In case of unforeseen events, the student or guardian must inform the Class Coordinator via phone or email within 24 hours, followed by a formal written application upon return.

18.5. Attendance Compensation and Break of Study

18.5.1. Compensation of Attendance Shortage

- **Clinical Postings:** Since 100% clinical attendance is required, any leave taken during clinical postings must be compensated (made up) during vacations or after regular course hours, as decided by the Head of Department (HoD).
- **Theory Shortage:** Students with less than 80% theory attendance will not be permitted to appear for the University Examination and must attend classes with the junior batch to make up the shortage.

18.5.2. Break of Study & Rejoining

- **Short Break:** If a student is absent for more than 30 consecutive days, they must obtain "Condonation of Break of Study" approval from KUHS to rejoin the course.
- **Maternity Rejoining:** Students rejoining after maternity leave (up to 180 days) must submit a medical fitness certificate and are exempt from "Break of Study" fees if they rejoin within the stipulated university window.

18.6. Prohibited Conduct and Unauthorized Absence

- **Voluntary Withdrawal:** Continuous unauthorized absence exceeding 15 days will be treated as voluntary withdrawal from the course, and the student's name will be removed from the rolls.

18.7. Monitoring, Audit, and Policy Review

18.7.1. Monitoring and Audit Compliance

- Attendance registers and monthly cumulative statements are reviewed by class coordinators and submitted to the Principal.
- Attendance records and leave documentation are preserved for institutional audit and verification by KUHS.

18.7.2. Policy Review and Updating

- This policy shall be reviewed annually by the Academic Council and IQAC in consultation with the Principal.
- Directives issued by Kerala University of Health Sciences (KUHS) or regulatory bodies regarding attendance guidelines will be updated in this policy immediately upon notification.

19. Uniform Policy

Document Code: LFCN/QAS/POL-19

19.1. Policy Objective and Scope

19.1.1. Objective

To establish uniform dress code specifications and grooming standards for all nursing students at Little Flower College of Nursing. The uniform is a symbol of the nursing profession and the institution; therefore, it must be worn with dignity, cleanliness, and strict adherence to institutional guidelines.

19.1.2. Scope

This policy applies to all undergraduate and postgraduate nursing students during classroom lectures, clinical postings, community health field postings, laboratory practicals, internal examinations, and official institutional events.

19.2. Regular Academic Uniform

The Regular Academic Uniform must be worn during all classroom lectures, college events, and internal examinations.

19.2.1. Specifications for Female Students

- **Shirt:** Sky blue/tea green, half-sleeve shirt with overcoat type design.
- **Trousers:** Navy blue, formal fit trousers.
- **Footwear:** Polished black shoes with navy blue socks.

19.2.2. Specifications for Male Students

- **Shirt:** Sky blue/tea green, full-sleeve shirt (strictly tucked in).
- **Trousers:** Navy blue, formal trousers.
- **Footwear:** Polished black shoes with navy blue socks.

19.3. Clinical Posting Protocol

When attending hospital duties or laboratory practicals, the following additions are mandatory for both male and female students:

- **Primary Dress:** The standard Regular Academic Uniform as specified above.
- **The White Coat:** A clean, ironed White Lab Coat must be worn over the regular uniform at all times within the clinical setting.
- **Footwear:** Polished black shoes and navy blue socks for hygiene and safety.

19.4. Community Health Nursing Uniform

Specifically for rural and urban community field postings, female students will transition to the following attire:

- **Top:** Blue and white striped Churidar top.
- **Bottom:** Navy blue trousers.
- **Shawl:** Navy blue shawl, neatly pinned on both shoulders.
- **Footwear:** Polished black shoes with navy blue socks.

19.5. General Grooming and Compliance

To maintain professional nursing standards, students must ensure adherence to the following grooming guidelines:

- **Maintenance:** Uniforms must be clean, well-pressed, and free of stains or tears.
- **ID Cards:** The Institutional Identity Card is a mandatory part of the uniform and must be worn and visible at all times.
- **Hair and Nails:** Hair must be neatly tied (in buns during clinical duties); nails must be kept short, clean, and free of nail polish or henna.
- **Jewelry:** Only minimal jewelry (small stud earrings) is permitted; heavy ornaments, wrist accessories, or watches that interfere with hand hygiene are prohibited.

19.6. Non-Compliance and Disciplinary Action

- **Penalties:** Students found in violation of the prescribed dress code or grooming standards may be barred from attending classes or clinical postings and marked as "**Absent**" for the day.

19.7. Monitoring, Audit, and Policy Review

19.7.1. Monitoring and Audit Compliance

- Daily compliance is monitored by class coordinators, clinical supervisors, and the Disciplinary Committee.
- Uniform inspections are conducted periodically during morning assemblies and clinical roll calls.

19.7.2. Policy Review and Updating

- This policy shall be reviewed annually by the Student Welfare Committee and IQAC in consultation with the Principal.
- Revisions to clinical attire or uniform specifications will be communicated prior to the commencement of the academic year.

PART D — Office & Administration Policies

20. Office Communication Policy

Document Code: LFCN/QAS/POL-20

20.1. Policy Objective and Scope

20.1.1. Objective

To establish clear, secure, and standardized communication protocols within the administrative office, ensuring efficient, transparent, and professional interactions among administrative staff, faculty, students, and external stakeholders.

20.1.2. Scope

This policy applies to all administrative personnel of Little Flower College of Nursing, including the Confidential Assistant to the Principal, office staff members, accountants, and clerical personnel across all institutional communication channels.

20.2. Communication Channels and Usage Guidelines

20.2.1. Email Correspondence

- **Official Addresses:** littleflowercn@gmail.com, lfcnofficial2022@gmail.com.
- Primary mode for all formal institutional correspondence.
- Must use clear subject lines, polite salutations, professional sign-offs, and avoid unnecessary CC recipient additions.
- Emails must be thoroughly proofread to eliminate typographical or grammatical errors prior to transmission.

20.2.2. Phone and Voice Calls

- Official communications must utilize institutional landlines or college-issued mobile devices.
- Personnel must answer calls by stating their name and professional role clearly. Messages should remain brief, polite, and professional.

- Non-urgent calls should be directed to voicemail, and missed calls must be returned promptly.

20.2.3. Instant Messaging and Internal Chat

- Authorized strictly for urgent operational matters or brief professional updates; messages must remain concise and relevant.
- Informal tone, slang, or emojis are strictly prohibited.
- All sensitive, financial, or formal communications must be moved to official email or printed hard copy documents.

20.2.4. In-Person Interactions

- Meetings should be scheduled in advance with a clear agenda, and strict punctuality must be observed.
- Personnel must respect speaking hierarchy, observe active listening practices, and refrain from interrupting colleagues or visitors.

20.3. Professional Etiquette and Tone

- All communication channels (email, telephone, messaging apps, and face-to-face) must adhere to institutional standards of professional conduct and mutual respect.
- Personnel must use polite, formal language at all times. Slang, informal abbreviations, or emojis are strictly prohibited across all media.
- Email correspondence must begin with a formal greeting (e.g., "Dear ...") and close with an appropriate valediction (e.g., "Sincerely", "Thank you"). Professional titles (Mr./Ms./Dr./Prof.) must be used unless directed otherwise.

20.4. Roles and Specific Responsibilities

20.4.1. Confidential Assistant to the Principal

- Manages the Principal's daily diary, schedule, and appointments.
- Handles confidential files, drafts official institutional correspondence, and screens incoming communications.

- Serves as the primary liaison for the Office of the Principal.
- Maintains strict discretion, confidentiality, and document security at all times.

20.4.2. General Office Staff

- Supports routine administrative operations: maintaining student records, answering routine inquiries, and filing official documentation.
- Communicates with students, faculty, and external visitors in accordance with established institutional protocols.
- Ensures all administrative communications align with college standards of professional conduct.

20.4.3. College Accountant

- **Operational Settlements:** Settles all operational bills relating to college activities, including vendor payments, utility bills, and procurement invoices.
- **Grants & Remuneration:** Manages remuneration payments received from the university for fees, examination duties, or grants, ensuring funds are accurately received and recorded.
- **Payroll Management:** Manages monthly salary disbursements, including wage calculations, statutory deductions, and timely payment processing in compliance with labor regulations.
- **Financial Registers & Ledgers:** Maintains accurate registers and accounting ledgers (accounts payable, accounts receivable, salary registers, fee registers, bill settlement logs, and remuneration registers).
- **Reporting & Compliance:** Prepares financial statements (balance sheets, profit and loss statements, etc.), annual budgets, financial forecasts, and statutory tax filings.
- **Stakeholder Communication:** Communicates financial information clearly and precisely to non-financial staff, the Principal, and governing stakeholders.
- **Data Confidentiality:** Handles all financial data securely using protected channels and restricted systems.
- **Fee Structure & Billing:** Prepares comprehensive fee schedules, including tuition, hostel, laboratory, transport, and special charges.

- **Fee Monitoring & Circulars:** Monitors pending student fee payments, sends regular updates regarding overdue balances to Class Coordinators, and drafts and issues official fee circulars detailing payment deadlines, applicable fines, approved payment methods, and contact guidelines.

20.5. Timeliness and Accuracy Standards

- **Timeliness:** Personnel must acknowledge or respond to all internal and external communications within 24 working hours. If a complete response requires additional processing time, an acknowledgment detailing the expected timeline must be sent.
- **Accuracy:** All outgoing documents, financial circulars, and official correspondence must be thoroughly fact-checked, proofread, and verified before dispatch to ensure absolute clarity and precision.

20.6. Record-Keeping and Compliance

- Administrative personnel must maintain organized records of key communications (including formal emails, signed meeting minutes, memos, and financial circulars) in accordance with the institutional document retention policy.
- Only official, approved institutional channels may be used for documented communication; informal messaging tools must not be relied upon for record keeping or official archiving.

20.7. Monitoring, Audit, and Policy Review

20.7.1. Monitoring and Audit Compliance

- Office communication logs, outgoing dispatches, and accounting ledgers are subject to periodic administrative review and institutional quality audits.
- Compliance with professional communication standards is monitored directly by the Principal and the Administrative Committee.

20.7.2. Policy Review and Updating

- This policy shall be reviewed annually by the Administrative Committee and IQAC to ensure continuous effectiveness and alignment with evolving digital administrative practices.

- All office staff members are required to read, acknowledge, and strictly adhere to this policy upon appointment and during annual reviews.

21. Policy for Document Dispatch

Document Code: LFCN/QAS/POL-21

21.1. Policy Objective and Scope

21.1.1. Objective

To establish a standardized, secure, and systematic procedure for all document movements—inward, internal, and outward—at Little Flower College of Nursing. This policy ensures efficient handling, complete traceability, proper record-keeping, and professional compliance with statutory bodies.

21.1.2. Scope

This policy applies to all physical and digital communications handled by administrative office staff, the Confidential Assistant to the Principal, the Accountant, department heads, and faculty members across all departments within the college.

21.2. Inward Dispatch (Receiving Documents)

- All physical documents received via post, courier, hand delivery, or in-person must be logged immediately in the physical **Inward Register** with the following details:
- Serial Number
- Date of Receipt
- Sender Name and Address
- Subject / Brief Description
- Remarks (e.g., urgency level, action required)
- Received documents must be officially date-stamped and delivered promptly to the designated recipient (e.g., financial documents to the Accountant; student records to Admissions/Class Coordinators).

- When an acknowledgment is requested by the sender, a formal receipt must be issued and logged in the Inward Register.

21.3. Internal Dispatch (Inter-Departmental Communication)

- Important physical documents circulating within the college must be tracked using an **Internal Movement Register**.
- The sending department logs their name and dispatch date; the receiving department staff member must sign and date upon receipt to ensure complete accountability and traceability.
- Confidential circulars, directives, or memos originating from KUHS, regulatory bodies, or the Principal must be recorded in a dedicated Confidential Internal Register, indicating origin and date without revealing sensitive content to unauthorized personnel.

21.4. Outward Dispatch (Sending External Documents)

- All outgoing official documents, letters, and reports must be formally approved and signed by the Principal prior to dispatch.
- Details of outgoing correspondence must be logged in the Outward Dispatch Register, recording:
 - Serial Number
 - Date of Dispatch
 - Recipient Name and Address
 - Subject Matter
 - Mode of Dispatch (e.g., Registered Post, Speed Post, Courier, Email)
 - Tracking Number / Consignment ID (where applicable)
 - Physical proof of dispatch (postal receipts, courier slips, or printed email sent confirmations) must be collected, organized, and filed securely.

21.5. Email Circulars and Digital Dispatch

- Official circulars received digitally from regulatory and government authorities—including Kerala University of Health Sciences (KUHS), Indian Nursing Council (INC), Kerala Nurses and Midwives Council (KNMC), and Government Agencies—must be recorded in an inward register, capturing date/time, sender, subject, target recipient group, and urgency.
- Official digital acknowledgments must be dispatched to the sending authority within 24 working hours of receipt.
- Notifications must be circulated to faculty and staff promptly as PDF attachments (preserving original formatting) accompanied by concise summary notes or actionable instructions.
- Confidential or regulatory notices must be secured and circulated exclusively to designated staff via a restricted confidential email tracking log.

21.7. Roles and Specific Responsibilities

- **Office Staff:** Responsible for logging incoming and outgoing documents in their respective registers, maintaining tracking books, and managing standard mail/courier dispatches.
- **Confidential Assistant to the Principal:** Responsible for the secure handling, logging, and confidential dispatch of sensitive documents as instructed by the Principal.
- **Accountant:** Responsible for receiving, logging, tracking, and archiving all incoming and outgoing financial communications, invoices, fee statements, and statutory financial submissions

21.8. Document Retention, Disposal, and Policy Review

21.8.1. Record Retention Schedule

All registers (Inward, Internal Movement, Outward Dispatch, and Email Circular Registers) must be maintained and bound per financial year. Received circulars and correspondence must be archived according to the following retention schedules:

- **Regulatory Documents (KUHS, INC, KNMC, Govt. Orders):** Retained for a minimum of two (2) years.
- **Legal, Academic Enforcement, or Audit Documents:** Retained for seven (7) or more years as required by law.
- **Confidential Documents:** Archived separately in locked/restricted digital and physical locations accessible only by authorized personnel.

21.8.2. Disposal of Documents

- Expired or obsolete documents past their mandated retention period must be disposed of via secure cross-cut cross-shredding (for physical paper) or permanent electronic deletion (for digital files) under administrative oversight.

21.8.3. Policy Review and Updating

- This policy shall be reviewed annually by the Management Committee and IQAC in consultation with the Principal to ensure continuous procedural effectiveness and alignment with evolving administrative technologies.

22. Maintaining Faculty Documents & Reporting

Document Code: LFCN/QAS/POL-22

22.1. Policy Objective and Scope

22.1.1. Objective

To establish standard administrative procedures for maintaining comprehensive faculty records, managing attendance, processing leave applications, allocating credit hours, and generating timely reports. This policy ensures consistency, accuracy, and compliance for academic governance and payroll processing at Little Flower College of Nursing.

22.1.2. Scope

This policy applies to all full-time teaching staff, guest faculty, academic coordinators, Department Heads (HODs), the Administrative Officer/Office Superintendent, and administrative personnel involved in faculty documentation and record-keeping across all nursing departments.

22.2. Roles and Responsibilities

- **Administrative Officer / Office Superintendent:** Exercises overall supervision over faculty records, attendance registers, document control, and monthly reporting processes.
- **Department Heads (HODs) / Academic Coordinators:** Responsible for verifying departmental faculty data, approving duty schedules, compiling monthly attendance, and auditing teaching hours.
- **Faculty Members:** Responsible for timely submission of planned and emergency leave applications, duty reports, and daily attendance marking.
- **Clerical & Administrative Staff:** Responsible for updating physical/digital registers, maintaining faculty files, preparing guest faculty remuneration statements, and generating monthly payroll summaries.

22.3. Duty Schedules and Academic Preparations

22.3.1. Reporting Duty Schedule Preparation

- **Preparation:** Prior to the commencement of each academic year, a semester-wise duty schedule must be prepared for each department.
- **Inclusions:** The schedule must detail lecture hours, laboratory duties, clinical posting schedules, committee responsibilities, and specific administrative designations (Class Coordinator, Assistant Coordinator, Lab In-charge, Committee Member).
- **Approval:** The draft schedule is reviewed by the Head of Department (HOD) and submitted for final approval to the Principal.
- **Circulation:** Official copies are issued to faculty via institutional email and posted on departmental notice boards. A signed master copy is filed in the central Faculty Records File.

22.3.2. Semester-Wise Credit Allotment & Pre-Year Preparations

- **Credit Allotment Sheet:** Before each academic year begins, a Semester-Wise Credit Allotment Sheet must be prepared for each academic department.
- **Faculty Designation:** Faculty members must be formally assigned as Class Coordinators, Assistant Coordinators, Lab In-charges, Committee Members, and Clinical Duty Supervisors.
- **Documentation & Filing:** All teaching credit allotments and duty assignments must be approved by the HOD and Principal. Both hard copies and digital copies are archived in the institutional **Faculty Assignment File**.

22.4. Faculty Leave Procedures

- **Planned Leave Application:** Faculty members must submit a formal leave application (physical or via the digital portal) at least three (3) working days prior to the planned leave period.

- **Emergency Leave:** Emergency absences must be reported to the HOD and Office within 24 hours of absence.
- **Approval Workflow:** Leave requests are reviewed by the HOD and forwarded to the Principal for final approval. Upon authorization, details are recorded in the Faculty Leave Register.
- **Record Maintenance:** Scanned copies of approved leave forms are maintained in the faculty member's digital file, and a monthly leave summary is generated for attendance and payroll reconciliation.

22.5. Attendance Management and Reporting

22.5.1. Maintenance of Attendance Registers

- **Format:** Attendance must be maintained in a bound physical Attendance Register containing columns for Date, Faculty Name, In-Time, Out-Time, Leave Status, and Remarks. Digital biometric/attendance system data must be backed up monthly on secure institutional storage.
- **Updating & Verification:** Daily marking is managed by the department clerk or designated staff, with mandatory weekly audits to rectify discrepancies.
- **Archiving:** Physical registers must be preserved for a minimum of three (3) years. Digital attendance archives must be maintained on secure institutional cloud/server storage.

22.5.2. Reporting Month-End Attendance

- **Deadline:** Departmental attendance reports must be submitted to the administrative office by the last working day of each calendar month.
- **Procedure:** The HOD compiles monthly attendance data from departmental registers, cross-checks the entries with approved leave records, signs the final attendance report, and submits it to the Office Superintendent for payroll processing.

22.6. Guest Faculty Remuneration Management

- **Data Collection:** At the end of each month or semester, teaching hours and clinical duty records are extracted from attendance registers and official timetables.
- **Verification:** Total teaching/practical hours are verified by the Class Coordinator and HOD. Remuneration calculations are performed strictly according to approved institutional hourly rates.
- **Submission:** A formal Remuneration Statement—detailing faculty contact information, subjects taught, verified hours completed, and net payable amounts—is prepared and submitted to the Accounts Department for payment disbursal.

22.7. Document Control and Security

- All physical faculty records, leave registers, and duty allotment files must be stored securely in locked cabinets with restricted administrative access.
- All digital records, biometric data backups, and spreadsheet archives must be password-protected and restricted to authorized personnel only.

22.8. Monitoring, Audit, and Policy Review

22.8.1. Monitoring and Audit Compliance

- Faculty attendance records, leave registers, and credit allotment sheets are subject to periodic audit by the Administrative Officer and the Internal Quality Assurance Cell (IQAC).

22.8.2. Policy Review and Updating

- Procedures within this policy shall be reviewed annually by the IQAC in consultation with the HODs.
- Any updates or structural modifications must receive formal approval from the Principal prior to implementation.

PART E — Human Resource Policies

23. Recruitment Policy

Document Code: LFCN/QAS/POL-23

23.1. Policy Objective and Scope

23.1.1. Objective

To recruit potential faculty and staff members who possess the relevant skills, qualifications, and experience to make a positive, innovative contribution towards the academic excellence and institutional development of Little Flower College of Nursing. It promotes fairness, transparency, and consistency in hiring while adhering to legal and ethical standards.

23.1.2. Scope and Application

These rules shall apply to all regular employees across all departments of the institution. These rules are subject to change from time to time based on directives issued by the Indian Nursing Council (INC), Kerala Nurses and Midwives Council (KNMC), Kerala University of Health Sciences (KUHS), and the Government of Kerala.

23.2. Central Recruitment Committee

The Central Recruitment Committee oversees all recruitment procedures and is composed of the following members:

- Managing Director of the College
- Principal
- Management Representative
- Vice Principal
- Head of the Department (HOD) concerned
- Coordinator, Internal Quality Assurance Cell (IQAC)
- Subject Expert

23.3. Qualifications and Experience for Teaching Faculty

Minimum qualifications and experience standards are governed by KUHS Minimum Standard Requirements (MSR). Candidates must be registered under the Kerala Nursing Council Registration Act.

23.3.1. *Principal cum Professor*

- **Experience:** 15 years' experience post-M.Sc. Nursing, out of which 12 years must be teaching experience, with a minimum of 10 years in a collegiate nursing program.
- **Desirable:** M.Phil. (Nursing) / Ph.D. (Nursing).

23.3.2. *Vice-Principal cum Professor*

- **Experience:** 12 years' experience post-M.Sc. Nursing, out of which 10 years must be teaching experience, with a minimum of 8 years in a collegiate nursing program.
- **Desirable:** M.Phil. (Nursing) / Ph.D. (Nursing).

23.3.3. *Professor*

- **Experience:** 10 years' experience post-M.Sc. Nursing, out of which 8 years must be teaching experience in a collegiate nursing program.
- **Desirable:** M.Phil. (Nursing) / Ph.D. (Nursing).

23.3.4. *Associate Professor*

- **Experience:** 8 years' experience post-M.Sc. Nursing, out of which 5 years must be teaching experience in a collegiate nursing program.
- **Desirable:** M.Phil. (Nursing) / Ph.D. (Nursing).

23.3.5. *Assistant Professor*

- **Experience:** 3 years' teaching experience post-M.Sc. Nursing in a collegiate nursing program.

23.3.6. *Lecturer*

- **Qualification:** M.Sc. Nursing in the concerned specialty.

23.3.7. Tutor / Clinical Instructor

- **Qualification & Experience:** B.Sc. Nursing / Post Basic B.Sc. Nursing with a minimum of 1 year of clinical/teaching experience.

23.4. Vacancy Identification and Advertising Strategy**23.4.1. Vacancy Identification**

Vacancies are identified based on:

- Organizational changes arising due to termination, resignation, superannuation, or extended leave.
- New workload requirements, such as the creation of new academic positions or temporary additional workload.

23.4.2. Advertising and Circulation

- Advertisements must contain generic information including: Position Title, Department, Number of Vacancies, Job Summary, Advertisement Text, Closing Date, and Proposed Interview Date (if determined).
- Advertisement notices shall be circulated to all parishes of the Archdiocese and published in at least one leading Malayalam daily newspaper.

23.4.3. Applicant Compilation

- Office staff shall compile a tabular summary of all applicants detailing their qualifications, experience, and pertinent remarks.
- The compiled list is presented to the Managing Director, and upon obtaining consent, forwarded for shortlisting.

23.5. Shortlisting Procedure

- Applications are evaluated to determine the most suitable candidates matching the person specification criteria.
- Shortlisting must be conducted by two or more evaluators, preferably from diverse professional backgrounds.

- Applicants failing to meet the minimum essential qualifications must be eliminated. The rejection criteria must be explicitly documented on the application form.
- Written requests, external recommendations, or endorsements on applications must strictly not be considered during evaluation.
- If the number of eligible applicants is too high to manage effectively, desirable criteria may be applied as an additional screening filter.

23.6. Interview Organization and Arrangements

23.6.1. Candidate Communication

- **Eligible Applicants:** Invited for interview via official email and telephonic communication.
- **Unsuccessful Applicants:** Notified via email and telephone regarding their non-selection. Constructive feedback explaining shortlisting decisions shall be provided upon request.

23.6.2. Panel and Venue Logistics

- The Executive Secretary, in consultation with the concerned HOD, shall coordinate interview timings and requirements with both candidates and panel members.
- The Executive Secretary arranges the designated venue for the written test, oral presentation, and personal interview.

23.7. Multi-Stage Selection Evaluation Scheme

Candidates undergo a comprehensive multi-component evaluation process:

23.7.1. Written Test

- Duration: 1 Hour (50 Multiple Choice Questions from the concerned specialty).
- Question preparation and examination conduct are the responsibility of the concerned HOD using the departmental question bank.
- Scoring is performed by the HOD using the standardized college scoring key.

23.7.2. Micro-Teaching Presentation

- Presentation topics are assigned after the candidate successfully clears the written test.

- Presentation skills and subject mastery are evaluated directly by the concerned HOD and panel.

23.7.3. Objective Structured Clinical Evaluation (OSCE)

- OSCE conduct and clinical skill evaluation are managed by the concerned HOD or designated representative.

23.7.4. Personal Interview and Scoring

- Interview panel members score candidates according to established evaluation rubrics (Scoring Criteria 2 and 3).
- Cumulative scores across all components are converted into a percentage.
- **Qualification Threshold:** A cumulative score of **70% or above** is required for appointment eligibility.

23.8. Interview Execution Protocol

23.8.1. Opening the Interview

- Welcome the candidate and introduce all panel members with their respective roles.
- Provide an outline agenda, including expected duration and designated time for candidate questions.
- Inform the candidate that panel members will take notes.
- Begin with less demanding questions to put the candidate at ease, maintaining a prudent mix of questioning and active listening.

23.8.2. Documentation and Note-Taking

- All panel members must maintain independent, factual, and accurate notes for each candidate on the official **Interview Record Sheet**.
- Completed Interview Record Sheets are archived for verification, quality audits, and statutory compliance.

23.8.3. Closing the Interview

- Ensure all candidate queries are thoroughly addressed.

- Inform the candidate regarding the expected timeline and mode of communication for results.
- Thank the candidate for their time and interest in the institution.

23.9. Decision-Making and Selection

23.9.1. Panel Deliberations

- Panelists shall individually review their notes, scores, and practical evaluation results to rank candidates independently.
- The panel then convenes to compare performance against job specifications and establish a consensus ranked list.
- Candidates who do not meet competency standards must be discounted.

23.9.2. Unanimous Consensus & Contingency

- All panel members must agree on the final ranked order.
- A secondary list of qualified candidates is maintained in rank order to expedite hiring if the primary candidate declines the offer.
- If doubt exists regarding a candidate's competence, no appointment shall be made; the vacancy shall be re-advertised.

23.9.3. Bias Avoidance

- Panel members must remain vigilant against unconscious bias, stereotyping, and halo effects. Decisions must be arrived at through objective, multilateral consultation.

23.10. Appointment Execution and Formal Offer

23.10.1. Initial Offer Communication

- The Panel Chairman contacts the selected candidate via telephone (ideally on the same or next working day) to extend the verbal offer.
- The Chairman confirms that the offer is subject to standard pre-employment document verification (qualifications, experience certificates, KNC registration).

23.10.2. Formal Employment Engagement

- The Establishment Section liaises with the candidate to discuss joining dates, terms and conditions, contractual obligations, and formal issuance of the Appointment Order.

23.11. Monitoring, Audit, and Policy Review***23.11.1. Monitoring and Audit Compliance***

- All recruitment documentation, interview record sheets, scoring rubrics, and candidate rank lists are preserved in the Establishment Section for administrative and statutory audits by KUHS, KNC, and INC.

23.11.2. Policy Review and Updating

- The Recruitment Policy shall be reviewed annually by the management and IQAC in consultation with the Principal.
- Directives issued by regulatory authorities regarding faculty qualifications or recruitment norms shall be incorporated into this policy immediately upon official notification.

24. Leave Policy for Staff

Document Code: LFCN/QAS/POL-24

24.1. Policy Objective and Scope

24.1.1. Objective

To establish a structured, transparent, and fair framework governing leave entitlements, application procedures, public holidays, and attendance regulations for all categories of staff at Little Flower College of Nursing.

24.1.2. Scope

This policy applies to all regular faculty members, permanent administrative personnel, contract staff (up to 3 years), hostel staff, and cleaning staff across all departments and academic units of the college.

24.2. General Provisions and Guidelines

- **Leave Year:** The official leave year runs from **January 1 to December 31** annually.
- **Approval Authority:** Leave is not a statutory right or absolute entitlement; all leaves require prior formal sanction from the Principal.
- **Application Procedure:** Leave applications must be submitted at least one (1) day in advance for planned absences. In cases of sudden illness or emergency, the absence must be reported verbally before 8:00 AM on the same day.
- **Restrictions:** Leave will strictly not be sanctioned during University examinations, statutory inspections (INC/KNMC/KUHS), or significant institutional events.
- **Record Maintenance:** Employees are individually responsible for maintaining and tracking their leave records. Failure to maintain accurate logs will result in the assumption of zero leave balance at year-end.
- **Encashment:** There is no provision for the encashment of unused leave balance at the end of the leave year or service tenure.

24.3. Holidays

- **Public Holidays:** 14 days per calendar year, as officially notified by the institution.
- **Second Saturdays:** 12 days per calendar year.
- **Emergency Adjustments:** In unforeseen circumstances such as hartals, strikes, natural disasters, or government-declared emergencies, the institutional management reserves the right to adjust working days and holidays accordingly to complete academic commitments.

24.4. Leave Entitlements for Permanent and Regular Staff

24.4.1. Casual Leave (CL)

- **Eligibility:** Applicable to employees starting from their first month of service.
- **Entitlement:** 12 days per calendar year.
- **Advance CL:** Advancing casual leave beyond accrued periods is not permitted.
- **Usage Allocation:** Casual leave may be utilized in six-month blocks (January–June: 6 days; July–December: 6 days).
- **Combination:** Casual Leave cannot be combined with any other category of leave.
- **Half-Day CL:** Half-day Casual Leave is permissible for either the morning or afternoon session.

24.4.2. Earned Leave (EL)

- **Eligibility:** Applicable to permanent employees starting from their second year of service.
- **Entitlement:** 12 days per calendar year.
- **Provisions:** Specific terms, accrual conditions, or variations regarding Earned Leave may be outlined in individual formal appointment orders.

24.4.3. Annual Leave (AL)

- **Entitlement:** 12 days per calendar year. Given during vacation
- **Combination:** Annual Leave and Casual Leave cannot be combined under any circumstances.

24.5. Provisions for Staff during probation period (Up to 2 Years)

Contractual employees engaged for periods up to three years are entitled to the following benefits per calendar year:

- **Casual Leave:** 12 days per year.
- **Public Holidays:** 14 days per year.
- **Second Saturdays:** 12 days per year.
- **Annual leave :** 12 per year

24.6. Maternity Leave Policy

- **Duration:** 24 weeks (240 days), with a maximum allowance of 6 weeks prior to the expected date of delivery.
- **Eligibility:** Applicable to eligible female employees for up to two (2) living children.
- **Application Protocol:** Formal leave application accompanied by a valid Medical Certificate from a registered medical practitioner must be submitted at least **8 weeks prior** to the expected delivery date.
- **Combination:** Maternity Leave may be combined with other accrued leave entitlements upon administrative approval.
- **Employment Restriction:** Engaging in gainful employment or external professional activities during Maternity Leave is strictly prohibited.

24.7. Provisions for Hostel and Cleaning Staff

Dedicated provisions apply to institutional hostel, kitchen, and cleaning staff:

- **Annual Leave:** 20 days per year, scheduled strictly during Easter, Onam, Christmas, and Pooja festival holidays as determined and notified by the Principal.
- **Casual Leave:** 12 days per calendar year.

24.8. Monitoring, Audit, and Policy Review

24.8.1. Monitoring and Audit Compliance

- All leave applications, attendance records, and monthly summaries are audited by the Administrative Officer and accounts section prior to payroll disbursement.

- Leave registers are maintained under document control for administrative and statutory compliance audits.

24.8.2. Policy Review and Updating

- The Staff Leave Policy shall be reviewed annually by the Administrative Committee and IQAC in consultation with the Principal.
- Amendments to state labor regulations, university mandates, or institutional guidelines shall be integrated into this policy upon official approval by institutional management.

25. Performance Appraisal

Document Code: LFCN/QAS/POL-25

25.1. Policy Objective and Scope

25.1.1. Objective

To foster professional growth, ensure high standards of nursing education, maintain excellence in clinical practice, and provide a transparent mechanism for objective feedback, merit recognition, salary increments, and professional development at Little Flower College of Nursing.

25.1.2. Scope

This policy applies to all employees of the institution across two distinct categories:

- **Teaching Faculty:** Professors, Associate Professors, Assistant Professors, Lecturers, and Tutors / Clinical Instructors.
- **Non-Teaching Staff:** Administrative, secretarial, accounting, technical, and support personnel.

25.2. Appraisal Cycles and Timelines

- **Annual Review:** The formal comprehensive appraisal cycle runs annually from **January to December**.
- **Probationary Review:** Newly appointed employees undergo a formal performance evaluation at the end one-year probationary period, as specified in their formal terms of appointment, prior to confirmation of service.

25.3. Key Performance Indicators (KPIs)

25.3.1. Teaching Faculty Performance Indicators

Evaluation for teaching staff is based on five core operational parameters:

- **Academic Performance:** Quality of lectures, timely completion of KUHS syllabus, and student pass percentages in internal and University examinations.

- **Research and Publications:** Active participation in research projects, publications in indexed peer-reviewed journals, and paper/poster presentations at regional, national, or international conferences.
- **Clinical Supervision:** Effectiveness in guiding students during clinical postings, bedside teaching, and practical skill evaluations.
- **Institutional Contribution:** Active participation in IQAC initiatives, NAAC accreditation activities, and designated college administrative committees.
- **Professional Conduct:** Punctuality, adherence to the Indian Nursing Council Code of Ethics, and healthy interpersonal relations with peers and management.

25.3.2. Non-Teaching Staff Performance Indicators

Evaluation for non-teaching staff focuses on administrative efficiency and operational metrics:

- **Work Efficiency:** Accuracy, completeness, and timeliness in executing administrative and clerical duties.
- **Student & Staff Support:** Responsiveness to student and faculty queries, maintainability of files, and service orientation.
- **Resource & Document Management:** Effective handling of college assets, inventory registers, and institutional documentation.

25.4. The 360-Degree Appraisal Process

The institution follows a Multi-Source Feedback (360-degree) evaluation framework comprising five sequential stages:

1. **Self-Appraisal:** Employees complete a standardized Self-Appraisal Form highlighting major achievements, institutional contributions, and self-identified areas for development.
2. **Student Feedback:** For teaching faculty, structured anonymous student feedback regarding teaching methodology, subject clarity, and clinical guidance is factored into the final score.

3. **Peer Review:** Professional collaboration, teamwork, and workplace conduct are evaluated by peer colleagues.
4. **Reporting Officer Review:** The Head of Department (HOD) or immediate supervisor reviews the self-appraisal and provides a graded assessment.
5. **Final Interview (Principal / Management):** The Principal and Managing Director review compiled multi-source reports and conduct a one-on-one appraisal interview with the staff member.

25.5. Evaluation Scoring and Increment Structure

25.5.1. Component Weightage Distribution

Evaluation Component	Weightage
HOD / Reporting Officer Evaluation	50%
Peer & Self Evaluation	20%
Student Evaluation (For Teaching Faculty)	20%
Subordinate / Support Feedback	10%

25.5.2. Increment Allocation Scale

Annual performance-linked salary increments are granted strictly based on the cumulative appraisal score percentage:

Cumulative Score	Increment / Action Plan
Above 70%	Maximum Annual Increment
60% – 69%	5% Salary Increment
50% – 59%	3% Salary Increment
Below 50%	Performance Review with Management & Mandatory Corrective Action Plan

25.6. Appeals Process

- Staff members who disagree with their formal appraisal rating or increment determination have the right to submit a written appeal to the Management Committee within seven (7) working days of the one-on-one appraisal interview.
- The Management Committee shall review the evaluation records and conduct a hearing if required. The final decision of the Committee shall be binding.

25.7. Confidentiality and Document Control

- All performance appraisal records, evaluation sheets, student feedback summaries, and interview notes are strictly confidential.
- Physical appraisal files are maintained by the Administrative Office and are accessible exclusively to the individual staff member concerned, the Principal, and the Managing Director.

25.8. Monitoring, Audit, and Policy Review

25.8.1. Monitoring and Audit Compliance

- The Internal Quality Assurance Cell (IQAC) monitors the annual execution of the performance appraisal cycle to maintain compliance with QAS quality indicators.

25.8.2. Policy Review and Updating

- This policy shall be reviewed annually by the IQAC and Management Committee in consultation with the Principal to refine evaluation rubrics and align performance metrics with evolving educational standards.

26. Staff Increment Policy

Document Code: LFCN/QAS/POL-26

26.1. Policy Objective and Scope

26.1.1. Objective

To establish clear, transparent, and standardized guidelines for the annual increment of staff salaries at Little Flower College of Nursing. In alignment with Government of Kerala service rules, the institution adopts a performance-linked increment structure to encourage professional development and reward institutional commitment.

26.1.2. Scope

This policy applies to all regular and permanent employees, including teaching faculty, administrative personnel, and support staff, across all departments of the college who have completed the requisite qualifying service.

26.2. Annual Increment Framework and Computation

- **Standard Rate:** In accordance with government norms, the base annual increment rate is set at 3% of the Basic Pay for eligible staff members.
- **Mathematical Calculation:** The increment amount is calculated by multiplying the current basic pay by 0.03, with the product rounded off to the nearest multiple of 10, and subsequently added to the existing basic pay.
- **Effective Date:** Increments are officially sanctioned and take effect on the first day of the month in which they fall due, provided the staff member has fulfilled one year of continuous qualifying service.

26.3. Performance-Linked Increment Sanction Matrix

While 3% represents the baseline increment rate, its actual sanction at Little Flower College of Nursing is directly tied to performance appraisal scores, as outlined below:

Performance Score	Increment Sanctioned	Action Category
Above 70%	Full 3% + Performance Bonus	Maximum Increment
60% – 69%	Full 3%	Standard Increment
50% – 59%	Partial / 3% with Warning	Provisional Increment
Below 50%	Increment Withheld	Management Review

Note: In alignment with government guidelines, annual increments may be formally withheld for employees who fail to meet the minimum performance benchmark or are actively under disciplinary probation.

26.4. Qualifying Service Regulations

- **Service Period Requirement:** An employee must complete one full year (12 consecutive months) of continuous service in a specific grade or pay scale to become eligible for the annual increment.
- **Inclusion of Duty and Leave:** Periods categorized as active duty and "Leave with Pay" (such as Casual Leave and Earned Leave) are fully counted toward the qualifying service period.

26.5. Administrative Sanction and Disbursement Workflow

The processing and disbursement of annual increments follow a structured three-step administrative workflow:

1. **Service Verification:** Two months prior to the due date of an employee's increment, the Administrative Office verifies the individual's service book entries, attendance records, and annual appraisal score.

2. **Formal Sanction:** Upon successful verification, the Principal issues the formal Increment Sanction Order.
3. **Payroll Update:** The Accounts Department updates the basic pay structure in the institutional payroll system for inclusion in the subsequent month's salary disbursement.

26.6. Monitoring, Audit, and Policy Review

26.6.1. Monitoring and Audit Compliance

- The HR and Accounts section maintains all increment sanction orders and calculation sheets under document control for internal financial audits and institutional record-keeping.

26.6.2. Policy Review and Updating

- The Staff Increment Policy shall be reviewed annually by the Management Committee in consultation with the Principal and Finance Officer to ensure ongoing alignment with state pay revisions and institutional financial frameworks.

PART F — Student Welfare, Grievance & Discipline

27. Grievance Redressal Cell

Document Code: LFCN/QAS/POL-27

27.1. Policy Objective and Scope

27.1.1. Objective

To establish a structured, fair, transparent, and responsive framework for addressing and resolving concerns, disputes, and grievances raised by students, faculty, and staff at Little Flower College of Nursing. This mechanism ensures a healthy, supportive, and harmonious institutional environment by mitigating issues before they escalate.

27.1.2. Scope

This policy applies to all stakeholders of the institution, including:

- **Students:** Undergraduate and postgraduate nursing students across all academic batches.
- **Teaching Faculty:** Professors, Associate Professors, Assistant Professors, Lecturers, and Tutors / Clinical Instructors.
- **Non-Teaching & Support Staff:** Administrative, secretarial, technical, hostel, and maintenance personnel.

27.2. Composition of the Grievance Redressal Cell

The Grievance Redressal Cell is a multi-member institutional committee constituted by the management. The official membership of the Cell comprises:

- **Chairperson:** Managing Director
- **Executive Officer:** Principal
- **Faculty Representatives:** Senior Teaching Faculty Members nominated by the Academic Council
- **Administrative Representative:** Designated member from the Administrative Staff
- **Student Representatives:** Nominated student members representing the student body (e.g., College Union representatives)

27.3. Core Objectives of the Cell

The Grievance Redressal Cell functions in alignment with the following core mandates:

- **Collection & Receiving:** To receive and collect formal complaints, written petitions, or grievances from students, faculty, and staff through established physical and digital submission channels.
- **Inquiry & Merit Assessment:** To objectively evaluate the merit of received complaints, conduct impartial internal inquiries, collect supporting evidence, and hear all involved parties.
- **Resolution & Fairness:** To propose fair, reasonable, and timely resolutions or corrective actions, ensuring complete transparency and equity.
- **Record Keeping & Reporting:** To maintain detailed logs of all grievances received, proceedings conducted, and decisions implemented, providing periodic compliance reports to the institutional management and governing body.
- **Preventive Policy Recommendations:** To analyze recurring grievance trends and recommend structural, administrative, or policy modifications to prevent future occurrences.

26.4. Grievance Redressal Process and Workflow

1. **Submission:** An aggrieved individual or group submits a written petition directly to the Grievance Redressal Cell or through the designated grievance box / digital channel.
2. **Initial Review:** The Cell reviews the grievance within three (3) working days to establish jurisdiction and determine the necessity of an inquiry.
3. **Inquiry Proceedings:** For valid grievances, the Cell convenes a hearing, examines relevant records, and collects statements from all concerned parties.
4. **Recommendation & Implementation:** The Cell issues a written resolution order. Recommendations requiring administrative or financial action are forwarded to the Principal / Managing Director for execution.
5. **Closure & Feedback:** The complainant is formally notified of the resolution outcome, and the case is closed upon verification of compliance.

27.5. Confidentiality and Protection

- All proceedings, statements, witness identities, and documentation processed by the Grievance Redressal Cell are kept strictly confidential.
- Victimization, retaliation, or discrimination against any individual for filing a genuine grievance or participating as a witness in an inquiry is strictly prohibited.

27.6. Monitoring, Audit, and Policy Review

27.6.1. Monitoring and Audit Compliance

- The Grievance Redressal Cell maintains a central document register of all grievances and resolution logs under document control for institutional audits, IQAC quality assurance, and statutory body compliance (INC / KNMC / KUHS).

27.6.2. Policy Review and Updating

- The Grievance Redressal Policy shall be reviewed annually by the Grievance Redressal Cell, IQAC, and Management Committee to update procedural guidelines in response to evolving regulatory requirements and institutional needs.

28. Anti-Ragging Policy

Document Code: LFCN/QAS/POL-28

28.1. Policy Objective and Scope

28.1.1. Objective

To prevent, prohibit, and eliminate all forms of ragging within Little Flower College of Nursing by enforcing strict preventive measures, creating awareness, and ensuring prompt, victim-sensitive redressal of complaints. This policy upholds statutory compliance with UGC regulations, INC mandates, KUHS guidelines, and Supreme Court directives, safeguarding the dignity, safety, and mental well-being of students—especially freshers—while fostering a campus culture based on respect, empathy, and mutual trust.

28.1.2. Scope

This policy applies to all students (undergraduate and postgraduate), teaching faculty, non-teaching staff, hostel wardens, resident staff, and visitors across all campus premises, college transport, affiliated clinical training sites, and institutional hostels.

28.2. Institutional Anti-Ragging Bodies

28.2.1. Anti-Ragging Committee Composition

The Anti-Ragging Committee oversees institutional compliance and enforcement, comprising:

1. Managing Director
2. Principal – *Chairperson / Head of Committee*
3. Representative of Civil Administration
4. Representative of Local Police Department
5. Representative of Local Media
6. Representative of NGO involved in Youth Activities
7. Vice Principal

8. Member Secretary / Anti-Ragging Nodal Officer
9. Representatives of Teaching Faculty
10. Parent Representatives
11. Student Representatives (*Senior students with exemplary conduct records*)
12. Representatives of Non-Teaching Faculty
13. Hostel Warden

28.2.2. Anti-Ragging Squad and Monitoring Cell

The Anti-Ragging Squad conducts operational vigilance and surprise inspections, comprising:

1. Principal
2. Vice Principal
3. Member Secretary
4. Representatives of Teaching Faculty
5. Hostel Warden
6. Resident Staff

28.3. Duties and Responsibilities

- **Policy Implementation:** Frames, reviews, and executes institutional anti-ragging policies strictly in accordance with statutory regulations and judicial guidelines.
- **Awareness & Orientation:** Conducts mandatory orientation programmes, workshops, and awareness campaigns for new admissions, senior students, faculty, and parents regarding the legal and disciplinary consequences of ragging.
- **Vigilance & Monitoring:** Ensures continuous surveillance of hostels, mess halls, canteens, common areas, transport facilities, and campus grounds, particularly during the initial months of the academic session

- **Complaint Processing:** Receives complaints through physical submission, national helpline portals, or confidential drop boxes, ensuring absolute confidentiality for complainants and whistleblowers.
- **Time-Bound Investigation:** Conducts impartial, fair, and swift inquiries into reported incidents, recommending proportionate disciplinary or legal actions against offenders.
- **Victim Support:** Provides immediate psychological counseling, emotional guidance, and academic assistance to affected students to guarantee their physical safety and mental well-being.
- **Statutory Liaison:** Coordinates with local police, civil administrative authorities, KUHS, and regulatory councils in serious or criminal cases.
- **Reporting & Documentation:** Maintains systematic records of all complaints, inquiry reports, and preventive interventions, submitting mandatory compliance reports to regulatory bodies.
- **Continuous Evaluation:** Periodically evaluates campus safety measures to upgrade security systems and institutional safeguards.

28.4. Disciplinary Actions and Penalties

Depending upon the nature and gravity of the offense as established by the Anti-Ragging Committee, students found guilty of ragging shall be subject to one or more of the following penalties:

- Suspension from attending classes and academic privileges.
- Withholding/withdrawing scholarship, fellowship, and other benefits.
- Debarring from appearing in tests, internal examinations, or University examinations.
- Withholding examination results.
- Debarring from representing the institution in regional, national, or international meets, tournaments, or youth festivals.
- Suspension or expulsion from the hostel.
- Cancellation of admission.

- Rustication from the institution for periods ranging from 1 to 4 semesters.
- Expulsion from the institution and consequent debarring from admission to any other institution for a specified period.
- Lodging of a First Information Report (FIR) with the local police station for criminal prosecution under applicable statutory laws.

28.5. Monitoring, Audit, and Policy Review

28.5.1. Monitoring and Audit Compliance

- The Anti-Ragging Committee and IQAC conduct regular reviews of anti-ragging measures, maintaining logs of squad patrols and student undertakings under document control for IQAC accreditation and university audits.

28.5.2. Policy Review and Updating

- This policy shall be reviewed annually by the Anti-Ragging Committee and Principal to update vigilance protocols and integrate new statutory directives from the KNMC, INC, or KUHS.

PART G — Quality Policy

29. Quality Policy

Document Code: LFCN/QAS/POL-29

29.1. Introduction, Policy Objective, and Scope

29.1.1. Introduction

Little Flower College of Nursing, Trivandrum is committed to achieving excellence in nursing education through a robust Quality Assurance System that promotes continuous quality improvement in academic, clinical, research, extension, and administrative activities. The institution is dedicated to providing a learner-centered environment that nurtures competent, compassionate, ethical, and socially responsible nursing professionals.

29.1.2. Objective

To establish a structured quality framework that ensures continuous institutional improvement, compliance with regulatory standards, enhancement of academic and clinical training, promotion of research and innovation, and participatory governance.

29.1.3. Scope

This policy applies to all academic, clinical, research, extension, and administrative processes, departments, teaching faculty, non-teaching staff, and students of Little Flower College of Nursing, Trivandrum.

29.1.4. Institutional Commitments

The College shall:

- Ensure quality in all academic and administrative processes through systematic planning, implementation, monitoring, evaluation, and continuous improvement.
- Comply with the standards and regulations prescribed by the Kerala University of Health Sciences (KUHS), Indian Nursing Council (INC), Kerala Nurses and Midwives Council (KNMC), and other statutory and regulatory bodies.
- Promote excellence in teaching-learning, clinical training, research, innovation, and extension activities.

- Encourage evidence-based practices, digitalization, and adoption of best educational and administrative practices.
- Strengthen stakeholder participation through regular feedback and participatory governance.
- Foster professional ethics, accountability, transparency, equity, inclusiveness, and environmental sustainability.
- Continually review institutional performance and implement corrective and preventive actions to achieve quality excellence.

29.2. Quality Objectives

The Quality Assurance System aims to achieve the following objectives:

- To ensure excellence in nursing education through effective curriculum planning and implementation, student-centered and competency-based teaching-learning practices, quality clinical education, and continuous improvement in academic performance and learning outcomes.
- To promote the holistic development of students and faculty by enhancing professional competence, leadership, communication, employability, research aptitude, lifelong learning, and participation in faculty development programmes, research, innovation, and scholarly activities.
- To strengthen clinical, research, and community engagement by fostering evidence-based nursing practice, ethical patient care, hospital collaborations, interdisciplinary research, innovation, consultancy, outreach programmes, health education, and social responsibility initiatives.
- To ensure effective governance and institutional excellence through participatory management, transparent administration, e-governance, efficient documentation, stakeholder participation, and compliance with statutory, regulatory, and accreditation requirements.
- To establish a culture of continuous quality improvement by implementing quality assurance systems, monitoring quality indicators, conducting periodic internal audits, benchmarking institutional performance, and undertaking timely corrective and preventive actions.

29.3. Quality Policy Statement

Little Flower College of Nursing, Trivandrum is committed to delivering excellence in nursing education through competency-based learning, ethical practice, quality clinical training, research, and community engagement. We strive for continuous quality improvement by ensuring stakeholder satisfaction, effective governance, regulatory compliance, and adherence to the quality standards of the Kerala University of Health Sciences and other statutory bodies.

29.4. Quality Assurance Framework (PDCA Cycle)

Little Flower College of Nursing, Trivandrum adopts the Plan–Do–Check–Act (PDCA) Cycle as the foundation of its Quality Assurance System to ensure continuous improvement in academic, clinical, research, administrative, and extension activities. The framework promotes evidence-based decision-making, stakeholder participation, regulatory compliance, and a culture of excellence.

29.4.1. *PLAN*

The College shall:

- Establish annual quality objectives aligned with the Vision, Mission, Strategic Plan, and KUHS Quality Assurance Standards.
- Develop Annual Quality Assurance and Departmental Action Plans with measurable targets.
- Identify Key Performance Indicators (KPIs), quality benchmarks, and risk mitigation strategies for all academic and administrative processes.
- Allocate adequate human, financial, physical, and technological resources to achieve institutional objectives.

29.4.2. *DO*

The College shall:

- Implement curriculum delivery, competency-based clinical education, research, extension, and student support activities in accordance with approved plans.

- Conduct faculty development programmes, continuing nursing education, research, innovation, and quality improvement initiatives.
- Ensure effective governance, e-governance, documentation, and stakeholder participation in institutional processes.
- Promote ethical practices, patient safety, community engagement, and professional excellence through hospital and community partnerships.

29.4.3. CHECK

The College shall:

- Monitor institutional performance using defined quality indicators and departmental Key Performance Indicators.
- Conduct periodic internal academic, administrative, clinical, and quality audits.
- Review student performance, university examination results, research output, faculty achievements, and extension activities.
- Collect and analyze feedback from students, faculty, alumni, employers, parents, clinical partners, and other stakeholders.
- Review compliance with KUHS, Indian Nursing Council, Kerala Nurses and Midwives Council, and other statutory and regulatory requirements.

29.4.4. ACT

The College shall:

- Implement corrective and preventive actions based on audit findings, performance reviews, and stakeholder feedback.
- Revise policies, Standard Operating Procedures (SOPs), and quality objectives whenever required.
- Share best practices, recognize quality achievements, and strengthen institutional learning.
- Benchmark institutional performance against national quality standards and pursue continuous quality improvement to achieve excellence in nursing education and healthcare service.

29.5. Quality Plans

- The institution shall ensure effective curriculum planning, implementation, and continuous improvement to achieve academic excellence.
- The college shall promote student-centered and competency-based teaching-learning with strong academic outcomes.
- The institution shall strengthen clinical education through hospital collaboration, patient safety, ethical practice, and competency assessment.
- The college shall promote continuous faculty development through FDPs, research, higher education, and performance appraisal.
- The institution shall enhance student development by improving employability, leadership, communication skills, and providing mentoring and placement support.
- The college shall promote research, innovation, and evidence-based nursing practice through publications, funded projects, and collaboration.
- The institution shall strengthen community engagement through outreach programmes, health education, and social responsibility initiatives.
- The college shall ensure effective governance through participatory management, e-governance, transparency, and proper documentation
- The institution shall maintain continuous quality improvement through PDCA cycle, internal audits, KPI monitoring, and stakeholder feedback.
- The college shall ensure compliance with regulatory standards while promoting infrastructure development, safety, and a quality learning environment.

29.6. Policy Review and Updating

- The Quality Policy shall be reviewed annually by the Internal Quality Assurance Cell (IQAC) and institutional leadership to ensure continuous alignment with regulatory mandates and institutional evolution.

PART H — Environmental & Charity Policies

30. Environmental Policy

Document Code: LFCN/QAS/POL-30

30.1. Introduction, Policy Objective, and Scope

30.1.1. Introduction

An environmental policy is a commitment to sustainability. It aims to minimize environmental impact through responsible practices. It encourages both the institution and its stakeholders—students, staff, and faculty—to adopt eco-friendly behaviours, promote awareness, and create a greener campus environment at Little Flower College of Nursing.

30.1.2. Scope

This policy applies to the entire campus, including academic blocks, administrative offices, laboratories, hostels, canteens, and surrounding grounds, and governs all students, teaching faculty, non-teaching staff, hostellers, and visitors.

30.2. Policy Objectives

1. To reduce the institution's carbon footprint and environmental impact through efficient resource management, waste reduction, and eco-friendly initiatives.
2. To educate students, faculty, and staff on environmental issues and encourage them to adopt sustainable practices in their personal and professional lives.
3. To adhere to national and local environmental laws and guidelines, ensuring the college operates in an environmentally responsible manner.
4. To use energy, water, and other resources efficiently while minimizing waste generation.

30.3. Directives and Operational Practices

1. **Energy Conservation:** Encourage the use of energy-efficient lighting, renewable energy sources, and the practice of switching off electrical devices when not in use.

2. **Waste Management:** Implement a waste segregation system for recyclables, compostables, and non-recyclables. Promote reducing, reusing, and recycling materials within the campus.
3. **Water Conservation:** Install water-saving devices like low-flow taps and rainwater harvesting systems. Educate the community about responsible water use.
4. **Sustainable Transportation:** Promote the use of bicycles, carpooling, and public transport to reduce the carbon emissions associated with daily commuting.
5. **Green Campus & Biodiversity:** Encourage the planting of trees and maintaining green spaces within the campus to enhance biodiversity and create a healthy, eco-friendly atmosphere.
6. **Green Procurement:** Adopt procurement policies that prioritize environmentally friendly products and materials, reducing the institution's overall environmental footprint.
7. **Paperless Initiatives:** Encourage the use of digital resources over paper, promoting a paperless environment for administrative, academic, and communication purposes.

30.4. Monitoring, Audit, and Policy Review

30.4.1. Monitoring and Environmental Audit

- The Internal Quality Assurance Cell (IQAC) in coordination with the Green Campus Committee shall conduct periodic energy, water, and green audits to monitor compliance and evaluate the effectiveness of sustainable practices.

30.4.2. Policy Review and Updating

- The Environmental Policy shall be reviewed annually by institutional leadership to ensure continuous alignment with local environmental regulations, statutory guidelines, and institutional sustainability goals.

31. Charity Policy

Document Code: LFCN/QAS/POL-31

31.1. Introduction, Policy Objective, and Scope

31.1.1. Introduction

A charity policy ensures that the charitable activities conducted by the institution are well organized, transparent, and align with the values and goals of the Archdiocese. It provides clear guidelines on how charity funds and resources are managed, as well as the beneficiaries of the charity at Little Flower College of Nursing.

31.1.2. Scope

This policy applies to all charitable, outreach, humanitarian, and social responsibility initiatives undertaken by students, faculty, non-teaching staff, and management of Little Flower College of Nursing, whether conducted independently or in collaboration with diocesan, governmental, or non-governmental entities.

31.2. Policy Objectives

1. Encourage students, faculty, and staff to actively participate in charitable activities as part of their moral and social responsibility.
2. Assist the underprivileged, including economically disadvantaged students, local communities, and vulnerable groups such as the elderly, women, and children.
3. Establish clear procedures for fund allocation and distribution, ensuring transparency and accountability in all charitable dealings.
4. Instil a culture of giving back to society, making charity an integral part of the college's ethos.
5. Assist communities during times of natural disasters or humanitarian crises, offering immediate support to those in need.
6. Encourage long-term charitable initiatives rather than short-term projects to foster sustainable change.

31.3. Charity Council Composition

The Charity Council consists of a diverse group of members representing various sectors of the college community:

- Managing Director
- Principal
- Faculty Representative
- Student Representative (*from the College Union / student body*)
- Community Outreach Coordinator

31.4. Target Beneficiaries (Whom to Support)

1. **Academic Support:** Scholarships or fee reductions for students from economically disadvantaged backgrounds.
2. **Community Relief:** Aid for underprivileged families in the local areas surrounding the college, particularly in times of economic hardship.
3. **Healthcare Initiatives:** Health camps, sanitation, and access to basic medical services for marginalized populations.
4. **Disaster Relief:** Providing relief to victims of natural disasters like floods, landslides, or cyclones through food, shelter, clothing, and medical aid.
5. **Rehabilitation Support:** Supporting rehabilitation efforts for displaced individuals and families.
6. **Institutional Care:** Financial support for orphanages, old age homes, and homes for differently-abled individuals.
7. **Environmental Sustainability:** Supporting environmental initiatives such as tree planting, waste management, and awareness campaigns about sustainability and climate change.
8. **Ecclesial Support:** Assisting the Church's own initiatives such as building or maintaining churches, diocesan schools, or faith-based outreach programmes.

9. **Social Justice Causes:** Directing charity towards social justice causes, including support for marginalized groups, such as scheduled castes, tribes, and religious minorities, helping them integrate into mainstream society.

31.5. Implementation, Oversight, and Ethical Guidelines

1. **Annual Review:** The Charity Council shall conduct an annual review of all charity activities to evaluate their impact and efficiency.
2. **Feedback & Transparency:** Create feedback systems for beneficiaries to ensure transparency and ensure that the charity is meeting the needs of those it serves.
3. **External Collaborations:** The Charity Council should collaborate with external agencies such as NGOs, government programmes, and other charitable organizations for larger and more effective outreach.
4. **Ethical Fundraising:** The policy mandates ethical fundraising practices, ensuring that funds are raised through legitimate means and distributed transparently under documented financial records.

31.6. Monitoring, Audit, and Policy Review

31.6.1. Financial Audit and Compliance

- All funds collected and disbursed under the Charity Policy shall undergo annual financial auditing by the institutional accounts department and IQAC to ensure complete transparency and documentation.

31.6.2. Policy Review and Updating

- The Charity Policy shall be reviewed annually by the Management committee to align with emerging community needs and archdiocesan guidelines.

PART I — Quality Assurance: Feedback Implementation & Learner Support

32. Feedback Implementation Policy

Document Code: LFCN/QAS/POL-32

32.1. Policy Objective and Scope

32.1.1. Introduction & Purpose

A feedback system is an essential management tool that helps Little Flower College of Nursing gather opinions and suggestions from internal and external stakeholders—including students, parents, faculty, alumni, employers, parent hospitals, and the public. Functioning as a two-way communication process between the institution and its stakeholders, feedback helps identify core strengths, areas needing improvement, opportunities for growth, and operational challenges.

The primary purpose of feedback is to enhance the overall performance and quality of services provided by the institution, specifically aimed at:

- Improving teaching-learning activities and clinical training delivery.
- Strengthening constructive relationships between stakeholders and the institution.
- Supporting continuous quality enhancement and academic excellence.
- Ensuring institutional transparency and accountability.

32.1.2. Scope

This policy applies to all internal and external stakeholders associated with Little Flower College of Nursing. It provides governing guidelines regarding:

- Methodologies for feedback submission and collection.
- Data compilation, statistical analysis, and management.
- Resolution of suggestions and complaints through structured channels.
- Continuous quality improvement processes and Action Taken Reports (ATRs).

32.1.3. Objectives

- To provide stakeholders with an effective, accessible platform to express opinions and concerns.

- To ensure that complaints, suggestions, and recommendations are handled courteously, fairly, and efficiently.
- To resolve identified operational and academic issues without unnecessary delay.
- To utilize stakeholder feedback systematically for institutional development and quality assurance.

32.2. Feedback Implementation Committee

The execution, monitoring, and revision of feedback systems are governed by the Feedback Implementation Committee, comprising the following institutional leaders:

No.	Designation & Department	Committee Role
1	Principal cum HOD, OBG Nursing	Chairperson
2	Vice-Principal	Co-Chairperson
3	HOD, Medical surgical nursing	Member
4	HOD, Community Health Nursing	IQAC Coordinator
5	HOD, Child Health Nursing	Member
6	HOD, Mental Health Nursing	Member

32.3. Stakeholder Feedback Channels and Scope

32.3.1. Employer and Parent Hospital Feedback

Feedback is collected electronically via Google Forms from employers and parent/affiliated hospitals, focusing on:

- Clinical performance and technical competence of student/graduate nurses.
- Applied workplace knowledge, practical skills, and patient care ethics.

- Professional workplace behavior, discipline, and teamwork.

32.3.2. Parent Feedback

The college organizes orientation programmes and bridging courses for first-year B.Sc. Nursing students and their parents. During Parent-Teacher Meetings (PTMs), parents provide feedback using a standardized rating scale regarding:

- Academic progress and student support systems.
- College facilities, safety, and administrative services.

32.3.3. Student Feedback

Students participate twice annually in anonymous online surveys covering:

- Curriculum quality, teaching effectiveness, and faculty performance.
- Learning environment, campus infrastructure, and laboratory facilities.
- Hostel services, clinical hospital facilities, and administrative support.

32.3.4. Graduate Satisfaction Survey & Alumni Feedback

- **Graduates:** Complete a satisfaction survey upon course completion via Google Forms evaluating education quality, curriculum relevance, professional preparedness, and career outcome achievements.
- **Alumni:** Managed via the Alumni Association during annual alumni meetings and through Google Forms, focusing on professional experiences, institutional growth suggestions, and ongoing student mentoring support.

32.3.5. Public and Community Feedback

The Community Health Nursing Department gathers feedback from community members receiving healthcare services during field postings, utilizing insights to refine outreach health programmes, disease prevention activities, and health promotion campaigns.

32.3.6. Peer Review & Faculty Feedback

- **Peer Review:** Teaching faculty participate in structured peer review activities to evaluate instructional practices, foster professional development, and share pedagogy best practices.

- **Course Feedback:** Faculty provide annual feedback on curriculum design, teaching-learning environments, examination patterns, and industry employability requirements.

32.3.7. Campus Suggestion Box

Physical suggestion boxes are situated in key campus areas. Submissions are routinely collected and reviewed by the Grievance Redressal Committee for appropriate administrative action.

32.4. Collection, Analysis, and Implementation Workflow

32.4.1. Collection Responsibility Matrix

Feedback formats are designed by the Curriculum Committee under the supervision of the Internal Quality Assurance Cell (IQAC) and collected via designated authorities:

Stakeholder Group	Primary Feedback Collection Channel
Students	Class Coordinators
Faculty	IQAC Chairman / Coordinator
Alumni	Alumni Coordinator
Employers & Hospitals	Principal
Parents	Class Coordinators

32.4.2. Compilation and Data Analysis

Collected feedback data (primarily through Google Forms and rating scales) is compiled systematically for quantitative and qualitative analysis, utilizing:

- Frequency distributions, percentage calculations, and mean scores.
- Graphical representations, charts, and comparative analytical tables.

32.4.3. Review, Open House, and Action Taken Report (ATR)

1. **Presentation:** Heads of Departments or Coordinators prepare analytical presentations of the findings.
2. **Review Meetings:** Results are first discussed in **Open House Meetings** before formal submission to the IQAC for institutional review and recommendations.
3. **Action Taken Report (ATR):** Each department identifies areas needing corrective measures and implements necessary changes, submitting a formal **Action Taken Report (ATR) to the IQAC within one (1) month** of feedback analysis.

32.5. Specific Categorization of Feedback Types

1. **Feedback About Course:** Evaluated by students at the end of every semester or academic year, covering course content, learning resources, teaching-learning processes, and assessment methods.
2. **Feedback About Faculty:** Evaluated by students at least once annually, assessing instructional effectiveness, subject knowledge, communication skills, classroom management, and student mentorship.
3. **Institutional Infrastructure Feedback:** Collected annually from alumni, students, and external stakeholders regarding classrooms, library, ICT labs, transport, cafeteria, restrooms, and general campus environment.
4. **Faculty Feedback About Course:** Collected once per academic year from teaching staff regarding curriculum design, examination patterns, and employability integration.
5. **Alumni Feedback:** Collected annually regarding academic program quality, achievement of Program Outcomes (POs), and career relevance.
6. **Employer Feedback:** Collected from clinical employers to assess graduate professional competence, critical thinking, clinical skills, and workplace adaptability.

32.6. Revision of Feedback Formats and Policy Review

32.6.1. Revision Protocol for Feedback Forms

To ensure tools remain relevant and collect meaningful metrics, feedback questionnaires are periodically reviewed. Any proposed modification must be initiated by the Feedback Implementation Committee and receive formal approval from the IQAC prior to administrative rollout.

32.6.2. Policy Review and Updating

- The Feedback Implementation Policy shall be reviewed annually by the Feedback Implementation Committee and IQAC to ensure continuous alignment with KUHS regulations, statutory accreditation requirements (NAAC/INC), and institutional development goals.

33. Policy for Identification and Support of Slow and Advanced Learners

Document Code: LFCN/QAS/POL-33

33.1. Objectives

The primary goal of this policy is to assess the learning capacity of the students and provide them guidance accordingly. Specific objectives are enlisted as under:

- Identification of the slow learners and advanced learners in the class
- To develop significant strategies and scientific implementations to benefit both the advanced and slow learners
- To boost up the confidence of slow learners and to minimize the barriers and help them out for enhancing their skills in respect of learning processes
- To encourage advanced learners to be excellent achievers
- To bridge the gap between slow and advanced learners

33.2. SCOPE

This policy applies to all undergraduate nursing students enrolled at Little Flower College of Nursing, Thiruvananthapuram. It extends to all faculty members, class coordinators, mentors, and departmental heads involved in classroom teaching, clinical supervision, continuous evaluation, and academic mentoring.

33.3. LIST OF CORE COMMITTEE MEMBERS

33.4. DEFINITIONS AND CHARACTERISTICS

33.4.1. Advanced Learners

Definition: Advanced learners are the students who understand a taught topic relatively faster than the other students in the class and attain high scores. They have more potential and talent than the others in the class.

Characteristics of Advanced learners:

- Score more than 70 %
- High grasping capacity
- Quick response
- Self-motivated
- High potential to deal with high order problems
- High capacity to comprehend core concepts and apply them in real world situations

33.4.2. Slow Learners

Definition: A slow Learner is a child of below average intelligence whose thinking skills and scholastic performance have developed significantly more slowly than the pace of his or her age.

- Slow learners are the learners who's learning pace is slower than their peers
- Slow learners are neither rare nor unique
- One who cannot learn at an average rate from the instruction resources, texts, workbooks and learning materials designed for the majority of the students (less than the Average Rate)

Characteristics of slow learner:

- The IQ of slow learner is between 80-90 (as per Stem and Terman)
- Low educational attainment than what he/she is capable of
- Deficiency in basic skills (Reading, writing)
- Short span of attention and easily distracted by other things
- Weak/poor memory
- Poor self-esteem (Low expectation of themselves) and lack of self confidence
- Takes more time to learn and can't keep pace with the rest of the class (in one or more subjects)
- Difficulty in connecting and transferring the information learnt in one situation to other.
- They may not show consistent performance

- May not attend the class regularly

33.5. Policy for identification of slow and advanced learners

Early diagnosis of slow learner is necessary at the early stage. Teachers can identify slow learners through the following techniques:

1. Observation
2. Scholastic Tests
3. Case study

33.5.1. Observation

Continuous observation may be done by the teacher by watching the student's behavior directly or indirectly. The teacher should analyze and interpret the information he/she gets from his/her observation.

Checklist for screening the slow learners:

To screen the children for slow learners, teachers can use the above tool/checklist. Before using the check list on a child, teachers must make sure that symptoms are present for more than two months. If a teacher finds 'yes' to more than 5 behaviors of a child, then the child may be considered as a slow learner. However, he/she cannot be tagged as a slow learner.

33.5.2. Scholastic Tests

General and specific problems of children are identified by the teacher through scholastic tests and causes of anomalies can also be evaluated properly. Assessment of children's performance in specific subject is to be based on the marks obtained in class test, sessional exams and viva.

33.5.3. Case study

Case study is a process of studying and recording the history of a child, his/her family, early life and home environment over a period of time. It enables a teacher to study the learning difficulties, adjustment problems and behavioral problems of the child.

33.6. ROLE OF TEACHER TO HANDLE SLOW LEARNERS

1. Be patient with slow learners
2. Show special attention and care
3. Praise and raise them
4. Motivate them to ask questions
5. Create an environment for the children to reduce distractions
6. Explain concepts in simple way
7. Provide immediate positive feedback
8. Desired outcomes must be known
9. Use repetition and drill practice
10. Oral practice is more beneficial at initial stage
11. Organize peer teaching
12. Stimulation of all senses
13. Maintain cordial relationship with parents
14. Conduct remedial classes

33.7. Operational strategies and interventions

33.7.1. Strategies for Slow Learners

- Peer Grouping
- Ring Strategy:
 - Slow learners – 5 – 7 in a ring
 - One group Leader – above average student (Tutor)
 - One guide (Teacher)
- One to one teaching (Teacher-student)
- Pair Grouping (Above Average student – Slow learner)
- Framing of subject-wise timetable
- Language practice – reading of books
- Study Hours/guided library

- Remedial teaching (re-teaching the content)
- Communication classes
- Activity worksheets
- Capability enhancement programmes
- Teaching ‘learning skills’ – note-taking, outlining and listening etc
- Multi-sensory learning: Modifying an instructional technique by including simpler language, audio visual representation etc.

33.7.2. Strategies for Advanced Learners

- Guidance to crack competitive examinations/international fests and orient them for better career planning and growth
- Stimulating the research aptitude by giving them an opportunity to pursue hands on training on projects beyond the curriculum.
- Inspire them to get engaged in certificate/value added courses to nurture their skills
- Motivate them to participate in group discussion, debates, elocutions, and quiz to develop analytical and problem solving abilities.
- Encourage them to do Article publication/paper presentation/poster presentation
- Online Courses
- Encourage them to attend workshops

33.8. Guidelines for the conduct of remedial teaching

- The head of the institution shall nominate mentor teachers for handling slow learners
- The head of the institution shall organize special classes particular for slow learners for one hour before/after school hours. This remedial classroom shall not be treated as regular classes.
- A time table should be prepared for the remedial classes (subjectwise)
- Identify the slow learners with the help of class teacher
- Meet the expenditure as per the per child cost break up (Annexure)

- The head of the institution shall extend full support to the mentor teachers for the remedial teaching of slow learners
- Strategy may be developed by the mentor teacher as per the needs of the individual child
- The mentor teacher shall maintain records for the performance of slow learners
- Weightage for awards shall be recommended for successful mentor teachers
- Mentor – mentee scheme - A mentor teacher shall be the tutor for maximum 10 students
- Bills, Vouchers, cash book, Separate attendance Register, Performance register, Stock register and documents related to activities of slow learners shall be maintained properly by the head of institution and the same may be presented.

33.9. Suggested activities and materials

33.9.1. Suggested Activities for Reading

- Textbook
- Newspapers
- Study Materials

List of materials:

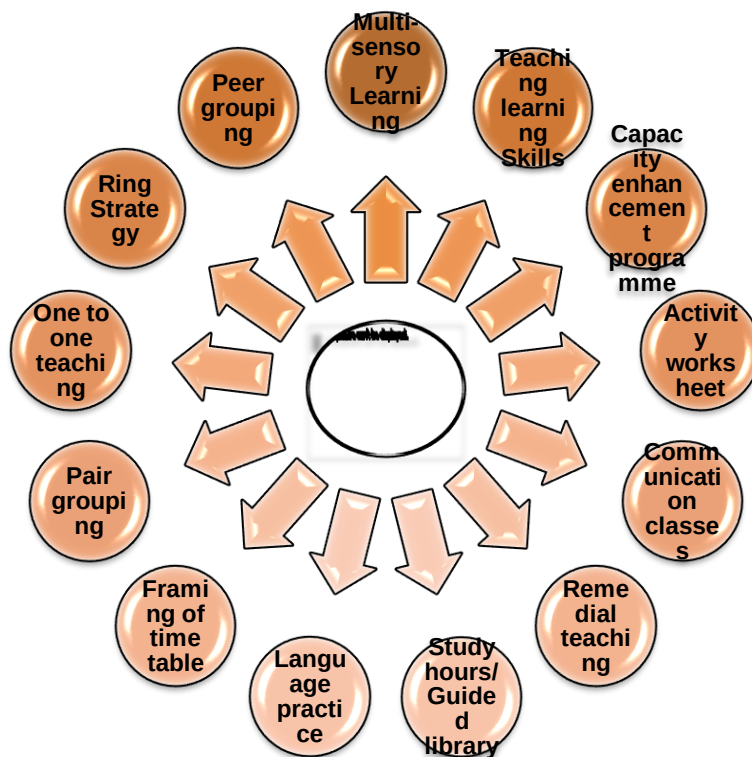
Handouts, question bank, data bank, capsule preparation, PPT sharing

33.9.2. Suggested Activities for Writing

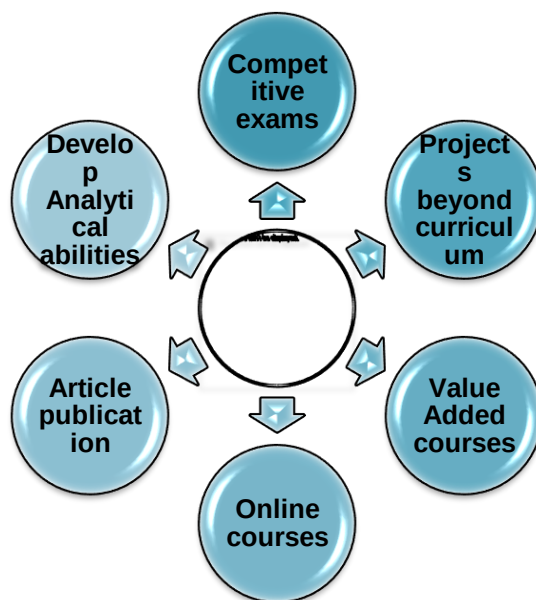
- Essay writing
- Question answer writing exercise
- Word mapping/Concept mapping – giving words to form sentences and paragraphs
- Walking dictation – Give words/materials to study and put dictation tests for improving vocabulary and spellings
- Comprehension tests
- Picture composition – describing pictures

33.9.3. Strategies for Advanced learners

1. Guidance to crack competitive examinations/international fests and orient them for better career planning and growth
2. Stimulating the research aptitude by giving them an opportunity to pursue hands on training on projects beyond the curriculum.
3. Inspire them to get engaged in certificate/value added courses to nurture their skills
4. Motivate them to participate in group discussion, debates, elocutions, and quiz to develop analytical and problem solving abilities.
5. Encourage them to do Article publication/paper presentation/poster presentation
6. Online Courses
7. Encourage them to attend workshops

33.9.4. Activities Conducted for Slow Learners

33.9.5. Activities for Advanced Learners



33.10. Anticipated outcomes

It is expected from the policy framed for the advanced and slow learners that there will be an overall improvement in university results, increase in % of students who are able to plan their careers effectively and ultimately contribute towards the betterment of the nation.

33.11. Annexure: per child cost expenditure

Sl. No	Break-up	Amount
1	Material for Reading, writing	150
2	Evaluation – Daily/weekly test	50
3	Rewards – Prizes	150
4	Records and Registers	150
Total		500

33.12. Evaluation and impact assessment

33.12.1. Evaluation

Pre Test/Daily test/Weekly test/Post test:

A pretest shall be conducted before imparting remedial teaching. The mentor teachers shall conduct daily/weekly test for slow learners based on special coaching given to slow learners. At the end of the academic year, a post test may be conducted to assess the slow learner performances. The assessment test shall be prepared and corrected by the mentor teacher verifies by the head of institution.

33.12.2. Impact Study of the Programme “Remedial Teaching for Slow Learners”

An impact study of the programme “Remedial teaching for slow learners” is to be carried out. The score of formative and summative assessment of slow learners in sessional exam, model exam and Annual examination. The proforma for submission of the performances is detailed below.

Name of the college: Little Flower College of Nursing

Name of the mentor: _____

Name of the mentor:

Sl. No	Name of the student	Class	Sessional 1	Sessional 2	Model exam	Annual exam

Signature of the head of the department

Scholastic Test Results

Sl. No	Name of the student	Class 10 th Result	Class 12 th Result	Remarks

33.13. Assessment tools**33.13.1. Aptitude Assessment tool**

Instructions: The test contains _ multiple choice questions; each question carries one mark.
No negative markings. Please encircle the correct option

1. The hybridization state of C atom in butendioic acid is:

- a. sp^2 b. sp^3 c. both two d. sp

2. Which of the following is not a isomer of pentane

- a. n-pentane
b. 2, 2-dimethyl 1 propane
c. 2,3-dimethyl 1 butane
d. 2-methy 1 butane

3. The oxidation number of C atom in CH_2Cl_2 and CCl_4

- a. -2 and -4 b. 0 and -4 c. 0 and 4 d. 2 and 4

4. Which of the following compound is not aromatic:

- a. 1, 3-cyclbutene b. pyridine c. furane d. thiophene
5. By which of the following process hydrocarbons are found from petroleum
- a. combustion
- b. fractional distillation
- c. addition
- d. all above
6. The strongest acid is:
- a. acetic acid
- b. trichloroacetic acid
- c. dichloroacetic acid
- d. monochloroacetic acid
7. F3 is :
- a. Bronsted base
- b. Lewis base
- c. Lewis acid
- d. Bronsted acid
8. The pH of a solution is 5. If the dilution of this solution is increased by 100 times the pH value will be:
- a. 5 b. 7 c. 9 d. 8
9. The normal temperature when raised by 10^8 C, the rate of reaction will be:
- a. lowered by 2 times
- b. increased by 2 times
- c. lowered by 10 times
- d. increased by 10 times
10. Which of the following organic compound could not be dried by anhydrous

- a. ethanol b. benzene c. chloroform d. ethyl acetate

Score:

33.13.2. Psychometric analysis and psychological tests tool

Personality Assessment tool

Instructions: This test contains 120 statements. Answer honestly and spontaneously.

- Please respond to all the statements and answer in sequence
- Describe yourself best

There are no right or wrong answers

1. Strongly Disagree – If you strongly disagree or if the statement is definitely false
2. Disagree – If you disagree or if the statement is mostly false
3. Neutral – If you are neutral about the statement, if you cannot decide or if the statement is about equally true and false.
4. Agree – If you agree or if the statement is mostly true
5. Strongly Agree – If you strongly agree or if the statement is definitely true

Sl No	Criteria	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I am a 'worrier'					
2	I make friends easily					
3	I have a vivid imagination					
4	I trust others					
5	I complete tasks successfully					
6	I get angry easily					

7	I really enjoy large parties and gatherings					
8	I think art is important					
9	I sometimes deceive others to get my own way					
10	I don't like things to be a mess – I like to tidy up					
11	I often feel sad					
12	I like to take charge of situations and events					
13	I experience deep and varied emotions					
14	I love to help others					
15	I always keep my promises					
16	I find it difficult to approach others					
17	I am always busy – always on the go					
18	I prefer variety to routine					
19	I live a good argument – a good fight					
20	I work very hard					
21	I will overindulge at times					
22	I love excitement					

23	I enjoy reading challenging books and articles					
24	I believe that I am better than others					
25	I am always prepared					
26	I panic easily					
27	I am a really cheerful person					
28	I tend to support progress and reform					
29	I sympathize with the homeless					
30	I am very spontaneous – I act without thinking					
31	I ‘fear for the worst’					
32	I feel comfortable around people					
33	I enjoy ‘wild flight of fantasy’					
34	I believe that people basically have good intentions					
35	When I do something, I always do it well					
36	I get irritated easily					
35	I always chat to lots of					

	different people at parties					
38	I see beauty in things that others might not notice					
39	I don't mind cheating to get ahead					
40	I often forget to put things back in their proper place					
41	I sometimes dislike myself					
42	I try to be in charge-to lead others					
43	I am empathetic – I feel others' emotions					
44	I am concerned about others					
45	I tell the truth					
46	I am afraid to draw attention to myself					
47	I never sit still – I'm always on the go					
48	I prefer to stick with things that I know					
49	I shout and yell at people					
50	I do more than what's expected of me					
51	I rarely over-indulge					

52	I got out of my way seek adventure					
53	I avoid philosophical discussions					
54	I think highly of myself					
55	I get the job done and carry out my plans					
56	I become overwhelmed by events					
57	I have a lot of fun					
58	I believe that there is no absolute right or wrong					
59	I feel sympathy for those who are worse off than myself					
60	I make rash decisions					

Score**33.14. POLICY REVIEW**

This policy shall be reviewed annually by the Core Committee under the chairmanship of the Principal to evaluate its implementation efficiency, remedial outcomes, and overall academic impact. Necessary modifications or updates will be incorporated based on faculty feedback and university results

PART J — Institutional Research & Facility Management Policies

34. Research Policy

Document Code: LFCN/QAS/POL-34

34.1. Objectives

- To build a research culture at LFCN by establishing an enabling environment and providing necessary assistance through a research structure and standards.
- To ensure an exceptionally high level of efficiency and effectiveness in our assistance system for faculty and researchers' research endeavours.
- Ensure publishing in journals of exceptional quality that are indexed in Scopus/Web of Science and/or have a high impact factor.
- To cultivate an atmosphere advantageous to the conduct of socially beneficial research with commercialization potential.
- Create Research Centres inside the LFCN with Potential for excellence.
- Build multidisciplinary interactions and collaborations on a national and international level.

34.2. Scope

This Research Policy proposes the backbone of the college's research ethics and is put into effect in all departments, as well as providing as the guidelines for the college's Research Council's administration.

34.3. Vision and mission

34.3.1. Vision

Value-driven nursing research results in high-quality patient care.

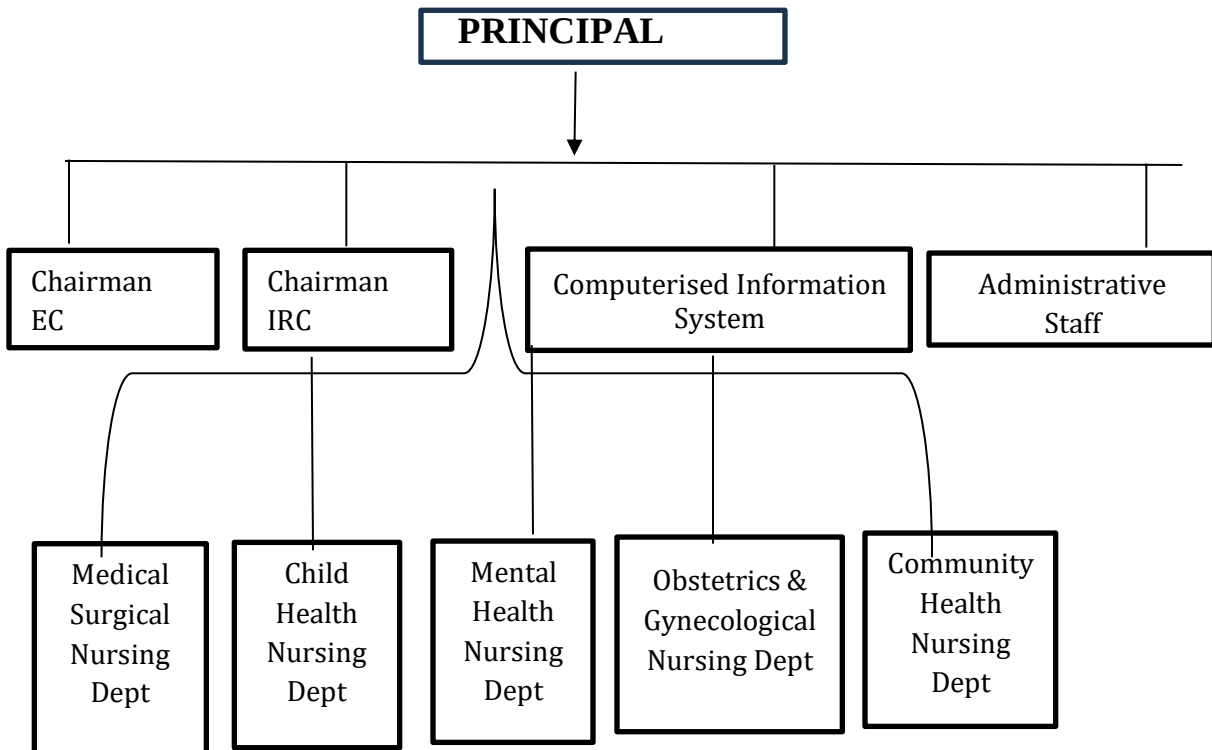
34.3.2. Mission

With an emphasis on safeguarding patients, sustainability of care, enhancing the caliber of healthcare for patients, and ethical practices, committed to helping nursing researchers with study conceptualization, coordination, and dissemination of research results.

34.4. Purpose

The goal of the Research Policy is to foster a lively research environment among researchers and educators at Little Flower College of Nursing. The policy will function as a broad bedrock for conducting research initiatives.

34.5. RESEARCH ECOSYSTEM AT LITTLE FLOWER COLLEGE OF NURSING TRIVANDRUM



34.6. Custodian of policy

The Director of the Research Council is in charge of implementing and maintaining the research policy. The Research Policy should establish a Research Advisory Cell to support and advise the Principal of Little Flower College of Nursing, Trivandrum, and the Academic Council on topics pertaining to research within the college.

34.7. Undertaking research

Faculty members, postgraduate and undergraduate students at the Little Flower College of Nursing, Trivandrum can conduct research which culminates in peer-reviewed papers, presentations at national and international conferences, and the emergence of intellectual property with commercialization potential.

34.8. Research management

The Principal of the Little Flower College of Nursing, Trivandrum shall oversee all research efforts. The IEC and RAB (Research Advisory Board) committees will be in charge of the overall operation of research activities. The research initiatives of each department are coordinated by the head of each department.

34.9. RESEARCH PROMOTION AND SUPPORT

- **Research Mentoring:** The IQAC will identify experienced researchers from the faculty to mentor and guide young and less experienced researchers, both faculty and students, in their research endeavours.
- **Research Workshops and Seminars:** Regular workshops and seminars on research methodologies, data analysis, publication strategies, and grant writing will be conducted to enhance the research skills of faculty and students.
- **Research Collaboration:** The college will encourage interdisciplinary research collaborations within the institution and with external research organizations to leverage expertise and resources.
- **Research Incentives:** To promote research productivity, the IQAC will develop a system of rewards and recognition for research publications, funded projects, and innovative contributions.

34.10. Recruitment and promotion

Little Flower college of nursing shall recruit such faculty members and researchers who have demonstrable/demonstrated capability in research. Faculty promotion may significantly depend on research undertaken. The quality of research output, especially research

publications, may be assessed on the established yardsticks such as Impact Factor (IF) and which will be revised from time-to-time as appropriate.

Research output will be considered one of the criteria for faculty recruitment and promotion along with other academic responsibilities.

34.11. CODE OF ETHICS FOR RESEARCH

- All students doing research at the institution are required to uphold high standards of ethics, honesty, and professionalism in all of their projects.
- An ethical committee has been formed, and a Standard Operating Procedures (SOP) has been created to oversee the college's research operations.
- Considering the college is linked with KUHS, it complies with the University's policies on plagiarism and malpractice in research.
- In the context of paper publishing, every pupil can use the university's anti-plagiarism service.
- When an article has been approved for publication in a peer-reviewed journal, the journal will usually form a committee to ensure that the content is distinct.
- An ethical committee has been formed, and a standard operating procedure (SOP) has been put in place to govern the college's research operations. The goal of this SOP is to help the Committee function more effectively by establishing a meaningful and uniform ethical review system for health and biological research engaging humans as subjects. Annexure - SOP is described

34.12. Ethical guidelines

All inquiry involving human subjects should adhere to fundamental and broad ethical guidelines. The researcher and team are responsible for safeguarding the dignity, rights, safety, and wellness of the study subjects.

34.13. Registration policy for IEC

It will be certain that EC systems are in place to safeguard ethical review quality as well as compliance with national/international and relevant legislation. Efforts are made to get

recognition/certification/accreditation from renowned national/international authorities, and information is kept up to date on a regular basis.

34.14. Institutional ethics committee (IEC)

34.14.1. Composition of EC

EC shall be multidisciplinary and multi-sectorial in composition. The number of persons in an ethical committee shall be kept fairly small (8-12 members). It is generally accepted that a minimum of five persons is required to compose Quorum.

The composition shall be as follows:

1. Chairperson
2. Secretary
3. Legal expert
4. Clinical expert
5. Convenor SRC
6. Ward Member

Operational Rules:

- The Committee's Chairperson must be someone not affiliated with the institution.
- The Member Secretary shall be from any Department of the institution and shall preside over the Committee meeting.
- If necessary, members of the EC will be drawn from other institutions or communities.
- Adequate representation of age, gender, community, and so on should be provided in the Committee to ensure the interests and welfare of all parts of the community/society.
- As the most essential social control mechanism, members must be cognizant of local, social, and cultural standards. Subject matter specialists might be consulted if necessary.

- All members of the EC will be nominated by the college's principal based on their abilities and credibility and may come from any public or private institute in the nation.

34.14.2. Frequency of Meeting

Twice in a year.

34.15. Standard operating procedures (sop) for research ethics committee

34.15.1. Objectives

- The goal of this SOP is to help the College Ethics Committee function effectively such that a qualitative and consistent ethical review system for health and biomedical research is in place for all proposals handled by this Committee.
- The Indian Council of Medical Research (ICMR) Ethical Guidelines for Biomedical Research on Human Subjects would be followed by this Committee.

34.15.2. Roles & Responsibilities

Role of Ethics Committee

The EC's purpose will be to examine any biomedical, scientific research projects involving human subjects to be done under KUHS (Research Centres at Colleges/Recognized Research Institutions), regardless of financial source.

The EC shall assess and authorise any kinds of human-participant research proposals with a view to safeguarding the human worth, privileges, protection, and well-being of all actual and potential study subjects.

The aims of the study, no matter how essential they are, should never take precedence over the health and well-being of the research participants.

The EC should ensure that all of the fundamental tenets of research ethics, namely autonomy, beneficence, nonmaleficence, and justice, are considered in the design, execution, and reporting of the proposed study. It will investigate features of the informed consent procedure, threat-benefit ratio, burden and benefit distribution, and arrangements for suitable compensations when warranted.

The EC shall review the proposals prior to the start of the study and monitor the research throughout the study until and after the study's completion through appropriate well-documented procedures such as annual updates, final reports, site inspections, and so on. The committee shall also examine compliance with all regulatory demands, pertinent guidelines, and legislation.

Role of Principal

- Manage and operate the Research Policy, in addition to assessing it on a regular basis.
- Comprehensive coordination of faculty, graduate, and undergraduate research.
- Construct a framework for reviewing and approving intramural research requests.
- Consider funds to conduct research.
- Monitor a prompt audit of every undertaking (intra and extramural).
- Protection of rights relating to intellectual property
- Research workshops are provided by the institute.
- Ensure all researchers are aware of foreign funding opportunities that may arise as a result of diverse collaborations.
- Establish ethics in human research and enforce a zero-tolerance policy for code violations.

Principal Investigator: Funded Faculty Research (SBMR/ Other Grants)

- The Principal Investigator will draft the research project proposal in compliance with the funding institution's rules, regulations, and statutes, as well as the policy of the Little Flower College of Nursing, Trivandrum.
- All financed studies must be submitted to the IRC via the principal Little Flower College of Nursing, Trivandrum.
- The PI is accountable for finalizing the project work satisfactorily within the authorized sum of the research grant and the period of the project.
- The PI is responsible for the research's finalization, preciseness, and punctuality.

- The PI is accountable for guaranteeing every aspect of the finance of the project is done on time.
- The principal will be the individual with the authority to build the IEC and designate its chairman.
- The Chairman of the IEC, based on suggestions from existing IEC members, shall appoint all members of the IEC to assess and evaluate the methodology, medical dimension, and ethics of the study being considered.
- Membership is required.
- The standard term for IEC members, including the chairman, will be two years. After two years, the committee will be recreated, with 50% of the current members reassigned.
- During the term, the chairman can eliminate any member if their participation is insufficient or they are unavailable for an extended period of time.
- Members can resign from the IEC after giving at least one month's notice and providing sufficient reasons.
- When necessary, the Chairman may replace an IEC member with valid justification.
- Each member must sign a statement and a confidentiality agreement about IEC operations. During the meeting, all members must preserve complete secrecy of all talks. The IEC members should declare any conflicts of interest.

34.16. Research ethics training

- **Mandatory Training:** All researchers, including faculty and students, will undergo research ethics training to ensure compliance with ethical guidelines and principles.
- **Continuous Education:** The college will encourage researchers to participate in research-related workshops and training programs to stay updated with the latest methodologies and ethical standards.

34.17. Application procedure and documents for IEC review

34.17.1. Documents Required with Application

- Duly completed project submission application form
- Letter to Member Secretary/ Chairperson
- IEC registration Fee
- Description of protocol (in little more than 500 words)
- Methodology
- Informed consent material in English
- Informed consent document in regional languages
- Patient/Subject Questionnaire/s
- Signed and dated brief current curriculum vitae of study team members (primary investigator, coinvestigator, study coordinator)

34.17.2. Application Procedure

- All suggestions must be presented on the appropriate application form, which may be obtained from the Member Secretary.
- All essential documentation, including a check list, should be included with the application form.
- The Head of the Department shall provide fifteen copies of the proposal, together with the application and papers in specified format, duly signed by the Principal Investigator and Coinvestigators/Collaborators.
- A cost is payable as per institutional policy
- The Member Secretary will acknowledge receipt and point up any inaccuracies. The information that is missing should be provided within two weeks.

34.18. Research funding

- **Seed Grants:** The IQAC will allocate seed grants to encourage faculty and students to initiate research projects and pilot studies.

- **External Funding:** The college will facilitate the process of seeking external research funding from governmental agencies, non-profit organizations, and industry partners.

34.19. Research facilities and resources

- **Research Laboratories:** The college will establish well-equipped research laboratories to support experimental and clinical research.
- **Access to Information:** The college will provide access to online research databases, journals, and libraries to support literature reviews and evidence-based practices.
- **Data Management:** The college will invest in data management systems to organize and store research data securely.

34.20. Research publication and dissemination

- **Open Access:** The college will encourage researchers to publish their findings in open-access journals to maximize the impact of their work.
- **Institutional Repository:** The college will create an institutional repository to archive and disseminate research outputs and publications.

34.21. Research evaluation and quality assurance

- **Internal Review:** The IQAC will conduct periodic internal reviews to assess the progress and quality of ongoing research projects.
- **Research Assessment Framework:** The college will establish a framework to evaluate research output based on its quality, impact, and relevance.

34.22. Logistics of research

This institution has a workplace for research, record storage, and meeting organisation. Computers with the most recent software for data input, tabulation, and statistical analysis are accessible. (Version 26 of SPSS)

34.23. Misconduct in research

The following practises will be regarded as research misconduct as they contravene research principles and practises. Such acts are serious and will result in severe disciplinary proceedings:

- Data falsification
- Research fabrication
- Plagiarism
- Breach of confidentiality
- Dishonesty in publishing
- Misuse of research money and so on.

Honest errors or discrepancies in interpretations or judgements of data do not constitute research misconduct.

34.24. Policy review

The Research Policy shall be subjected to a comprehensive formal review every year by the Research Committee and the Internal Quality Assurance Cell (IQAC), subject to final approval by the Principal

35. Registration Policy for Ethical Committee under ICMR

Document Code: LFCN/QAS/POL-35

35.1. Purpose and Scope

The Ethics Committee (EC) of Little Flower College of Nursing shall be registered and maintained in accordance with applicable ICMR ethical guidance and relevant national regulatory requirements. This policy establishes the institutional procedure for preparing documents, submitting the EC registration application, completing portal-based verification and maintaining the records required for ethical review of research involving human participants.

35.2. Objectives

- To ensure that the EC is formally constituted with appropriate scientific, medical, legal, social and lay representation.
- To establish a transparent and documented registration process with clearly assigned responsibilities.
- To ensure that EC members meet qualification, training, confidentiality and conflict-of-interest requirements.
- To maintain complete registration, membership, SOP and administrative records for institutional and regulatory review.

35.3. Minimum EC composition and independence

The EC shall have at least seven members representing medical, scientific, non-medical and non-scientific areas. The composition shall include at least one lay person, one woman member, one legal expert and one independent member from a related field such as social science, NGO/voluntary agency, philosophy, ethics or theology. At least 50% of members should be non-affiliated with the institution, as applicable to the governing regulatory framework.

EC Position	Affiliation	Minimum Qualification / Requirement
Chairperson	Non-affiliated	Well-respected person with prior EC/research ethics experience
Member Secretary	Affiliated	Institutional staff member; knowledge of research, ethics and good communication
Basic Medical Scientist	Affiliated / Non-affiliated	Relevant postgraduate qualification and research experience
Clinician / Medical Professional	Affiliated / Non-affiliated	Recognized medical qualification; postgraduate qualification and experience
Legal Expert	Affiliated / Non-affiliated	Law degree from recognized university; relevant experience
Social Scientist / NGO / Ethicist / Philosopher / Theologian	Affiliated / Non-affiliated	Relevant qualification/training and sensitivity to local cultural values
Lay Person	Preferably independent	Non-scientific community perspective; able to assess participant rights and concerns

35.4. Appointment, terms of reference and training

- All members, including the Chairperson, shall be formally appointed by the Head of the Institution/authorized authority. The institutional head/Director/Board members should not ordinarily be EC members in order to preserve independence.
- Each appointment letter shall state the member's role and responsibilities, duration of appointment, conditions of appointment, confidentiality and conflict-of-interest obligations, and applicable Terms of Reference (TOR).
- Members shall provide an updated signed CV and relevant training certificates and shall undergo initial and continuing training in human participant protection, EC functions, SOPs, ICMR ethical guidance, GCP principles (where applicable) and relevant regulations.

- Members shall declare conflicts of interest and sign confidentiality and conflict-of-interest agreements. A conflicted member shall not participate in the relevant review or decision.

35.5. Registration procedure – three-stage process

Stage	Process	Key Documents / Output
Stage I – Initial Registration	Collect EC details and member details; collect Member Secretary national identity card/PAN and hospital ID proof; prepare signed undertaking. Enter the required details in the designated DHR/Naitik registration portal, upload identity/registration documents, submit and complete registered e-mail verification.	EC details; member details; Member Secretary ID proof; hospital ID proof; signed undertaking; registered e-mail verification.
Stage II – EC Details	After initial-stage approval/credentials, log in to the portal. Enter correspondence address and EC office details such as floor/room number. Enter complete details of every EC member including residential/official address, phone, e-mail and educational qualifications. Submit the member details.	Completed institutional/EC profile; complete member profile; downloaded undertaking signed by Chairperson and Member Secretary; Form CT-01 signed by Member Secretary.
Stage III – Checklist &	After verification of entered data, select 'Proceed to Checklist' and	Checklist; Authority Letter; Application Letter; General SOP; SOPs for

Stage	Process	Key Documents / Output
Final Submission	upload the required EC registration documents. Verify all uploads and submit the application through the portal.	membership, TOR, appointment/quorum, training and resignation/removal/replacement; Form CT-01; EC undertaking.

35.6. Initial stage – Document preparation

- Collect complete details of the Ethics Committee and all proposed members.
- Collect national identity card/PAN or other prescribed identity proof of the Member Secretary and hospital/institutional ID proof as applicable.
- Prepare the prescribed signed undertaking for the EC and verify whether the EC is attached or not attached to a hospital, as applicable.
- Ensure that the institution/hospital name and address are consistent across the letterhead, identity/address proof and portal records.
- Use the designated institutional/registered e-mail address for portal registration and keep the registered e-mail accessible for verification and future correspondence.

35.7. Documents to be couriered/submitted after initial portal stage

- Self-attested copy of the identity proof uploaded in the portal (national identity card/PAN or prescribed document).
- Self-attested copy of the uploaded address proof, where required.
- Signed and institutionally stamped undertaking in original.
- The prescribed hard-copy documents shall be dispatched within the time period communicated by the registration authority (the provided registration instructions specify within 30 days after Stage I).

35.8. Final registration checklist – Mandatory institutional file

- Authority Letter

- Application Letter
- General SOP of the Ethics Committee
- SOP – Membership Requirements
- SOP – Terms of Reference
- SOP – Conditions of Appointment and Quorum Requirements
- SOP – Policy Regarding Training
- SOP – Procedure for Resignation, Removal and Replacement of Members
- Form CT-01, as applicable
- Undertaking of the Ethics Committee
- Appointment letters and TORs of all EC members
- Updated CVs, qualification documents and training certificates
- Confidentiality and Conflict-of-Interest agreements
- EC composition, contact details and supporting staff details

35.9. Administration, records and review

- The institution shall provide adequate office space, infrastructure, secure archival facilities, meeting arrangements and supporting staff for the EC Secretariat.
- Registration records, membership records, SOPs, minutes, correspondence, training records, declarations and other regulatory documents shall be securely maintained and made available for authorized audit/inspection.
- The EC shall function independently and shall review and periodically update its SOPs and registration documents whenever applicable guidelines or regulatory requirements change.
- The EC shall maintain a current list of members and promptly document any resignation, replacement, removal, change of affiliation or change in role.

“Ethical research protects the dignity, rights, safety and well-being of every research participant.”

35.10. Policy review and revision scheduling

The Registration Policy for Ethical Committee Under ICMR shall undergo a formal review every two years by the Ethics Committee, IQAC, and Administrative Council, subject to final approval by the Principal.

36. Safe Sanitation and Washroom Management Policy

Document Code: LFCN/QAS/POL-36

36.1. Policy objectives and scope

36.1.1. General Objectives

- To maintain high standards of cleanliness in all restroom areas.
- To ensure continuous availability of water, soap, and sanitation supplies.
- To promote proper waste disposal practices.
- To ensure periodic monitoring and maintenance of sanitation facilities.
- To create awareness regarding personal hygiene and sanitation etiquette.

36.1.2. Specific Objectives

- Daily cleaning and disinfection of restroom facilities.
- Proper disposal of biomedical and sanitary waste.
- Immediate reporting and repair of sanitation-related damages.
- Prevention of foul odour, water stagnation, and pest infestation.
- Provision of separate restroom facilities for males and females.

36.2. Scope

The policy ensures that all users of sanitation facilities share responsibility in maintaining cleanliness, hygiene, safety, and proper restroom etiquette within the institution.

This policy applies to:

- Students
- Teaching faculty
- Non-teaching staff
- Housekeeping staff

- Visitors and guests
- Hostel sanitation facilities
- Clinical and classroom sanitation areas

36.3. Definition

A **Safe Sanitation and Restroom Management Policy** is a formal set of guidelines and procedures established to ensure the cleanliness, hygiene, safety, maintenance, and proper use of sanitation and restroom facilities.

At Little Flower College of Nursing, the Safe Sanitation and Restroom Management Policy refers to the organized system of maintaining hygienic, safe, accessible, and well-managed sanitation facilities to promote health, infection prevention, environmental cleanliness, and personal dignity within the institution.

36.4. Purpose

- Ensure availability of safe and hygienic restroom facilities.
- Prevent the spread of infections and communicable diseases.
- Promote healthy sanitation practices among students and staff.
- Maintain cleanliness, privacy, and safety in all restroom facilities.
- Ensure compliance with institutional health and sanitation standards.

36.5. Policy statements

36.5.1. Cleanliness and Hygiene

- All restrooms shall be cleaned and disinfected regularly.
- Floors, wash basins, mirrors, and toilet seats shall be maintained in hygienic condition.
- Handwashing facilities with soap and water shall be available at all times.

36.5.2. Water Supply

- Continuous supply of safe running water shall be ensured.

- Storage tanks and pipelines shall be inspected periodically.

36.5.3. Waste Management

- Covered waste bins shall be provided in all restrooms.
- Sanitary napkin disposal bins shall be available in female restrooms.
- Waste shall be disposed of according to institutional waste management protocols.

36.5.4. Safety Measures

- Restrooms shall have adequate lighting and ventilation.
- Wet floors shall be attended to immediately to prevent falls.
- Electrical fittings near wash areas shall be regularly inspected.

36.5.5. Maintenance

- Damaged taps, flush systems, locks, and drainage systems shall be repaired promptly.
- A complaint register shall be maintained for reporting sanitation issues.

36.5.6. Privacy and Dignity

- Separate restroom facilities shall be maintained for males and females.
- Privacy locks and functional doors shall be ensured.

36.6. Sanitation infrastructure audit

36.6.1. Restroom Facilities for Students

Sl. No.	Floor	Girls Wash Basin	Girls Washrooms	Boys Wash Basin	Boys Washrooms	Boys Urinals
1	Ground Floor	5	4	5	4	6
2	First Floor	5	4	5	4	-
3	Second	5	4	5	4	-

Sl. No.	Floor	Girls Wash Basin	Girls Washrooms	Boys Wash Basin	Boys Washrooms	Boys Urinals
	Floor					

36.6.2. Restroom Facilities for Staff

Sl. No.	Floor	Female Wash Basin	Female Washrooms	Male Wash Basin	Male Washrooms
1	Ground Floor	7	5	1	1
2	First Floor	1	1	-	1
3	Second Floor	1	1	-	1

36.7. ROLES AND RESPONSIBILITIES

36.7.1. Administration

- Ensure adequate sanitation infrastructure and budget allocation.
- Monitor implementation of the sanitation policy.

36.7.2. Sanitation Committee

- Conduct regular inspections.
- Maintain sanitation records and reports.
- Address complaints promptly.

36.7.3. Housekeeping Staff

- Perform scheduled cleaning and disinfection.
- Refill sanitation supplies regularly.

36.7.4. Students and Staff

- Maintain cleanliness and proper restroom etiquette.
- Report sanitation issues immediately.

36.8. Cleaning schedule

Area	Frequency	Responsible Person
Toilets and wash basins	Twice daily or as required	Housekeeping staff
Floors and corridors	Thrice daily	Housekeeping staff
Waste bins	Daily	Sanitation staff
Water tanks	Monthly	Maintenance department

36.9. Infection prevention measures

- Availability of hand hygiene facilities.
- Periodic pest control activities.
- Use of institutional and public-health-approved disinfectants.

36.10. Monitoring and evaluation

- Maintenance of daily sanitation checklists.
- Corrective actions for identified deficiencies.

36.11. Documentation

- Daily cleaning checklist
- Maintenance complaint register
- Monthly inspection checklist
- Pest control records

36.12. Non-compliance

Failure to follow sanitation guidelines or properly fulfill assigned duties may result in:

- Written warning
- Corrective training

36.13. Policy review

The Safe Sanitation and Washroom Management Policy shall be subjected to a comprehensive formal review every year by the IQAC, and management, subject to final approval by the Principal.

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37. Generator Maintenance and Usage Policy

Document Code: LFCN/QAS/POL-37

37.1. Objectives

- Ensure continuous power supply during outages to support academic, laboratory, and administrative operations.
- Prevent equipment damage and service interruption across critical units.
- Promote safety and efficient fuel usage while minimizing operational wastage.
- Maintain compliance with regulatory standards and environmental safety guidelines.

37.2. Scope

This policy applies to all administration, faculty, non-teaching staff, maintenance personnel, and technicians responsible for the maintenance, monitoring, fuel management, and operation of power generator sets across the Little Flower College of Nursing campus.

37.3. Definition

A Generator Maintenance and Usage Policy is a formal, documented set of procedures, guidelines, and safety protocols governing the operation, routine care, and servicing of power generators. It ensures generators remain reliable for backup power by scheduling maintenance, enforcing safe operating practices, and detailing staff responsibilities.

37.4. Purpose

- Ensure uninterrupted power supply to critical areas such as skill labs, simulation labs, classrooms, hostels, and clinical training units.
- Maintain patient safety and care standards during clinical demonstrations and hospital postings by avoiding power disruptions.
- Protect electrical and medical equipment from damage caused by sudden power failure or improper generator use.

- Promote regular maintenance of the generator to improve efficiency, reliability, and operational lifespan.
- Ensure safe operation practices to prevent accidents, fire hazards, and electrical risks.
- Optimize fuel usage and reduce wastage through proper monitoring and documentation.
- Establish clear roles and responsibilities for staff involved in generator operation and maintenance.
- Ensure compliance with regulatory and safety standards set by institutional and statutory authorities.
- Facilitate proper documentation and accountability through logbooks and maintenance records.
- Support uninterrupted academic activities such as lectures, examinations, and practical sessions.

37.5. Roles and responsibilities

37.5.1. Administrator / Principal

- Overall supervision of generator usage and policy implementation.
- Approval of routine maintenance schedules, major repair expenses, and fuel budgets.

37.5.2. Maintenance Department / Electrician

- Conduct daily inspection and manage timely generator operation during power outages.
- Execute routine servicing, maintain logbooks, and monitor fuel levels.
- Immediate reporting of mechanical or electrical faults to the administration.

37.5.3. Nursing Staff / Lab In-Charge

- Ensure proper and safe usage of powered medical equipment during generator operation.

- Report any electrical fluctuations or supply issues immediately to the maintenance department.

37.6. Generator operation guidelines

- The generator shall be operated only during power failure or scheduled testing runs.
- Only authorized maintenance personnel and electricians shall operate the generator set.
- Ensure proper load distribution, prioritizing critical areas:
 - Skill labs and simulation units
 - Classrooms and examination halls
 - Hostel facilities (restricted to basic lighting and fans)
- Overloading the generator beyond its rated capacity is strictly prohibited.

37.7. Maintenance policy

37.7.1. Daily Checks

- Check fuel level.
- Check engine oil level.
- Check coolant level.
- Inspect battery condition and terminal connections.
- Visual inspection for oil, water, or fuel leaks.
- Clean air filters and surrounding enclosure.
- Inspect wiring and electrical connections.
- Inspect the exhaust system for blockages or leakage.

37.7.2. Weekly Checks

- Conduct a test run for 15–20 minutes.
- Monitor for any unusual noise, excessive smoke, or abnormal vibration.

37.7.3. Periodic Servicing and Log Format

- Engine oil change (as per manufacturer recommendations).
- Replacement of oil, fuel, and air filters.
- Comprehensive professional servicing every 6 months.

Date	Type of Maintenance	Details of Work Done	Name of Technician	Next Due Date	Signature

37.8. Fuel management and audit format

- Maintain an adequate fuel reserve stock at all times for emergency requirements.
- Record every fuel intake and consumption event in the official logbook.
- Implement strict checks to prevent fuel leakage, evaporation, and wastage.
- Store reserve fuel safely in designated locations following institutional fire safety norms.

Date	Opening Fuel Level (L)	Fuel Added (L)	Fuel Used (L)	Closing Balance (L)	Signature

37.9. Safety measures and emergency procedures**37.9.1. Safety Measures**

- Install designated fire extinguishers (CO₂ / Dry Chemical Powder) near the generator room.
- Ensure adequate ventilation and proper exhaust routing to prevent fumes accumulation.
- Keep the generator room locked, restricting entry exclusively to authorized staff.

- No smoking, open flames, or spark-producing activities allowed near fuel storage or the generator room.
- Mandatory use of personal protective equipment (PPE), such as ear protection, during operation.

37.9.2. Emergency Procedures

In case of Generator Failure:

- Inform the maintenance department immediately.
- Shift critical academic or clinical activities to safe or alternative powered areas.

In case of Fire:

Use the nearest appropriate fire extinguisher.

Immediately notify the fire safety team, hospital security, and institutional administration.

37.10. Record keeping

The Maintenance Department shall maintain a dedicated Generator Logbook containing:

- Date, time, and total duration of operation.
- Fuel consumption and refilling details.
- Routine and emergency maintenance activities performed.

37.11. Regulatory compliance

- Adhere to local electricity board regulations and state environmental safety standards.
- Facilitate periodic inspection by authorized external safety and electrical inspection agencies.

37.12. Policy review

The Generator Maintenance and Usage Policy shall be subjected to a formal review every two years by the Maintenance Committee, IQAC, and Administrative Council, subject to final approval by the Principal.

38. HOSTEL FOOD AND SAFETY POLICY

Document Code: LFCN/QAS/POL-38

38.1 Policy Statement

Little Flower College of Nursing is committed to providing safe, hygienic, nutritious, and quality food to all hostel residents. The college shall ensure that food procurement, storage, preparation, serving, and disposal are carried out according to food safety and hygiene standards to prevent food-borne illnesses and promote the health and well-being of students.

38.2 Objectives

- To ensure the safety and quality of food served in the hostel.
- To maintain hygienic food preparation and serving practices.
- To prevent food contamination and food-borne diseases.
- To promote healthy eating habits among students.
- To comply with applicable food safety regulations.

38.3 Responsibilities

- Principal: Overall supervision and approval.
- Hostel Warden: Implementation and monitoring.
- Mess Manager/Supervisor: Daily compliance with food safety practices.
- Food Handlers: Adherence to hygiene and safety standards.
- Students: Reporting food safety concerns promptly.

38.4 Policy Guidelines

38.4.1. Food Procurement

- Food items shall be purchased only from approved and reliable vendors.
- Fresh and good-quality ingredients shall be used.
- Expiry dates shall be checked before acceptance of food products.

38.4.2. Food Storage

- Dry, refrigerated, and frozen foods shall be stored separately.
- FIFO (First In, First Out) method shall be followed.
- Storage areas shall be kept clean, dry, and pest-free.

38.4.3. Food Preparation

- Food shall be prepared in a clean and sanitary environment.
- Separate utensils and cutting boards shall be used for raw and cooked foods.
- Safe drinking water shall be used for cooking and cleaning.

38.4.4. Personal Hygiene

- Food handlers shall maintain high standards of personal hygiene.
- Hand washing shall be mandatory before food preparation and serving.
- Hair caps, aprons, and gloves shall be used where necessary.
- Food handlers suffering from communicable diseases shall not handle food.

38.4.5. Kitchen Sanitation

- Kitchen premises and equipment shall be cleaned daily.
- Waste shall be disposed of in covered bins.
- Regular pest-control measures shall be implemented.

38.4.6. Food Service

- Food shall be served in clean utensils.
- Cooked food shall be protected from contamination.
- Safe food temperatures shall be maintained during service.

38.4.7. Water Safety

- Only potable water shall be used for drinking and cooking.
- Water tanks shall be cleaned periodically.
- Water quality testing shall be conducted regularly.

38.4.8. Monitoring and Evaluation

- The Hostel Food Committee shall conduct periodic inspections.
- Student feedback regarding food quality and safety shall be collected regularly.
- Corrective actions shall be taken for identified deficiencies.

38.5 Policy Review

This policy shall be reviewed annually or whenever necessary to ensure continuous improvement in hostel food safety standards.