From ACMO/Joint Director Medical Services Department Greater Chennai Corporation Ripon Building Chennai - 3 To
The Principal
Saveetha College of Nursing
Saveetha Nagar,
Thandalam,
Chennai -602 105

M.S.D / Trg/F20/ 121 (B) /2021.

Date: 07.02.2021

Respected Sir/Madam,

Sub: Medical Services - Programme - Training- Greater Chennai Corporation - Permission accorded- Saveetha College of Nursing- 10 Nos of P.B.BSc (N) Students at Sakthi Nagar UPHC from 28.02.2022 to 31.03.2022 - Urban Community Health Experience - Orders issued - Regarding.

Ref:

- 1. Your letter dated: 09.02.2021.
- 2. Corporation Treasury Challan No.HD/2021-22 /0026522, Dated: 07.02.2022.

With reference to your letter cited, permission is accorded to 10 Nos of P.B.BSc (N) Students of your College of Nursing to gain for Urban Community Health Experience at Sakthi Nagar UPHCs from 28.02.2022 to 31.03.2022 as detailed below.

SL. No.	Name of the students.	No.of students.	Location	Duration	Course content.
1	List enclosed	10 Nos of IInd Year P.B.BSc (N) Students	Sakthi Nagar UPHC - 10 Students	28.02.2022 to 31.03.2022	Urban Community Health Experience

## **Terms & Conditions**

- 1.Each Student Nurse should visit 25 Families per day Students should go along with UHNs only for family visit (Approximately 125 150 Population per day)
- 2 During the Family visit, the Student Staff Nurses should
  - Update enumeration
  - Motivate unprotected couples for Family Welfare Methods
  - Collect Data of delivery of Babies
  - Register Antenatal if any
- 3. New Born Babies follow up & monthly follow up of all postnatal babies after discharge till 42 days.
- 4. Health education to the family on RCH, NCD activities, Anemia prevention, WIFS etc.
- 5. Participate in Special Campaign (i.e) Intensified Pulse Polio Programme , Outbreak response, Measles Camp, Vit . A Camp , National Deworming Day Camp , Ante Diarrhoea Camp etc
- 6. Observing / Assisting in outreach sessions.

Time: 8 AM to 3 PM

ACMO / Join Director

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Medical Services Department Treater Chennal Corporation

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## PROFORMA Community Health Experience

S. No.	PARTICULARS	DETAILS
1	Name of the Student	
2	Period of Posting	
3	Place of Posting	
4	No. of Families Visited	
5	No. of AN given care	
6	No. of 0 – 1 years given care	-
. 7	No, of PN Care given	
8	No. of fever cases attended	
9	No. of NCD Cases Motivated	
10	No. of UPC Motivated	
11	No of Special Campaigns attended	
12	No of Outreach sessions attended	
13	No. of Days to be attended	
14	No. of Days actually attended	
15	General remarks	

**Note:** Timing to be strictly maintained. Study Off/ Week Off/ Leave should be informed to the UPHC/UCHC Medical Officer concerned. To maintain decorum. After completion of training the Principal has to submit a report of the above details in a Proforma enclosed.

The Principal is requested to contact the Zonal Medical Officers of Kodambakkam, Valasarawakkam Zones.

## Address & Contanct No.:

\*Sakthi Nagar: Unit Office, Sakthi Nagar, Porur

**ZMO -** Dr. Sameera :9444071487

MCHOs Mrs.Krishnaveni - 9445194927

ACMO / Join Director

Copy to: The Zonal Medical Officer, Valasaravakkam Zone.

Services Department Departies

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