



A.P.C. MAHALAXMI COLLEGE FOR WOMEN

THOOTHUKUDI - 2



CRITERION 6

SSR CYCLE IV

GOVERNANCE, LEADERSHIP AND MANAGEMENT

6.3. Faculty Empowerment Strategies

6.3.1: The institution has performance appraisal system, effective welfare measures for teaching and non-teaching staff and avenues for career development/progression

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Medical Benefits

Medical Leave

Medical leave is being granted to staff members who have health-related issues as per the government norms. The following are some of the medical issues.

<u>APPLICATION FOR LEAVE OTHER THAN CASUAL LEAVE</u>	
To The Secretary A.P.C. Mahalakshmi College for Women, Tuticorin.	Through The Secretary A.P.C. Mahalakshmi College for Women, Tuticorin.
1. Name of the Teacher / Supporting Staff	: Dr. P. Bala Shanmuga Devi
2. Designation	: Associate Prof. of English
3. Nature of Appointment	: Permanent
4. Nature of Leave required	: Medical leave
5. a. Period for which leave required (both days inclusive)	: 11-01-2021 - 13-01-2021
b. Public Holidays, if any prefixed or suffixed	: 10-01-2021 - Sunday 14-01-2021 - Pongal Holiday
6. Reason for the leave applied for	: Lower Back Ache
7. Date on which she last attended the college	: 09-01-2021
8. Whether Medical Certificate is enclosed	:
9. Number of days for which E.L./ M.L. now applied for	: Three Days
10. Leave address	: 4/121, Om Shanthi Nagar Tuticorin - 628002
PLACE : TUTICORIN	P. Bala S. Devi SIGNATURE OF THE APPLICANT
DATE : 11-01-2021	Monica Ramraj HEAD OF THE DEPARTMENT
	<i>N. Neerabymai</i>
	/ Forwarded to the Secretary /

Medical Leave

<u>ML</u> <u>APPLICATION FOR LEAVE OTHER THAN CASUAL LEAVE</u>	
APPROVED Mahalaxmi College for Women, Tuticorin.	Through The Principal A.P.C. Mahalaxmi College for Women, Tuticorin.
Name of the Teacher / Supporting Staff	K. PALANI
Designation	Associate Prof. of Maths.
Nature of Appointment	permanent
Nature of Leave required	M.L.
a. Period for which leave required (both days inclusive)	16.12.19 to 18.12.19
b. Public Holidays, if any pertinent or sufficient	14th, 15th Saturday & Sunday Preferred
Reason for the leave applied for	Viral fever
Days on which she has attended the college	13.12.19
Whether Medical Certificate is enclosed	Yes
Number of days for which E.L. / M.L. was applied for	3 days
Home address	4, Chidambaram Nagar II St, Thoothukudi
DATE: TUTICORIN AT: 6-12-19	<i>K. Palani</i> SIGNATURE OF THE APPLICANT <i>K. Palani</i> HEAD OF THE DEPARTMENT
/ Forwarded to the Secretary /	

Medical Leave

**A.P.C.MAHALAXMI COLLEGE FOR WOMEN, THOOTHUKUDI-2,
PROCEEDINGS OF THE SECRETARY NO.2999 , dt.02.01.2020**
Sub: Sanctioning of Earned Leave/Unearned Leave on Medical
Certificate/Unearned Leave on private affairs – Reg.

The Secretary of the A.P.C.Mahalaxmi College for Women, Thoothukudi is pleased to sanction Earned Leave/Unearned Leave on Medical Certificate/Unearned Leave on Private Affairs to staff members (Teaching & Non – Teaching) A.P.C.Mahalaxmi College for Women, Thoothukudi as detailed in Annexure.

He/She is informed that he/she must be ready to pay excess payment if any payment for the same is found incorrect at a later date in audit by the Collegiate Education Department/Local Fund/Account General etc.,

Name & Designation	Nature of Leave applied for	Total No. of days Leave		Pro-ressive Total Leave	Permission		Date of Re-Joining Duty
		From	To		From	To	
Dr.S.Vijayakalaivani Asso.Prof.of Tamil	Medical Leave	09.12.2019 16.12.2019	12.12.2019 19.12.2019		-	-	12.12.2019 20.12.2019
Dr.R.Selvalatha Asst.Prof.of Tamil	Medical Leave	12.12.2019	20.12.2019		-	-	21.12.2019
Dr.U.Viji Asst.Prof.of Tamil	Medical Leave	17.12.2019	20.12.2019		-	-	21.12.2019
Dr.D.Sankary Asso.Prof. of English	Medical Leave	16.12.2019	19.12.2019		-	-	20.12.2019
Dr.P.Bala Shammuga Devi Asso.Prof. of English	Medical Leave	18.12.2019	20.12.2019		-	-	21.12.2019
Dr.K.Palani Asso.Prof. of Maths	Medical Leave	16.12.2019	18.12.2019				19.12.2019

Certificate

- CERTIFIED:**
1. that the member of the staff to whom the leave is sanctioned is eligible for the leave as per the leave account in the Service Register.
 2. that in cases of sanction of unearned leave on Medical Certificate/Maternity leave/ Abortion leave necessary Medical Certificate/Fitness Certificate from competent authorities in the prescribed form produced by the staff member have been filed in the college safely.
 3. that the limit of leave prescribed by Government for sanction at any one time has followed correctly.
 4. that the necessary entries have been made in the body of the Service Register and in the leave account in the Service Register of the incumbent.
 5. that the leave period was verified and tallied with the entries made in the Attendance Register against the staff concerned.

Free Medical Checkup

Thyroid Blood Sampling Campaign

Date: 25.09.2019



Thyroid blood sampling campaign from Veeramani Hospital, Thoothukudi

Breast Cancer Screening Camp

Resource Person: Dr. S. Suganya, Surgical Endocrine Surgeon

Date: 12.12.2019



Faculty consultation with Dr. S. Suganya, Surgical Endocrine Surgeon, Vellammal Medical College, Madurai



Vaccination Campaign for Teaching & Non-teaching Staff

Date: 24.08.2021



A.P.C. MAHALAXMI COLLEGE FOR WOMEN, THOOTHUKUDI.
Reaccredited by NAAC with 'B' Grade
4star Rating in MoE's Institution's Innovation Council



**National Service Scheme (Unit.No.47 & 57) &
Health Club
Organize a
COVID -19 VACCINATION CAMP**

Date: 24.08.2021
Venue: A.P.C. Mahalaxmi College for Women
Thoothukudi





Vaccination Campaign for Teaching and & Non-teaching Staff

Vaccination Campaign for Teaching & Non-Teaching

Date:26.08.2021 & 27.08.2021



A.P.C. MAHALAXMI COLLEGE FOR WOMEN, THOOTHUKUDI.
 Reaccredited by NAAC with 'B+' Grade
 4star Rating in MoE's Institution's Innovation Council



National Service Scheme Unit.No. 47&57

COVID -19 VACCINATION CAMPAIGN

Date:26.08.2021 & 27.08.2021
 Venue:A.P.C. Mahalaxmi College for Women
 Thoothukudi



COVID-19 Vaccination Camp for Teaching & Non-Teaching Faculty

Date: 19.11.2021



National Service Scheme (Unit.No.47&57) & Health Club

Organize a

COVID-19 VACCINATION CAMP

19.11.2021



**Venue :A.P.C. Mahalaxmi College for Women,
Thoothukudi**






Vaccination Campaign for Teaching and & Non-teaching Staff

Employees' State Insurance Corporation (ESIC) Scheme

ESI provides medical benefits to the unaided employees and their dependents through contributions made by both the employer and the employee.



A.P.C. MAHALAXMI COLLEGE FOR WOMEN


Thoothukudi- 628 002, Tamil Nadu.

To whomsoever it may concern

I hereby declare that the following details and documents are true to the best of my knowledge. They have been checked and verified.

6.3.1 Institutional Welfare Measures for Teaching and Non-teaching Staff
Amount paid by the Institution towards Employees' State Insurance Corporation (ESIC) Scheme

S. No	Academic Year	No of Beneficiaries	Staff Contribution	Total
1.	2022 -2023	44	2,54,131	2,54,131
2.	2021 -2022	53	2,78,675	2,78,675
3.	2020 -2021	53	2,57,564	2,57,564
4.	2019 -2020	55	2,65,685	2,65,685
5.	2018 -2019	45	2,75,181	2,75,181



K. Subbulakshmi


(Dr. K. SUBBULAKSHMI)

Principal i/c
Principal ✓
A.P.C. Mahalaxmi College for Women
Thoothukudi

Phone : 0461 - 2345655

Website : www.apcmcollege.ac.in

ESI Contribution for Non-Teaching Staff




EMPLOYEES STATE INSURANCE CORPORATION
TEMPORARY IDENTITY CERTIFICATE

Insured Person : **Latha. S**
Insurance No : **6633204209**
Date of Registration : **25/07/2013**

YOUR REGISTRATION DETAILS

Employee Name :	Latha. S	Type of Disability :	None		
Name of Father / Husband:	KASI SANKARA NARAYANAN. M	Date of Birth :	30/05/1978		
Marital Status :	Married	Gender :	F		
Present Address :	193, PATHIRAKALIAMMAN KOVIL STREET., THOOTHUKUDI, Dist: Thoothukudi, Tamilnad	Permanent Address :	193, PATHIRAKALIAMMAN KOVIL STREET., THOOTHUKUDI, Dist: Thoothukudi, Tamilnad, 628001		
Dispensary / IMP :	None				
Current Employer Details		Previous Employer Details			
Employer's Code No. :	66000412420001303	Employer's Code No. :	None		
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None		
Date of Appointment :	01/09/2011	Previous Insurance No. :	None		
Name of Employer :	A.P.C. MAHALAXMI COLLEGE FOR WOMEN Ettayapuram	Name of Employer :	None		
Address of Employer :	Road, Tuticorin., Dist: Thoothukudi, Tamilnadu 628002	Address of Employer :	None		
Family Details:					
Name	Relationship with the Employee	Date of Birth	Whether Residing with I	State	District
KASI SANKARANARAYANA.	Spouse	03/01/1974	Yes	Tamilnadu	Thoothukudi
MUTHU KRISHNAN. K	Minor dependant son	26/04/2001	Yes	Tamilnadu	Thoothukudi
Nominee Details:					
Name of Nominee	Relationship with IP	Percentage	Address of Nominee		
KASI SANKARANARAYANAN. M	Spouse	100	193, PATHIRAKALIAMMAN KOVIL STREET., THOOTHUKUDI, Tamilnadu, Dist: Th		

ESI Contribution for Non-Teaching Staff



EMPLOYEES STATE INSURANCE CORPORATION
TEMPORARY IDENTITY CERTIFICATE

Insured Person : **Indira. G**
Insurance No : **6633204197**
Date of Registration : **25/07/2013**

YOUR REGISTRATION DETAILS

Employee Name :	Indira. G	Type of Disability :	None
Name of Father / Husband:	SONACHALAM. C	Date of Birth :	24/09/1971
Marital Status :	Married	Gender :	F
Present Address :	183A, PATHIRAKALIAMANKOVIL STREET., THOOTHUKUDI, Dist. Thoothukudi, Tamilnadu, 628001	Permanent Address :	183A, PATHIRAKALIAMANKOVIL STREET., THOOTHUKUDI, Dist. Thoothukudi, Tamilnadu, 628001
Dispensary / IMP :	None		
Current Employer Details		Previous Employer Details	
Employer's Code No. :	66000412420001303	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/09/2011	Previous Insurance No. :	None
Name of Employer :	A. P. C. MAHALAXMI COLLEGE FOR WOMEN Elayappuram Road., Tuticorin., Dist. Thoothukudi, Tamilnadu, 628002	Name of Employer :	None
Address of Employer :		Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	Whether Residing with I	State	District
SONACHALAM. C	Spouse	20/04/1961	Yes	Tamilnadu	Thoothukudi
VALLINAYAGAM. S	Minor dependant son	05/09/1993	Yes	Tamilnadu	Thoothukudi
GOMATHE. S	Dependant unmarried daughter	03/10/2000	Yes	Tamilnadu	Thoothukudi

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
SONACHALAM. C	Spouse	100	183A, PATHIRAKALIAMMAN KOVIL STREET., THOOTHUKUDI, Tamilnadu, Dist.

Documents Uploaded:
none

Please Verify the Above Particulars.
Please Notify Your Employer or in the Branch Office Address Below In case of Any Information Found Incorrect.
To get permanent ID card, employee is requested to visit the following branch office to get biometric & photo captured by this date 09/08/2013, in the Below Branch Office : **BO-TUTICORIN, 164-N, North Beach Road, Tuticorin, 628001** or any nearest ESIC Bio-metric Camp Locations.

Signature / LTI of Registered Employee / IP :

Affix Your Family Photograph Here: (Attested and Stamped by Employer / ESIC Official)

Mobile Number : **9944982024**

NOTE:

1. Please Keep this Printout for Future Reference and Bring this Along with Your Photo ID Card for All Your Claim Benefits and Medical Benefits.
2. This Copy Should be Retained with You until the Biometric Card is Dispatched.
3. Employer to please affix employee and his family photo here and attest with official stamp across.

Signature / Stamp of ESIC Officer / Employer

ESI Contribution for Teaching Staff



**EMPLOYEES STATE INSURANCE CORPORATION
TEMPORARY IDENTITY CERTIFICATE**

Insured Person : Arockia Jeyanthi. J
Insurance No : 6633204441
Date of Registration : 26/07/2013

YOUR REGISTRATION DETAILS

Employee Name :	Arockia Jeyanthi. J	Type of Disability :	None
Name of Father / Husband:	AROCKIA RAJ. X	Date of Birth :	23/06/1976
Marital Status :	Married	Gender :	F
Present Address :	10, CURUZADI STREET., THOOTHUKUDI, Dist.Thoothukudi, Tamilnad	Permanent Address	10, CURUZADI STREET., THOOTHUKUDI, Dist.Thoothukudi, Tamilnadu, 628001
Dispensary / IMP :	N 628001 None		
Current Employer Details		Previous Employer Details	
Employer's Code No. :	66000412420001303	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/09/2011	Previous Insurance No. :	None
Name of Employer :	A.P.C. MAHALAXMI COLLEGE FOR	Name of Employer :	None
Address of Employer :	WOMEN Etayapuram Road., Tuticorin., Dist.Thoothukudi Tamilnadu 628002	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	Whether Residing with I	State	District
AROCKIA RAJ. X	Spouse	20/09/1972	Yes	Tamilnadu	Thoothukudi
EDRIK BENO. A	Minor dependant son	11/08/2000	Yes	Tamilnadu	Thoothukudi
MARY EDLYN. A	Dependant unmarried daughter	19/05/2006	Yes	Tamilnadu	Thoothukudi

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
AROCKIA RAJ. X	Spouse	100	10, CURUZADI STREET., THOOTHUKUDI, Tamilnadu Dist.Thoothukudi 628001

Documents Uploaded:
none

Please Verify the Above Particulars.

Please Notify Your Employer or in the Branch Office Address Below In case of Any Information Found Incorrect.

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Signature / LTI of Registered Employee / IP :

Mobile Number : 7708984425

Affix Your Family Photograph Here: (Attested and Stamped by Employer / ESIC Official)

NOTE:

1. Please Keep this Printout for Future Reference and Bring this Along with Your Photo ID Card for All Your Claim Benefits and Medical Benefits.
2. This Copy Should be Retained with You until the Biometric Card is Dispatched.
3. Employer to please affix employee and his family photo here and attest with official stamp across.

Signature / Stamp of ESIC Officer / Employer

ESI Contribution for Teaching Staff



EMPLOYEES STATE INSURANCE CORPORATION
TEMPORARY IDENTITY CERTIFICATE

Insured Person : Uma Mageswari. S
Insurance No : 6633205275
Date of Registration : 29/07/2013

YOUR REGISTRATION DETAILS

Employee Name :	Uma Mageswari. S	Type of Disability :	None
Name of Father / Husband:	MURUGAN. A	Date of Birth :	05/08/1977
Marital Status :	Married	Gender :	F
Present Address :	1B/16, V.O.C.COLLEGE QUARTERS,,GANESH NAGAR, MAIN ROAD, MILLERPURAM, Dist.Thoothukudi, Tamilnadu, 628008	Permanent Address :	1B/16, V.O.C.COLLEGE QUARTERS,,GANESH NAGAR, MAIN ROAD, MILLERPURAM, Dist.Thoothukudi, Tamilnadu, 628008
Dispensary / IMP :	None		
Current Employer Details		Previous Employer Details	
Employer's Code No. :	66000412420001303	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	08/08/2003	Previous Insurance No. :	None
Name of Employer :	A.P.C. MAHALAXMI COLLEGE FOR WOMEN Ettayapuram Road, Tuticorin, Dist.Thoothukudi,Tamilnadu 628002	Name of Employer :	None
Address of Employer :		Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	Whether Residing with I	State	District
MURUGAN. A	Spouse	11/11/1975	Yes	Tamilnadu	Thoothukudi
KESMA VALLI. M	Dependant unmarried daughter	31/07/2007	Yes	Tamilnadu	Thoothukudi

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
MURUGAN. A	Spouse	100	1B/16, V.O.C. COLLEGE QUARTERS,,GANESH NAGAR, MAIN ROAD, MILLE

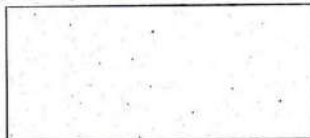
Documents Uploaded:
none

Please Verify the Above Particulars.

Please Notify Your Employer or in the Branch Office Address Below Incase of Any Information Found Incorrect.

To get permanent ID card, employee is requested to visit the following branch office to get biometric & photo captured by this date 13/08/2013, in the Below Branch Office : BO-TUTICORIN,164-N, North Beach Road, Tuticorin,628001 or any nearest ESIC Bio-metric Camp Locations.

Signature / LTI of Registered Employee / IP :



Mobile Number : 9486633240

Affix Your Family Photograph Here (Attested and Stamped by Employer / ESIC Official)



NOTE:

1. Please Keep this Printout for Future Reference and Bring this Along with Your Photo ID Card for All Your Claim Benefits and Medical Benefits .
2. This Copy Should be Retained with You until the Biometric Card is Dispatched.
3. Employer to please affix employee and his family photo here and attest with official stamp across .

Signature / Stamp of ESIC Officer / Employer

ESI Contribution for Teaching Staff



**EMPLOYEES STATE INSURANCE CORPORATION
TEMPORARY IDENTITY CERTIFICATE**

Insured Person : Karpagavalli. P
Insurance No : 6633205336
Date of Registration : 29/07/2013

YOUR REGISTRATION DETAILS

Employee Name :	Karpagavalli. P	Type of Disability :	None
Name of Father / Husband:	CHIDAMBARAM. S	Date of Birth :	14/09/1974
Marital Status :	Married	Gender :	F.
Present Address :	228, MANICKAM ASARI COMPOUND, BUNGALOW STREET, MELUR, Dist: Thoothukudi, Tamilnadu	Permanent Address :	228, MANICKAM ASARI COMPOUND, BUNGALOW STREET, MELUR, Dist: Thoothukudi, Tamilnadu
Dispensary / IMP :	None		
Current Employer Details		Previous Employer Details	
Employer's Code No. :	66000412420001303	Employer's Code No. :	None
Sub Unit's Code No. :	None	Sub Unit's Code No. :	None
Date of Appointment :	01/07/2003	Previous Insurance No. :	None
Name of Employer :	A. P. C. MAHALAXMI COLLEGE FOR WOMEN Ettayapuram	Name of Employer :	None
Address of Employer :	Road, Tuticorin, Dist: Thoothukudi Tamilnadu 628002	Address of Employer :	None

Family Details:

Name	Relationship with the Employee	Date of Birth	Whether Residing with I	State	District
CHIDAMBARAM. S	Spouse	08/02/1970	Yes	Tamilnadu	Thoothukudi
THEMZOZHI. C	Dependant unmarried daughter	18/10/2001	Yes	Tamilnadu	Thoothukudi

Nominee Details:

Name of Nominee	Relationship with IP	Percentage	Address of Nominee
CHIDAMBARAM. S	Spouse	100	228, MANICKAPURAM ASARI COMPOUND, UNGALOW STREET, MELUR, Te

Documents Uploaded:

none

Please Verify the Above Particulars.

Please Notify Your Employer or in the Branch Office Address Below In case of Any Information Found Incorrect.

To get permanent ID card, employee is requested to visit the following branch office to get biometric & photo captured by this date 13/08/2013, in the Below Branch Office : **BO-TUTICORIN,164-N, North Beach Road, Tuticorin,628001** or any nearest ESIC Bio-metric Camp Locations.

Signature / LTI of Registered Employee / IP :

Mobile Number : 8608601621

Affix Your Family Photograph Here (Attested and Stamped by Employer / ESIC Official)

NOTE:

1. Please Keep this Printout for Future Reference and Bring this Along with Your Photo ID Card for All Your Claim Benefits and Medical Benefits.
2. This Copy Should be Retained with You until the Biometric Card is Dispatched.
3. Employer to please affix employee and his family photo here and attest with official stamp across.

Signature / Stamp of ESIC Officer / Employer