

ALPHONSA COLLEGE

ARUNAPURAM P.O PALA

KOTTAYAM DIST, KERALA 686574



DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

PROGRAMME : B.voc SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name : ABHIRAMI SHAJI

Subject : PROJECT ON MULTIPLE SCLEROSIS

University Reg.No : 200041000642

CERTIFIED BONAFIDE RECORD

Teachers in charge: Gija Jose For Payi

Date: 12-5-2023

Examiners:

1. Asha
2. DIVYA NAIR Payi



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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY
PROGRAMME: B.voc SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name : AKSHAYA CS

Subject : STROKE

University Reg. No : 200041000644

CERTIFIED BONAFIDE RECORD

Teachers in charge:- REMYD SHINE for Dayi

Date:

Examiners:

1.

2. DIVYA NAIR Dayi



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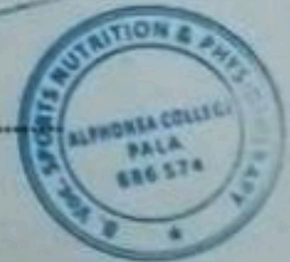
DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY
PROGRAMME : B.VOC SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name: Akshara Arith
Subject: Meniscal injuries
University Reg. No. 20041000643

CERTIFICATE BONAFIDE RECORD

Teacher in charge: GMA JOSE for [Signature]



Date:

Examiners

1. [Signature]

2. DIVYA NIRAJ [Signature]

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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

PROGRAMME : B.voc SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name : ANJALI PRASAD

Subject : FEMALE ATHLETE TRIAD

University Reg.No : 200041000645

CERTIFIED BONAFIDE RECORD

Teachers in charge: DIVYA NAIR

Date:

Examiners:

1. _____

2. DIVYA NAIR 



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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

PROGRAMME : B.voc SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name : Ann Treasa Jose

Subject : project on Female athlete Triad



University Reg.No : 200041000646

CERTIFIED BONAFIDE RECORD

Teachers in charge: DIVYA NAIR

Date:

Examiners:

1. 
2. DIVYA NAIR 



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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

PROGRAMME : B.voc SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name : APARNA THANKACHAN

Subject : PROJECT ON FATTY LIVER

University Reg.No : 200041000647

CERTIFIED BONAFIDE RECORD

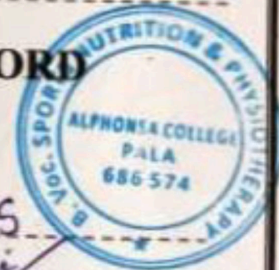
Teachers in charge: DIVYA MISS

Date:

Examiners:

1. [Signature]

2. DIVYA MISS [Signature]



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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

PROGRAMME : B.voc SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name : Azadby shaji

Subject : Multiple sclerosis

University Reg.No : 2000241000648

CERTIFIED BONAFIDE RECORD

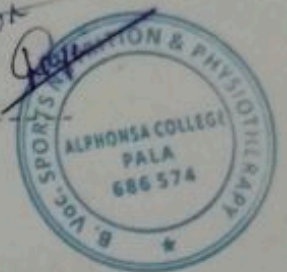
Teachers in charge: ~~DAVA GILJA JOSE~~ for [Signature]

Date:

Examiners:

1. [Signature]

2. _____



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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

PROGRAMME : B.voc SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name : CHANDNI KRISHNA

Subject : FEMALE ATHLETE TRIAD

University Reg.No : 200041000649

CERTIFIED BONAFIDE RECORD

Teachers in charge: DIVYA NAIR

Date:

Examiners:

1. [Signature]

2. DIVYA NAIR [Signature]



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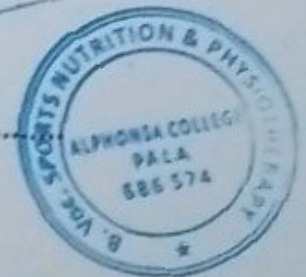
DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY
PROGRAMME : B.VOC SPORTS NUTRITION & PHYSIOTHERAPY
SEMESTER

Name: Deepthi G
Subject: Meniscal injuries
University Reg. No. 200041000650

CERTIFICATE BONAFIDE RECORD

Teacher in charge: GISA JOSE for Dept

Date:



Examiners

1. [Signature]

2. DIVA NAIR [Signature]

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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

PROGRAMME :B.voc SPORTS NUTRITION & PHYSIOTHERAPY

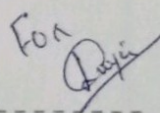
SEMESTER

Name : HANAN A : AKBER

Subject: NUTRITION

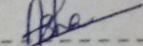
University Reg.No: 200041000651

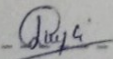
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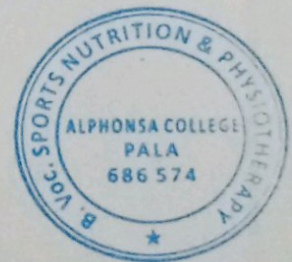
Teachers in charge: REMYA SHUNE. PM. ^{For} 

Date:

Examiners:

1. 

2. DWYD NDIR 



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PROGRAMME : B.voc SPORTS NUTRITION & PHYSIOTHERAPY


SEMESTER

Name : MANEESHA N

Subject: ORTHO PAEDICS {RHEUMATOID ARTHRITIS IN HAND}


University Reg.No: 200041000652

CERTIFIED BONAFIDE RECORD

Teachers in charge: Dr. REMYA SHINE 

Date: 20/1/2023

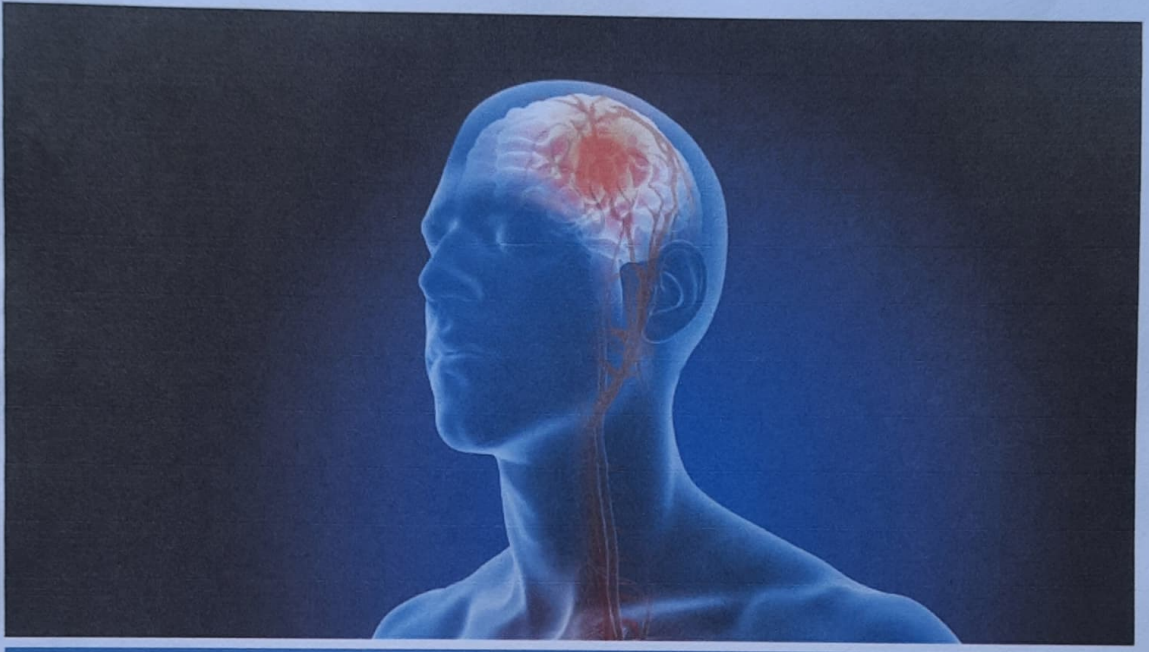
Examiners:

1. Amartha Raveendran 
2. Mrs. Divya Nair



PROJECT

TOPIC : STROKE



SUBMITTED BY :

P.S.ABHIRAMI

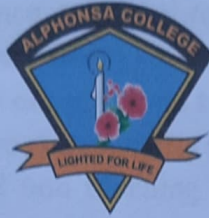
SUBMITTED TO :

REMYA MISS

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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

PROGRAMME: B.voc SPORTS NUTRITION & PHYSIOTHERAPY

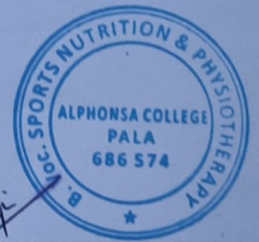
SEMESTER

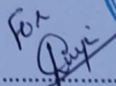
Name : P.S. ABHIRAMI

Subject : STROKE

University Reg. No : 200041000655

CERTIFIED BONAFIDE RECORD



Teachers in charge:- ~~Dr.~~ REMYA SHINE ^{For} 

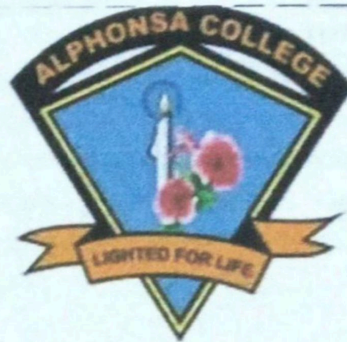
Date: 12/05/2023

Examiners:

1. 

2. DILYD NAIR 

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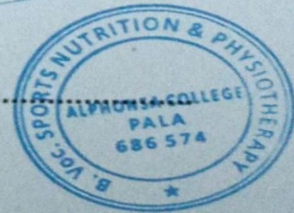


DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY
PROGRAMME : B.VOC SPORTS NUTRITION & PHYSIOTHERAPY
SEMESTER

Name: Preeja Chandran
Subject: Meniscal Injuries
University Reg. No. 20.004.1000656

CERTIFICATE BONAFIDE RECORD

Teacher in charge: GITA JOSE For Preeja



Date:

Examiners

1. Alka
2. DIVYA NAIR Physio

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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY
PROGRAMME : B.voc SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name. : Meeval Rachel Biju

Subject : Project On Rheumatoid Arthritis

University Reg.No : 200041000654

CERTIFIED BONAFIDE RECORD

Teachers in charge: Gija Jose For Biju

Date:

Examiners:

1. Aha

2. Danya Nam Biju



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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

PROGRAMME : B.voc SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name : SANDRA S

Subject : FEMALE ATHLETE TRIAD

University Reg.No : 200041000657

CERTIFIED BONAFIDE RECORD

Teachers in charge: DIVYA NAIR

Date:

Examiners:

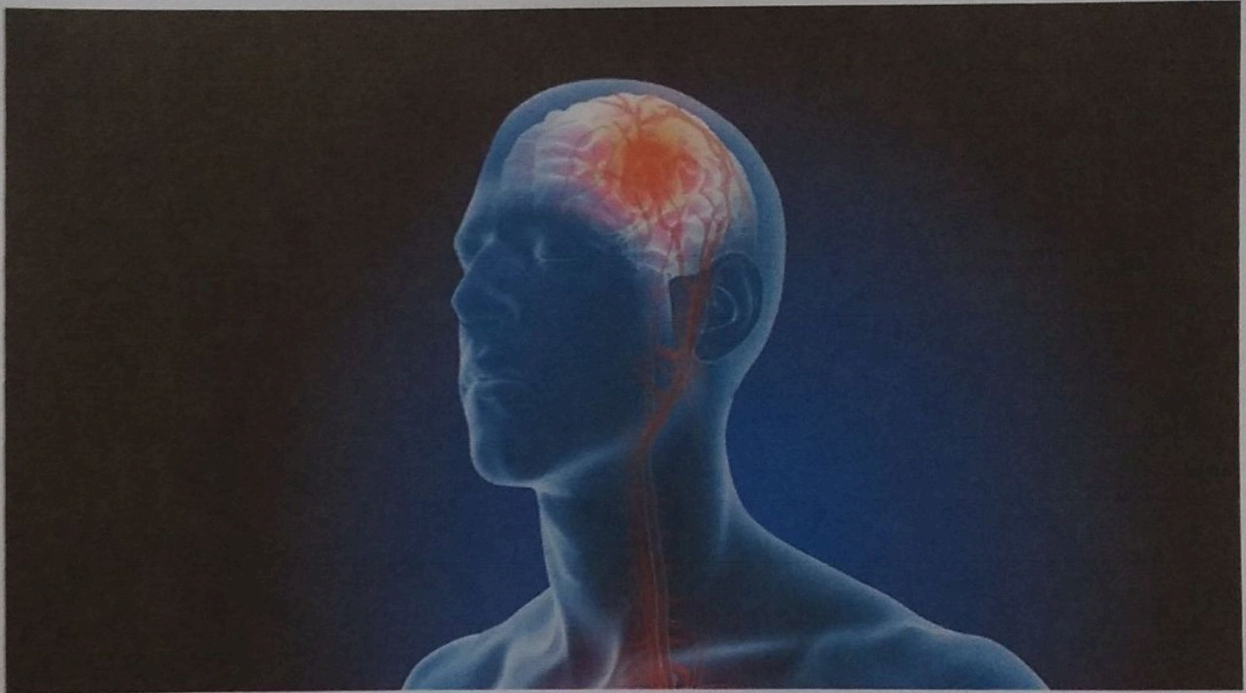
1. [Signature]

2. DIVYA NAIR [Signature]



PROJECT

TOPIC : STROKE



SUBMITTED BY :

SHIBINA

SUBMITTED TO :

REMYA MISS

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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

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SEMESTER

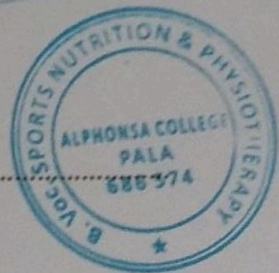
Name : SHIBINA

Subject : STROKE

University Reg. No : 200041000658

CERTIFIED BONAFIDE RECORD

Teachers in charge:- REMYA MISS *For Dept*



Date:

Examiners:

1. *Alha*

2. DIVYA NAIR *Dept*

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DEPARTMENT OF SPORTS NUTRITION & PHYSIOTHERAPY

PROGRAMME : B.voc SPORTS NUTRITION & PHYSIOTHERAPY

SEMESTER

Name : SHOYAL . P.S

Subject : PROJECT

University Reg.No : 200041000659

CERTIFIED BONAFIDE RECORD

Teachers in charge: DIVYA NAIR

Date:

Examiners:

1. [Signature]

2. DIVYA NAIR

