



AHSCOS NIGHT 2015

Conducted By
6th Batch - AHS

A message from Dean...

It gives me a great pleasure in providing the Dean's message to the AHSCOS week. The role of allied health professionals have gained significant importance in reaching the ultimate aim of good-patient care at low cost. I am pleased to let you know that the Faculty of Medicine (FOM), University of Jaffna (UOJ) is one of the pioneering unit, started the certificate courses in allied health profession in the year of 1998, but later in 2006, the UOJ obtained the permission from the University Grant Commission to start three degree programs; namely BSc in Medical Laboratory Sciences, BSc in Nursing and Bachelor of Pharmacy. Currently, there are 217 students studying at the UAHS and fifty students have graduated from the institution. Successful continuation of degree programs led to the formation of the Unit of Allied Health Sciences (UAHS).

The UAHS is at the critical juncture of progressing itself to the Faculty of Allied Health Sciences. New infrastructures, human resources and laboratory facilities will be embraced in the near future, which will ease many of the problems that you may have. We are also taking efforts to start the BSc in Radiography and BSc in Physiotherapy courses. The unit is working hard to create lateral-entry opportunities for staff who are working at government hospitals. I am confident that with all of your support we can do great contribution to the community.

Thank you.

Dr.S.Raviraj
The Dean,
Faculty of Medicine,
University Of Jaffna.

A Message from Head...

I am very happy to note that the **AHSCOS WEEK** is being conducted by the students from the Allied Health Sciences Unit. I strongly believe that it is essential that students should conduct such activities to bring out their fellow student's talents through many avenues. The week-long student activity includes sports and cultural activities that are exhibited by our students and helps them to improve their talent and win prizes. It also helps students to stand out individually from others and place them in a better position when they go for employment. These activities encourage students to work in teams, collaborate with their peers, and resolve issues in a cordial manner and share ideas with their peers.

I have noticed that our students from all years of study already perform well in all the activities. This clearly indicates that our students are very much on the right path of earning credits for their extracurricular activities.

I congratulate the AHSCOS team for their hard work and wish them good luck in successfully conducting the AHSCOS.

Thank you,

Mrs. D. Thabotharan.

The Head,

Unit of Allied Health Sciences,

University Of Jaffna.

A message from *President of AHSCOS WEEK...*

This is my privilege to share my messages to you all, regarding this
"AHSCOS WEEK 2015"

Also I would like to express my grateful honor to Dr.S.Raviraj, Dean-Faculty of Medicine for his valuable help and support to have this occasion.

I hope these types of events are making students to show their talents and ideas as well as theirs innovations. I found that, these events make us to cope the challenges. This is my request to my brothers and sisters of my Alma mater to be a union in all the coming events.

Thank you.

Mr.V.A.Sheron,

President of AHSCOS WEEK.

A message from AHS Union President...

It gives me enormous pleasure to forward this message as the AHS Students' Union president on this memorable occasion, "**AHSCOS WEEK- 2015**" organized by AHS Students' Union. This is the third time the students' union has organized such an AHSCOS WEEK that includes cultural show, athletic events and games which will be a souvenir in the heart of the participants.

I assure that we are extremely fortunate to exhibit our talents through such an event and it also helps to improve the co-ordination and co-operation among AHS students.

It is my privilege to extend my heartfelt gratitude to our dean Dr.S.Raviraj, who is always supportive in our every successful step and the others as well who shoulder their duties and responsibilities to make this event successful.

Thank you.

Mr.B.Jaikrishna

President - AHSSU

Stop smoking....

From the first day you were trouble
Kings smelled fortune
Yet you made them poor
From Africa to America Asia to Europe

Mothers and fathers were turned to slaves
Slaves for tobacco from slavery to freedom
Freedom of buying my own pack of cigars

A PACK OF DEATH from a corner shop down the street
To my father's pocket to my best friend's back pack
She turned to you when friends were few you gave her lung cancer

My brother joined your gang to be cool you stained his teeth.
I was a lovely life growing inside my mother she puffed a bit of you
You deprived me of oxygen

By - Miss.W.Maduka Lakshani (7th Batch)

මම තව තවත් ගුලිවී පොරොන්ය තුළට වීම. සීතල ඉවසා ගත නොහැක. කවුරුන් හෝ පැමිණ පොරොන්ය ඉවතට දැමුවේය. දෙනෙත් විවර කරගත නොහැක. නිස ඔසවා ගන්නට තැන් කළද නැවත නිස කොට්ටිය මත පතිත විය. සීතල අතක් නළලේ ගැටෙනු දැනුනි.

“තාම අඩු නෑ. හොඳටම උණ. ආයේ පැනඬෝල් බොන්න වෙයි ”

උණ යනු කිසිවෙකුට නුපුරුදු තත්වයක් නොවේ. උණ පිළිබඳ ඉතිහාසයක් සෑම දෙනෙකුටම පාහේ ඇත. උණ කිසිසේත්ම සොඳුරු නොවුණද උණ නිසා ලැබෙන සැලකිලි සත්කාර නම් සත්තකින්ම සොඳුරු දෙයකි. උණ යනු රෝගයක් නොව බැක්ටීරියා හෝ වෛරස් ආසාදනයක් පිටතට පෙන්වුම් කරන රෝග ලක්ෂණයකි. උණ ඇණයක් වන අවස්ථාවන් මෙන්ම වණයක් වී හෙණයක් වන අවස්ථාවන්ද තිබුණ ද එය එක්තරා ආකාරයක ශරීරය සතු ආරක්ෂක යාන්ත්‍රණයකි. බොහෝ බැක්ටීරියාවන් හා වෛරස් වඩාත් ප්‍රතිඵලදායක වන අයුරින් ආසාදනයන් ඇති කරන්නේ ෆැරන්හයිට් අංශක 98.6 උෂ්ණත්වයේ දී ය. සාමාන්‍යයෙන් ශරීර උෂ්ණත්වය ෆැරන්හයිට් අංශක 99 හෝ 99.5 ක අගයේ හෝ ඊට වඩා වැඩි නම් උණ ඇති ලෙස සලකයි. බැක්ටීරියා ආසාදනයක දී මේ කුඩා පීචින් පිටකරන එන්ඩොටොක්සින් නම් රසායනික රුධිරයට එක්වේ. රුධිරයේ ඇති මොනොසයිට්, මහා භක්ෂාණු සෛල ආදිය මත ක්‍රියා කර ඒවායින් සයිටොකයින් නම් රසායනික කාණ්ඩය නිපදවීම උත්තේජනය කරයි. මෙයට උදාහරණයක් වන්නේ ඉන්ටර්ලියුකින් 1 වේ. මෙම සයිටොකයින් හයිපොතැලමස දක්වා ගොස් හයිපොතැලමස මගින් ප්‍රොස්ටොග්ලන්ඩින් ශ්‍රාවය වීම උත්තේජනය කරයි. ප්‍රොස්ටොග්ලන්ඩින් මගින් ශරීරයේ සාමාන්‍ය උෂ්ණතාව අගය නව ඉහළ මට්ටමකට ගෙන එයි.

මෙවිට මොළයේ තාප යාමන මධ්‍යස්ථානයට හැඟෙන්නේ එම නව අගයට අනුව දැනට සිරුරේ පවතින සාමාන්‍ය අගයට වඩා අඩු අගයක් බවයි. එම නිසා ශරීර උෂ්ණත්වය නව අගය වෙත ඉහළ නැංවීමට අවශ්‍ය යාමන ක්‍රියාවලීන් ක්‍රියාත්මක වී ශරීරය තුල තාපය නිපදවා උෂ්ණත්වය වැඩි කර ගනී. එලෙසින් උණ ඇති වේ.

උණ වැළඳුණ විට තාත්තා නම් කියන්නේ කොත්තමල්ලි බොන්නටය. උණත් සමග කට තිත්ත වීම නිසා මට කොත්තමල්ලි එපා වී ඇත. අම්මාගේ වර්ධෝරුව ඊට වෙනස්ය. බැඳි හාල් කැඳ, සුප්, පැරසිටමෝල්, සීතල වතුරෙන් නලල තෙත් කිරීම, රැයේ නිදි වැරීම, උණු උණුවේ කට්ට සම්බෝලයක් සමග කැවීම සමගින් මදි නොකියන්නට දෙන ආදරය නිසා වෙදකමට පෙර හෙදකමින්ම උණ හොඳවෙයි.

උණ වැළඳුන විට පැරසිටමෝල් ගැනීම කාගේත් සිරිතය. පැරසිටමෝල් මගින් කරන්නේ ප්‍රොස්ටග්ලන්ඩින් හා ඒ හා සබැඳි සොබාදහමේ ජෛව සංස්ලේෂනයට අවශ්‍ය සයික්ලෝ ඔක්සිජනේස් එන්සයිමය නිෂේධ කිරීමයි. එවිට ශරීර උෂ්ණත්වය පහළ නැංවීමේ ක්‍රියාවලීන් ක්‍රියාත්මක වී සාමාන්‍ය උෂ්ණත්වය කරා එළඹීම සිදුවේ. අපට උණ වැළඳුන විට අම්මා මොනතරම් සැලකිලි සත්කාර කලද අම්මාට උණ වැළඳුන විට ඇ අතින් ඉටුවිය යුතු යුතුකම් කිසිවක් අඩු නැතිව සුපුරුදු පරිදි ඉටු කෙරෙයි. නින්දට පෙර ඇගේ විඩාබර මුහුණ දකින මම නළලට අත තබා බලමි.

“දෙවියනේ අම්මා හොඳටම උණ නේද? අනේ පුතේ, මේ පොඩි උණක්නේ, මං පැනබෝල් බිච්වා. උදේ වෙනකොට ඕක ඇරිලා යයි. පුතා නිදාගන්නකෝ.”

Tharindi Illeperuma (8th batch)

Fluoride in the water supply has significantly reduced chance of developing tooth decay

In the first large-scale study of fluoride in South East Queensland water, researchers looked at the rates of decay in 457 children aged four to nine living in the high-risk Logan region.

Lead researcher and senior oral health therapist Margaret Pukallus said the results—published in the scientific journal Caries Research in March—proved that fluoridation was a safe and highly effective way of reducing dental decay.

“We looked at x-rays of children before and after the introduction of fluoride to see what effect it had,” she said.

“We found that in just three years, there was a 19 per cent reduction in the number of caries (decay) in this age group.” MsPukallus said the region had been one of the worst in the state for tooth decay before fluoride was added to the water supply in December 2008.

“The prevalence of decay reduced from 87 per cent to 75 per cent over the period of our research. The good news is that we expect this rate to keep dropping.”

By - Mr.T.Aravinth (8th Batch)

Nutrition assay in CKD

The emotional and psychological wellbeing of a person with end-stage renal disease can be affected by several factors. These include the nature of response, acceptance and adjustment to diagnosis, progression of the disease, treatment or non-treatment choices, and co-morbidities.

Patients will be challenged by many stressors with the potential to cause or exacerbate emotional and psychological difficulties including loss of biochemical and physiologic kidney functions, development of digestive and neurologic disorders, bone disease and anemia, decreased mobility, loss of sexual function, needle phobia, altered body image, decreased physical and cognitive competence, and inability to maintain employment and lifestyle. Additionally drugs employed in the treatment of patients may intensify depressive effect.

The notion of a continuum is helpful in considering the emotional and psychological problems experienced by patients and appropriate interventions to address these difficulties. The National Renal Workforce Planning Group recommendations (British Renal Society, 2002) propose a tiered framework of three levels of psychological support and services to cover increasing severity of psychological difficulties: 'support', 'counselling', and 'psychological and psychotherapeutic services'

'Support' refers to all activities within the renal care environment that help meet the psychological and social needs of renal patients and their cares, for example, information, advice, empathy; to be offered by all staff.

'Counselling' encompasses information giving about the kidney condition, counselling to address the implications of the information, and supportive counselling about the emotional consequences of the

information; to be offered by health professionals responsible for medical and nursing care plus input from other members of the multi-professional team as appropriate.

'Psychological and psychotherapeutic services' involves psychological assessments and interventions in relation to the impact of kidney disease on the psychological health of the patient and their family, including adjustment, adaptation, coping strategies and problem solving skills; to be offered by clinical, health and counselling psychologists, counsellors and psychotherapists

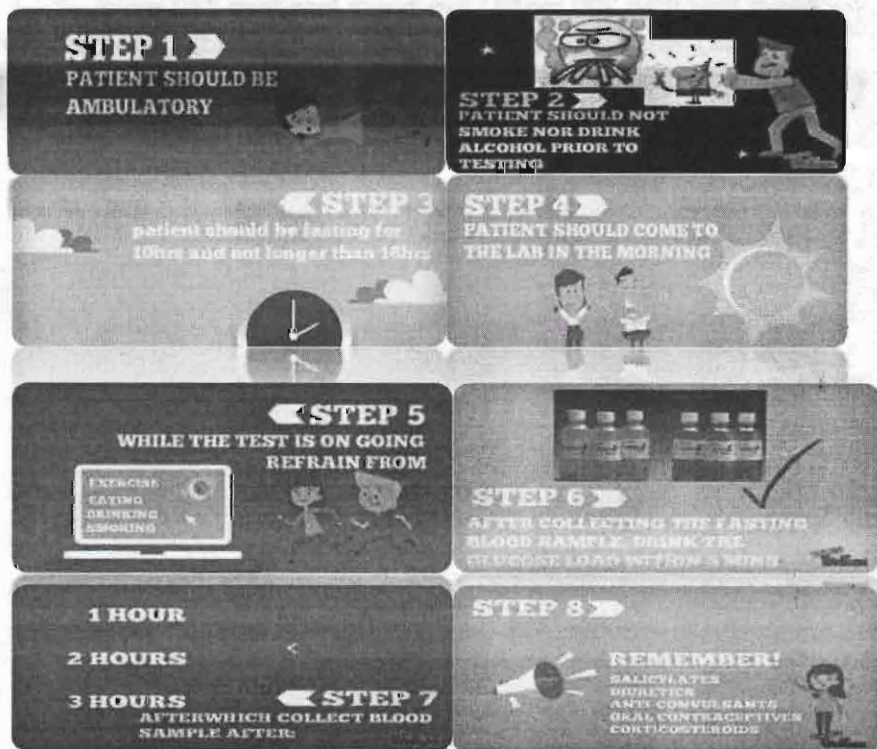
By - Miss. K. Omekka (8th Batch)



Glucose Tolerance Test

- A glucose tolerance test measures how well your body is able to break down glucose, or sugar.
- Those who suffer from diabetes (type 1) have trouble processing glucose because the body is not able to make an adequate supply of insulin. This test is also used to diagnose the presence of gestational diabetes and type 2 diabetes. There are two kinds of glucose tolerance tests:
 1. Oral glucose tolerance test (OGTT) - which is more common,
 2. Intravenous glucose tolerance test (IGTT)
- This test is also called fasting blood sugar test (FBS).

Oral glucose tolerance test steps,



- Normally, the one-hour test is a screening for diabetes. Most women who have low risk factors for developing diabetes will take this test to rule out the condition. If patient have risk factors for gestational or type 2 diabetes, probably take the two- or three-hour test. Want to stop these medications before the test. This can interfere with the results
- If patient is taking the 50-gram liquid or one-hour test, want to take a blood sample after one hour. If patient is taking the 75-gram liquid or two-hour test, want to take a blood sample every hour for two hours. If patient is taking the 100-gram liquid, or three-hour test, want to take a blood sample every hour for three hours.
- Results may vary, but generally: Normal glucose levels are:
 - ✓ 50-gram (one-hour test): equal or less than 140 mg/dL.
 - ✓ 75-gram (two-hour test): fasting levels 60-100 mg/dL ; one-hour levels less than 200 mg/dL; two-hours less than 140 mg/dl
 - ✓ 100-gram test: fasting levels less than 95 mg/dL; one-hour levels less than 180 mg/dL; two hours less than 155 mg/dL; three hours less than 140 mg/dL.

By - Mr. K. Thanujanan (6th Batch)

Breast cancer

Breast cancer is the most common malignancy affecting women, and second cause of cancer death; the sixth cause of death from disease in women of all ages, with more than one million cases occurring worldwide annually. Affluent societies carry the greatest risk, with incidence rates of greater than 80 per 100,000 populations per year. The chance of a woman having invasive breast cancer some time during her life is about 1 in 8 and the chance of dying from breast cancer is about 1 in 35.

In North America, Western Europe and Australia, breast cancer mortality rates have declined, mainly due to improvements in early detection and treatment, and high breast cancer awareness levels in the population, surveys and national screening programs.

Five year breast cancer survival rates are higher than 70% in most developed countries and less than 40% for most developing countries; mainly due to low awareness levels, lack of access to early diagnosis and treatment options.

In Nigeria breast cancer trends were declining and frequency of hospital attendance has risen, reduced late presentation and this was attributed to several factors; increased awareness about breast cancer, improved early detection methods and usefulness of breast self-examination.

The most pragmatic solution to early detection and prevention lies in breast cancer education of women to be able to judge their risk and take relevant measures. The important resources of dissemination of breast cancer knowledge to women are the health-care professionals, educational institutions and media.

Among the healthcare professionals, female nurses/midwives comprise the group most suited for this purpose because of their numbers, frequent contact with patients and values.

National campaigns on cancer prevention and treatment is going on, but to effect these, and in view of the expanded roles nurses and midwives are expected to play in breast care, and embarking on improved breast cancer services and national prevention programs, it is important to assess nurses and midwives' knowledge of breast cancer and early detection awareness.

This study will be conducted among nurses working in Mulago National referral hospital, Uganda, to determine their awareness of breast cancer and early detection and associated factors.

By - Mr. V.A.Sheron (6th Batch)

Results for Cultural Events

Poem (Sinhala)

1st place: Miss. W.Maduka Lakshani (7th batch)

2nd place: Mr. Pasindu Maneesha Jayasinghe (6th batch)

3rd place: Mrs. Geeshani Maduka Dharshani (7th batch)

Poem (Tamil)

1st place: Mr. M.I.M.Saakir (7th batch)

2nd place: Mrs. Sunthareswaran Kosala (6th batch)

3rd place: Miss. Gayathri Gopalasunthanthiran (7th batch)



Singing

1st place: Miss.N.Tharmini (7th batch)

2nd place: Miss.S.Sathana (9th batch)

3rd place: Mr.A.M.Inayathullah (7th batch)



Baratham

1st place: Miss.P.Deloshana (8th batch)

2nd place: Miss.S.Jeevitha (7th batch)

3rd place: Miss.J.Thivya (7th batch)

Kandyan dance

1st place: Miss.M.D.Geeshani (7th batch)

2nd place: Miss.J.A.Thilini (6th batch)

Free style dance

1st place: Mr.J.Sumith Miranda (6th batch)

2nd place: Miss.N.Tharminy (7th batch)

Debate



1st place: 7th batch

Miss.U.Mathanky

Miss.H.Ceyloni

Miss.M.H.F.Sajana

2nd place: 8th batch

Mr.P.Poorvajan

Miss.K.Omekka

Miss.D.K.Snoofer

3rd place: 6th batch

Mr.V.A.Sheron

Mr.U.Sasikumar

Miss.B.Nirosheney

Essay (English)

1st place: Miss.A.V.Tharshikayini (7th batch)

2nd place: Miss.M.F.F.Sajana (7th batch)

3rd place: Mr.B.Jaikrishna (7th batch)

A detailed pencil sketch of two hands. The right hand is at the top, holding a pencil vertically with the index finger pointing upwards. The left hand is below it, holding a pencil horizontally. The drawing is done in a realistic style with shading to show the texture of the skin and the grip on the pencils.

Kollam

- 1st place: Miss.Y.Praveena (7th batch)
2nd place: Mr.S.C.Antogen (8th batch)
3rd place: Miss.S.Thivialuxmy (6th batch)
Miss.B.Nirosheney (6th batch)

Flower decoration

- 1st place: Miss.S.Thyivialuxmy (6th batch)
2nd place: Miss.T.Thuvaraka (8th batch)
3rd place: Miss.M.Kiruthika (6th batch)
Miss.L.Niveka (7th batch)

Drawing

- 1st place: Miss.H.M.A.K.Abeyakoon (7th batch)
Mr.U.Sasikumar (6th batch)
2nd place: Miss.N.Tharminy (7th batch)
3rd place: Mr.A.M.Hazeek (7th batch)

Results for Games

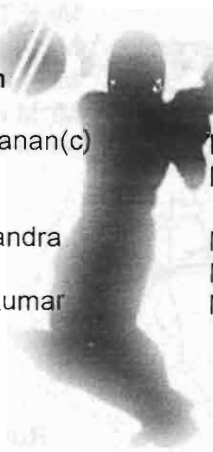
Cricket

Champions: 6th batch

Mr.Kanagaratnam Thanujanan(c)
Mr.U.D.P Sandaruwan
Mr.Nadeesha Ratnayaka
Mr.A.M.Dinesh Sarachchandra
Mr.Thavarasa Dilipan
Mr.Uthayachandran Sasikumar

Runner up:7th batch

Mr. J.A.Salman Faris (c)
Mr.P.G.Chamara Asanga
Mr.R.M.Isuru Kasunjith
Mr.A.M.Inayathullah
Mr.M.Nivanthan
Mr.R.A.Danajaya Piryasad



Football

Champions:7th batch

Mr.J.A.Salman Faris (C)
Mr.R.A.Dananjaya Priyasad
Mr.P.G.Chamara Asanga
Mr.B.Jaikrishna
Mr.A.M.Innayathullah
Mr.M.I.M.Saakir

Runner up:8th batch

Mr.J.C.F.Tharsan
Mr.K.Tharsan
Mr.V.Poorvagan
Mr.T.Aravinth
Mr.M.Piratheepan
Mr.M.M.Sameera Madhushan



Volley ball

Champions:7th batch

Mr.J.A.Salman Faris
Mr.R.A.Dananjaya Priyasad
Mr.P.G.Chamara Asanga Jayamana
Mr.B.Jaikrishna
Mr.A.M.Inayathullah
Mr.M.I.M.Saakir



Runner up:8th batch

Mr.J.C.F.Tharsan
Mr.K.Tharsan
Mr.V.poorvajan
Mr.T.Aravinth
Mr.M.Pirathhepan
Mr.M.M.Sameera Madhushan

Badminton (mix)

Champions:6th batch

Mr.T.Dilipan
Mr.U.D.P.Sandaruwan
Mrs.S.thivyaluxmy
Mrs.M.Kiruthika



Runner up:8th batch

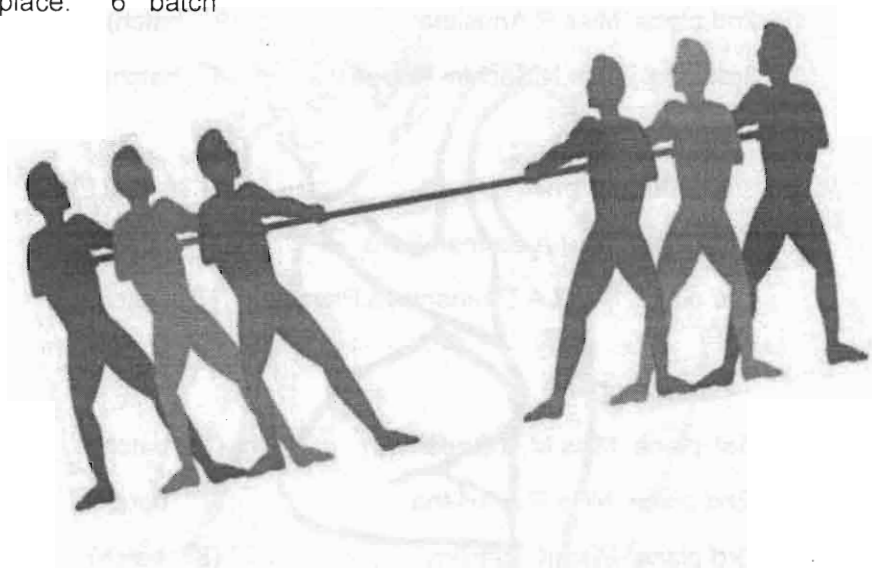
Mr.J.C.F.Tharsan
Mr.K.Tharsan
Mrs.S.Thuvaraka
Mrs.R.M.Damsika Nishadini

Tug of war

1st place : 7th batch

2nd place: 8th batch

3rd place: 6th batch



Athletics results

100m (men)

1st place: Mr.J.A.Salman Faris (7th batch)

2nd place: Mr.R.A.Dhananjaya Priyasad (7th batch)

100m (women)

1st place: Miss.K.Tamiliny (9th batch)

2nd place: Miss.R.Anusitha (9th batch)

3rd place: Miss.N.Sachini Nadeesha (8th batch)

200m (men)

1st place: Mr J.A.Salman Faris (7th batch)

2nd place: Mr R.A.Dhananjaya Priyasad (7th batch)

200m (women)

1st place: Miss.M.D.Geeshani (7th batch)

2nd place: Miss.R.Anusitha (7th batch)

3rd place: Miss.K.Tamiliny (8th batch)

400m (men)

1st place: Mr. J.A.Salman Faris (7th batch)

400m (women)

1st place: Miss.G.Gayathiri (7th batch)

2nd place: Miss.N.Tharminy (7th batch)

3rd place: Miss.S.Dayani (6th batch)

800m (men)

- 1st place: Mr.A.M.Dinesh (6th batch)
2nd place: Mr.H.Sankalpa (7th batch)
3rd place: Mr.G.G.Chamara (7th batch)

800m (women)

- 1st place: Miss.G.Gayathiri (7th batch)
2nd place: Miss. N.Tharminy (7th batch)
3rd place: Miss.S.Dayani (6th batch)

1500m (men)

- 1st place: Mr.A.M.Dinesh (6th batch)
2nd place: Mr.U.Sasikumar (6th batch)
3rd place: Mr.K.M.Chinthaka Dewappriya (6th batch)

1500m (women)

- 1st place: Miss. G.Gayathiri (7th batch)
2nd place: Miss. N.Tharminy (7th batch)
3rd place: Miss.S.Sankary (7th batch)

3000m (men)

- 1st place: Mr. A.M.Dinesh (6th batch)
2nd place: Mr.M.D.Chamara (8th batch)
3rd place: Mr.K.M.Chinthaka Dewappriya (6th batch)

5000m (men)

1st place: Mr.P.G.Chamara	(7 th batch)
2nd place: Mr.M.D.Chamara	(8 th batch)
3rd place: Mr.V.Ayingaran	(8 th batch)

Put shot (men)

1st place: Mr.K.Thanujanan	(6 th batch)
2nd place: Mr.R.Tharsan	(8 th batch)
3rd place: Mr.T.Aravinth	(8 th batch)

Put shot (women)

1st place: Miss.K.kirushika	(8 th batch)
2nd place: Miss.N.G.T.Madumalini	(7 th batch)
3rd place: Miss.S.Thuvaraka	(8 th batch)
: Miss.W.M.Lakshani	(7 th batch)



Discuss throws (men)

1st place: Mr.T.Aravinth	(8 th batch)
2nd place: Mr.N.Clinton	(9 th batch)
3rd place: Mr.K.Thanujanan	(6 th batch)

Discuss throws (women)

1st place: Miss. K.kirushika (8th batch)

2nd place: Miss. S.Impamathi (8th batch)

3rd place: Miss.S.Thuvaraka (8th batch)

Javelin throws (women)

1st place: Miss. K.kirushika (8th batch)

2nd place: Miss. S.Thuvaraka (8th batch)

3rd place: Miss.W.M.Anosha (9th batch)

Javelin throws (men)

1st place: Mr.J. A.Piranavan (6th batch)

2nd place: Mr. T.Aravinth (8th batch)

3rd place: Mr.M.Najath (9th batch)

Triple jump (men)

1st place: Mr.J.C.F.Tharshan (8th batch)

2nd place: Mr.A.Piranavan (6th batch)

3rd place: Mr.V.A.Sheron (6th batch)

Triple jump (women)

1st place: Miss.S.Dilepa (8th batch)

2nd place: Miss. W.G.R.M.Sripali (6th batch)

3rd place: Miss.R.M.Achala (6th batch)

Long jump (men)

1st place: Mr. A.Pirapavan (6th batch)

2nd place: Mr. J.C.F.Tharshan (8th batch)

3rd place: Mr. Mr.V.A.Sheron (6th batch)

Long jump (women)

1st place: Miss.S.Dilepa (8th batch)

2nd place: Miss.R.M.Achala (6th batch)

3rd place: Miss.J.M.S.Eesha (6th batch)

High jump (men)

1st place: Mr.P.G.Chamara

(7th batch)

2nd place: Mr.M.D.Chamara

(8th batch)

High jump (women)

1st place: Miss.K.Kugatheepa

(7th batch)

Champion Holders in Athletics

Champion cup

Mr.A.M.Dinesh

(6th batch)

(1st place in 800m,
1500m, 3000m)

Miss.G.Gayathri

(7th batch)

(1st place in 400m,
800m, 1500m)

Miss.K.Hirishika

(8th batch)

(1st place in javalin,
putshot, discuss throw)

Mr.J.A.Salmanfaris

(7th batch)

(1st place in 100m,
200m, 400m)

Vote of Thanks...

We deem it our proud privilege to share, to place on record, the contribution of every noble heart, towards the success of today's event. We raise our hearts in Gratitude, and thank the Almighty, for blessing us all with this delightful evening. We wish to express our gratitude to Chief Guest **Dr. (Mrs).M.G.Sathiadas** for being with us. Your presence and the gentle words of appreciation is a source of encouragement for all of us. Thank you dear madam. From the depth of our hearts we place on record, the goodness of the dignitaries, from our Dean **Dr.S.Raviraj** for the silent support and unspoken words of encouragement.

Next in List our Head **Mrs.Deivy Thabotharan** for your systematic planning, and timely execution and unfailing support. Thank you dear madam. With deep sense of appreciation we recall the efforts of our sports science unit staffs. Your days of hard work did bear much fruit today. Our sincere gratitude goes to all our students. Thank you for the solid support even in our difficult situations.

Thankfulness is the beginning of gratitude and gratitude is the completion of thankfulness. This great "Temple of learning"-may God continue to bless all of us.



*Talent wins Games
Teamwork wins Championships.*

AHSCOSWEEK 2015

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